MEMORANDUM

Date: January 22, 2025

To: Local Health Department Applicants

From: Kara Tarter, MPH CIC
Chief, Bureau of Infectious Diseases

Subject: Get Vaccinated Ohio – Public Health Initiative (GV26) Subgrant Solicitation

The Ohio Department of Health (ODH), Bureau of Infectious Diseases announces the availability of the Get Vaccinated Ohio – Public Health Initiative (GV26). This competitive subaward seeks to improve and sustain vaccination coverage among children and adolescents, and to reduce vaccination coverage disparities in Ohio. This goal will be accomplished when immunization providers adopt quality assurance methods to increase vaccination use, immunization disparities are identified and addressed in each county, and schools assure that immunization levels are high.

Local health departments interested in applying must first submit a Notice of Intent to Apply for Funding (NOIAF) form by **January 29, 2025**.

All electronic applications and attachments are due by **4 p.m., Monday, March 10, 2025**, in the ODH Grants Management Information System (GMIS). Applications received after the due date will not be considered for funding. Faxed, hand-delivered or mailed applications will not be accepted. New staff requiring GMIS access must successfully complete GMIS training offered by ODH.

Any award made through this program is contingent upon the availability of federal funds for this purpose. The subrecipient agency must be prepared to support the costs of operating the program until receipt of subaward payments.

Submission of the competitive application constitutes acknowledgment and acceptance of ODH's Grants Administration Policies and Procedures (OGAPP), and any other program-specific requirements as outlined in the competitive solicitation. Reference the competitive solicitation for more information. The competitive solicitation for this subgrant program can be found on the ODH website https://odh.ohio.gov/wps/portal/gov/odh/about-us/funding-opportunities/ODH-Grants/.

If you have questions, please contact BIDSubgrants@odh.ohio.gov.

ALL APPLICATIONS MUST BE SUBMITTED THRU THE GRANT MANAGEMENT SYSTEMS

OHIO DEPARTMENT OF HEALTH

BUREAU OF INFECTIOUS DISEASES

Get Vaccinated Ohio – Public Health Initiative (GV)
SOLICITATION FOR FISCAL YEAR 2026 (7/1/25 – 6/30/26)

Local Public Applicant Agencies Non-Profit Applicants

COMPETITIVE GRANT APPLICATION INFORMATION
100% Deliverable Funding

Revised 9/29/2023
For grant starts 4/1/2024 and thereafter

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I. APPLICATION SUMMARY and GUIDANCE

An application for an Ohio Department of Health (ODH) grant consists of several required components including an electronic portion submitted via online and various paper forms and attachments. All the required components of a specific application must be completed and submitted by the application due date. **If any of the required components are not submitted by the due date indicated in sections D, G and R, the entire application will not be considered for review.**

This is a competitive solicitation; a Notice of Intent to Apply for Funding (NOIAF – Appendix A) must be submitted by, **January, 29, 2025 at 4:00 p.m.** so access to the online application can be established.

NEW AGENCIES ONLY or if UPDATES are needed: For non-profit agencies, the NOIAF must be accompanied by proof of non-profit status. Both non-profit and local public agencies must submit proof of liability coverage. Potential applicants and current subrecipients are required to maintain their current supplier information in the State of Ohio Supplier Portal. This information includes, but is not limited to, ElectronicFundsTransfer (EFT), 1099 Form and current address.

This information is maintained in the following website: http://supplier.ohio.gov/

Note: Subrecipient's future payments will be held for any subrecipient that currently receives a paper check if the EFT information is not updated in the supplier portal.

The application summary information is provided to assist your agency in identifying funding criteria:

A. Policy and Procedures: Uniform administration of all the ODH grants is governed by the ODH Grants Administration Policies and Procedures (OGAPP) manual and any updates in policies that have been posted on the GMIS Bulletin Board. This manual and GMIS Bulletin Board policy updates must be followed to ensure adherence to the rules, regulations, and procedures for the preparation of all subrecipient applications. The OGAPP manual is available on the ODH website (click or copy and paste the following link into your web browser: https://odh.ohio.gov/wps/portal/gov/odh/about-us/funding-opportunities/resources/grants-administrative-policies-and-procedures-ogapp-manual).

Updates to policies and procedures can be found on the GMIS bulletin board. All budget justifications must include the following language and be signed by the agency head listed in GMIS. Please refer to the Budget Justification templates listed on the GMIS bulletin board.

Budget Justification Certification language

- Subrecipient understands and agrees that it must follow the federal cost principle that applies to its type of organization (2 CFR, Part 225; 2 CFR, Part 220; or, 2 CFR, Part 230).
- Subrecipient's budgeted costs are reasonable, allowable, and allocable under OGAPP and federal rules and regulations.
- The OGAPP and the rules and regulations have been read and are understood.
- Subrecipient understands and agrees that costs may be disallowed if deemed unallowable or in violation of OGAPP and federal rules and regulations.
- The appropriate programmatic and administrative personnel involved in this application are aware of the agency's policy with regard to subawards and are prepared to establish the necessary inter-institutional agreements consistent with those policies.
- Subrecipient agrees and understands that costs incurred in the fulfillment of the Deliverables must be

allowable under OGAPP and federal rules and regulations to qualify for reimbursement.

B. Application Name: Get Vaccinated Ohio – Public Health Initiative (GV)

C. Purpose: GV funds are designed to improve and sustain vaccination coverage among children and adolescents, and to reduce vaccination coverage disparities in Ohio. This goal will be accomplished when immunization providers adopt quality assurance methods to increase vaccination use, immunization disparities are identified and addressed in each county, and schools assure that immunization levels are high.

D. Qualified Applicants: Local public health agencies are eligible to apply. Agencies currently funded under the Get Vaccinated – Public Health Initiative (GV) program as well as local public health agencies not currently funded with GV funds are eligible to apply. Eligible counties are listed in Appendix C2. Applicants funded in 2025-2026 must have demonstrated acceptable performance from July 2024–January 2025. If multiple health districts in a county or region apply jointly for funding, one health district must act as the lead agency/fiscal agent for the subgrant. Applicant agencies must attend or document in writing prior attendance at Grants Management Information System (GMIS) training and must have the capacity to accept an electronic funds transfer (EFT). If an applicant agency needs GMIS training prior to the establishment of access to the application, then a GMIS training form must be submitted (Appendix B).

The following criteria must be met for grant applications to be eligible for review:

1. The applicant does not owe funds to ODH and has repaid any funds due within 45 days of the invoice date.
2. The applicant has not been certified to the Attorney General's (AG's) office.
3. The applicant has submitted an application and all required attachments by **4:00 p.m. on Monday, March 10, 2025.**

E. Service Area: Applicants must apply for funds to cover a minimum of one county in the state of Ohio. Counties with smaller population sizes may combine efforts to create an application for two or more counties.

F. Number of Grants and Funds Available: Up to 60 subgrants may be awarded, and no more than one subgrant may be awarded in each county. Total funding for GV subgrants is expected to approximate $3 million dollars. Funds originate from federal funding sources. Two or more local health districts may collaborate on an application.

Individual eligible counties may apply for an amount equal to the amount stated for their county in Appendix C2 (2025-2026 Get Vaccinated Ohio – Public Health Initiative Objective Funding Allocations). If a county is eligible for less than $30,000, that county health department agency must partner with at least one other (preferably neighboring) county public health agency for a combined minimum award of $30,000. If a county is eligible for more than $30,000, the county should apply as a single entity sub-grant or must act as a lead agency for at least one other county eligible for less than $30,000.

Dollars designated for a county must be spent to specifically address the objectives outlined in this solicitation.

Awards will be based upon all the following criteria:

1. The resident birth cohort of children in the applicant county.
2. The number of children to be provided with vaccines at each health department.
3. The number of Vaccines for Children (VFC) and private immunization providers in each applicant county.
4. The ability of applicants to meet stated program objectives in 2024 and 2025 (if applicable).
5. The soundness and score of applicant responses to requirements for 2025-2026.

*No subgrant award will be issued for less than **$30,000**. The minimum amount is exclusive of any required matching amounts and represents only ODH funds sub-granted. Applications submitted for less than the minimum amount will not be considered for review.*

G. Due Date: All parts of the application, including any required attachments, must be completed, and received by ODH electronically via GMIS by **4:00 p.m. by Monday, March 10, 2025** Applications and required attachments received after this deadline will not be considered for review. Contact BIDSubgrants@odh.ohio.gov with any questions.

H. Authorization: The program is authorized under Section 317 of the Public Health Service Act [42 U.S.C. section 247b] as amended. The Vaccines for Children (VFC) Program is authorized under Section 1928 of the Social Security Act [42 U.S.C. section 1396s]. Authorization of funds for this purpose is contained in the Catalog of Federal Domestic Assistance (CFDA) Number 93.268.

I. Goals: The goals of the GV program are to improve and sustain vaccination coverage among children and adolescents, and to reduce vaccination coverage disparities in Ohio. This will be accomplished by achieving and maintaining 90% vaccination coverage levels for universally recommended vaccines among children less than 24 months of age, school aged children, and for adolescents. This will be accomplished by:

- Implementing additional, targeted reminder and recall activities to improve local health department immunization rates.
- Identifying disparities of low immunization levels and providing additional immunization education and other resources to parents and healthcare providers in those areas.
- Assessing immunization rates of healthcare providers through using data from ImpactSIIS and promoting effective practice changes to improve immunization rates using the IQIP process.
- Educating immunization providers of children and adolescents about the importance of timely immunizations and effective strategies to improve practice behavior using MOBI and TIES.
- Assuring the vaccination of high-risk infants exposed to hepatitis B disease.
- Assuring schools report new school enterer information to ODH and providing education to schools to improve school vaccination rates.

J. Program Period and Budget Period: The program period will begin July 1, 2025 and end on June 30, 2026. The budget period for this application is July 1, 2025 through June 30, 2026.

K. Public Health Accreditation Board (PHAB) Standard(s): The table below shows the relationship of each PHAB standard with GV objectives.

PHAB Standard	PHAB Measure	GV Objectives
Standard 1.3: Analyze public health data to identify trends in health problems, environmental public health hazards, and social and economic factors that affect the public's health.	1.3.2 L – Public health data provided to various audiences on a variety of public health issues	D1 D3 D5
Standard 1.4: Provide and use the results of health data analysis to develop recommendations regarding public health policy, processes, programs or interventions.	1.4.1 A – Data used to recommend and inform public health policy, processes, programs, and/or interventions	D1 D2 D3 D4 D5
Standard 3.1: Provide health education and health promotion policies, programs, processes, and interventions to support prevention and wellness.	3.1.1 A – Information provided to the public on protecting their health. 3.1.2 A – Health department strategies to promote health and address preventable health conditions. 3.1.3 A – Efforts to specifically address factors that contribute to specific population's higher health risks and poor health outcomes.	D1 D2 D3 D4 D5

Standard 3.2: Provide information on public health issues and public health functions through multiple methods to a variety of audiences.	3.2.5 A – Information available to the public through a variety of methods. 3.2.6 A – Accessible, accurate, actionable, and current information provided in culturally sensitive and linguistically appropriate formats for target populations served by the health department.	D1 D2 D3 D4 D5
Standard 7.2: Identify and implement strategies to improve access to healthcare services.	7.2.3 A – Implemented culturally competent initiatives to increase access to health care services for those who may experience barriers to care	D1 D3
Standard 9.2: Develop and implement quality improvement processes integrated into organizational practice, programs, processes, and interventions.	9.2.2 A – Implemented quality improvement activities	D1 D2 D3 D4 D5
Standard 10.1: Identify and use the best available evidence for making informed public health practice decisions.	10.1.1 A – Applicable evidence-based practices used when implementing new or revised processes, programs or interventions.	D1 D4 D5
Standard 10.2: Promote understanding and use of research results, evaluations, and evidence-based practices with appropriate audiences.	10.2.3 A – Communicated research finding, including public health implications	D1 D2 D3 D4 D5

The PHAB standards are available at the following website:

http://www.phaboard.org/wp-content/uploads/PHABSM_WEB_LR1.pdf

L. Public Health Impact Statement: All applicant agencies that are not local health districts must communicate with local health districts regarding the impact of the proposed grant activities on the PHAB Standards.

1. *Public Health Impact Statement Summary* — Applicants are required to submit a summary of the proposal to local health districts prior to submitting the grant application to ODH. The program summary, not to exceed one page, must include:

Public Health Accreditation Board (PHAB) Standard(s) to be addressed by grant activities. Please select from the following:

- **Standard 1.3:** Analyze Public Health Data to identify trends in Health Problems, Environmental Public Health Hazards, and Social and Economic Factors that Affect the Public's Health.
- **Standard 1.4:** Provide and Use the Results of Health Data Analysis to Develop Recommendations Regarding Public Health Policy, Processes, Programs, or Intervention.
- **Standard 2.2:** Contain/Mitigate Health Problems and Environmental Public Health Hazards.
- **Standard 3.2:** Provide Information on Public Health Issues and Public Health Functions Through Multiple Methods to a Variety of Audiences.
- **Standard 4.1:** Engage with the Public Health System and the Community in Identifying and Addressing Health Problems through Collaborative Processes.
- **Standard 10.2:** Promote Understanding and Use of the Current Body of Research Results, Evaluations, and Evidence-Based Practices with Appropriate Audiences.

The applicant must submit the above summary as part of the grant application to ODH. This will document that a written summary of the proposed activities was provided to the local health districts with a request for their support and/or comment about the activities as they relate to the PHAB Standards.

2. *Public Health Impact Statement of Support* —Include with the grant application a statement of support from the local health districts, if available. If a statement of support from the local health districts is not obtained, note this when submitting the program summary with the grant application. If an applicant has a regional and/or statewide focus, a statement of support should be submitted from at least one local health district, if available.

3. *Evidence of Health Equity Strategies* - ODH is committed to the elimination of health disparities and achieving health equity for all Ohioans. The items below are requirements for all applicants to ensure health equity is embedded within all components of the application (e.g., Goals, Program Narrative, and Objectives.)

    1) Identify specific groups who experience a disproportionate burden of disease, health conditionor health outcome targeted by this solicitation (See Ohio's State Health Assessment for Ohio's health data) at **https://odh.ohio.gov/wps/portal/gov/odh/explore-data-and-stats/interactive-applications/.**

    Identify geographic reference points (i.e., census tracts, census block groups or zip codes) to specify where program activities are focused. Ohio Health Improvement Zones (OHIZ) refers to the socioeconomic and demographic factors that affect the resilience of individuals and communities – the ability to prevent human suffering and financial loss in a disaster. By understanding where these populations are located and what factors contribute to their levels of risk, Ohio Health Improvement Zones can aid in all phases of improving health in communities. Interactive maps, census tract information and more can be found on the OHIZ Dashboard, here: https://data.ohio.gov/wps/portal/gov/data/view/ohio-health-improvement-zone-

    2) Use direct or indirect feedback from the prioritized population, community, group, or community agency to identify specific social and environmental conditions (social determinants of health) associatedwith health disparities and health inequities.

    3) Identify measurable health equity targets that demonstrate reducing disparities and improving health equity are critical goals to be achieved through program activities. This information must also be supported by data. For guidance on methodology to establish equity targets, review 2030 Target Setting Methodologies for Objectives in Healthy People 2030. . Healthy People 2030 | odphp.health.gov

    4) Outline specific evaluation strategies to measure the impact of program activities on decreasing and/or eliminating health disparities and health inequities.

    The following are best practices aimed at eliminating disparities and achieving health equity. They are not required, but highly encouraged to use.

    1) Link proposed activities to health equity strategies identified in local, state, or national planning documents. These documents include, but are not limited to strategies, goals and objectives outlined in the Healthy People 2030, the State Health Improvement Plan (SHIP) and local Community Health Assessments.
        - State Health Improvement Plan - https://odh.ohio.gov/wps/portal/gov/odh/about-us/sha-ship
        - Healthy People 2030 - https://health.gov/healthypeople

2) Develop staffing plans where board members, leadership and program staff reflect the race, ethnicity, background, and/or culture of the population being served.

3) Identify up and downstream approaches to address social determinants of health and reduce disparities. Upstream factors like food, housing and income insecurity that focus on addressing social determinants of health decrease barriers and improve supports that provide opportunity for people to achieve their full health potential. Downstream approaches focus on providing equitable access to care and services to reduce the negative impact of social determinants on health outcomes.

4) Establish non-traditional partnerships among different sectors of the community (e.g., faith-based organizations, community organizations, businesses, universities, healthcare) that can provide valuable insight, new perspective, and more effective ways to achieve program goals. Non-traditional partners create opportunities to collaborate across sectors and may serve as a new source of support for the program.

Understanding Health Disparities, Health Inequities, Social Determinants of Health & Health Equity:
The following information is provided to explain key health equity concepts and terms.

Racial and ethnic minorities, those living in rural communities, people with disabilities, the LGBTQ community and Ohio's economically disadvantaged residents do not have the same opportunities as other groups to achieve and sustain optimal health. Health disparities occur when these groups experience more diseases, death, or disability is beyond what would normally be expected based on their relative size of the population. Health disparities are often characterized by such measures as disproportionate incidence, prevalenceand/or mortality rates of diseases or health conditions. Health is largely determined by where peoplelive, learn, work, play, and age. Health disparities are unnatural and occur because of low socioeconomic status,race/ethnicity, sexual orientation, gender, disability status, geographic location, or some combinationof these factors.Those most impacted by health disparities also tend to have less access to resources like healthy food, safe housing, quality education, safe neighborhoods and freedom from racism and other forms of discrimination. These are referred to as **social determinants of health (SDOH)**. SDOH is a root cause of health disparities. The systematic nature of health disparities is considered unjust and is referred to as **health inequities**. The ability of everyone to have the same opportunity to achieve the best health possible is referred to as **health equity**. Programs that incorporate social determinants into the planning and implementation of interventions will greatly contribute to advancing health equity.

M. Human Trafficking: Human trafficking is defined by the use of force, fraud, or coercion to compel victims into performing labor or commercial sex acts. Populations at increased risk include but are not limited to lesbian-gay-bisexual-transgender-questioning individuals, individuals with disabilities, undocumented immigrants, runaway and homeless youth, temporary guest-workers, and low-income individuals.

ODH is committed to the elimination of human trafficking in Ohio. If applicable to the subrecipient program, ODH will give priority consideration to those subrecipients who can demonstrate the following:

a. Victims of human trafficking are included in your agency's target population.
   1. At-risk population
   2. Mental health population
   3. Homeless population

b. Agencies that promote the expansion of services to identify and serve those affected by human trafficking.

__X__ Not Applicable to Get Vaccinated Ohio – Public Health Initiative (GV)

N. **Appropriation Contingency:** Any award made through this program is contingent upon the availability of funds for this purpose. **The subrecipient agency must be prepared to support the costs of operating the program in the event of a delay in grant payments.**

O. **Programmatic, Technical Assistance and Authorization for Internet Submission:** Agencies will receive their authorization after the posting of the Solicitation to the ODH website and the receipt of the NOIAF. Please contact BIDSubgrants@odh.ohio.gov for questions regarding this Solicitation.

P. **Acknowledgment:** An application submitted status will appear in GMIS that acknowledges ODH system receipt of the application submission.

Q. **Late Applications:** GMIS automatically provides a time and date system for grant application submissions. Required attachments and/or forms must be uploaded into GMIS by **Monday, March 10, 2025 at 4:00 p.m.**

R. **Successful Applicants:** Successful applicants will receive official notification in the form of a Notice of Award (NOA). The NOA, issued over the signature of the Director of the Ohio Department of Health, allows for expenditure of the funds.

S. **Unsuccessful Applicants:** Within 30 days after a decision to disapprove or not fund a grant application, a written notification, issued over the signature of the Director of Health, or his designee, shall be sent to the unsuccessful applicant via GMIS.

T. **Review Criteria:** All proposals will be graded on the quality, clarity, and completeness of the application. Applications will be graded according to the extent to which the proposal:

1. Workplan and/or logic model demonstrate how activities reduce health disparities and inequities.
2. Is responsive to policy concerns and program objectives of the initiative/program/activity forwhich grant dollars are being made available.
3. Is well executed and can attain program objectives.
4. Describe Specific, Measurable, Attainable, Realistic & Time-Phased (S.M.A.R.T.) objectives, activities, (SMARTIE) milestones and outcomes with respect to timelines and resources.
5. Estimate reasonable cost to the ODH, considering the anticipated results.
6. Show that program personnel are well qualified by training and/or experience for their roles in the program, and the applicant organization has adequate facilities and personnel to reflect the communities served through grant funds.
7. Have an evaluation plan, including a design for determining program success and demonstrate that the community being served will be meaningfully engaged in formative and outcome evaluations.
8. Respond to the special concerns and program priorities specified in the Solicitation.
9. Have acceptable past performance in areas related to programmatic and financial stewardship of grant funds.
10. Are compliant with OGAPP.
11. Explicitly identify specific groups in the service area who experience a disproportionate burden of the diseases; health condition(s); or who are at an increased risk for problems addressed by this funding opportunity.

12. Describe activities which support the requirements outlined in Sections I. thru M. of this Solicitation Program. Insert further information about program specific review criteria (if applicable).
13. Applications will be evaluated based on the Application Review Form (Appendix D).

ODH will make the final determination and selection of successful/unsuccessful applicants and reserves the right to reject any or all applications for any given solicitations. **There will be no appeal of the Department's decision**.

U. **Freedom of Information Act:** The Freedom of Information Act (5 U.S.C.552) and the associated Public Information Regulations require the release of certain information regarding grants requested by any member of the public. The intended use of the information will not be a criterion for release. Grant applications and grant-related reports are generally available for inspection and copying except that information considered being an unwarranted invasion of personal privacy will not be disclosed. For guidance regarding specific funding sources, refer to: 45 CFR Part 5 for funds from the U.S. Department of Health and Human Service.

V. **Ownership Copyright:** Any work produced under this grant, including any documents, data, photographs and negatives, electronic reports, records, software, source code, or other media, shall become the property of ODH, which shall have an unrestricted right to reproduce, distribute, modify, maintain, and use the work produced. If this grant is funded in whole, or in part, by the federal government, unless otherwise provided by the terms of that grant or by federal law, the federal funder also shall have an unrestricted right to reproduce, distribute, modify, maintain, and use the work produced. No work produced under this grant shall include copyrighted matter without the prior written consent of the owner, except as may otherwise be allowed under federal law.

ODH must approve, in advance, the content of any work produced under this grant. All work must clearly state:

"This work is funded by the Ohio Department of Health, Bureau of Infectious Diseases, Immunization Program and is a sub-award of a grant issued by the Centers for Disease Control and Prevention under the Immunization and Vaccines for Children grant, CFDA number 93.268."

W. **Reporting Requirements:** Successful applicants are required to submit subrecipient program and expenditure reports. The reports must be received in accordance with the requirements of the OGAPP manual and this solicitation before the department releases any additional funds.

Note: Failure to ensure the quality of reporting by submitting incomplete and/or late program or expenditure reports will jeopardize the receipt of future agency payments.

Reports shall be submitted as follows:

a. Program Reports: Subrecipients program reports must be completed and submitted via GMIS, as required by the subgrant program by the following dates. **Program reports that do not include required attachments will not be approved.** All program report attachments must clearly identify the authorized program name and grant number.

✓ Program Reports Required _____ No Program Reports Required

Period	Report Due Date
July 1, 2025 – December 31, 2025 (6 months)	January 15, 2026
July 1, 2025 – June 30, 2026 (12 months)	July 15, 2026

Submission of subrecipient program reports via GMIS indicates acceptance of the OGAPP.

b. **Subrecipient Reimbursement Expenditure Reports:** Subrecipients can choose monthly or quarterly reimbursements (expenditure report submission) from ODH (please check the reimbursement type on the attached NOIAF). Please note that no changes can be made to the reimbursement type during the fiscal year once the project numbers have been established in GMIS. Subrecipient monthly reimbursement expenditure reports **must** be completed and submitted **via GMIS** by the following dates:

Period	Report Due Date
July 1 – 31, 2025	August 10, 2025
August 1 – 31, 2025	September 10, 2025
September 1 – 30, 2025	October 10, 2025
October 1 – 31, 2025	November 10, 2025
November 1 – 30, 2025	December 10, 2025
December 1 – 31, 2025	January 10, 2026
January 1 – 31, 2026	February 10, 2026
February 1 – 28, 2026	March 10, 2026
March 1 – 31, 2026	April 10, 2026
April 1 – 30, 2026	May 10, 2026
May 1 – 31, 2026	June 10, 2026
June 1 – 30, 2026	July 10, 2026

Subrecipient quarterly reimbursement expenditure reports **must** be completed and submitted **via GMIS** by the following dates: (**please see example below**).

Period	Report Due Date
July 1 – September 30, 2025	October 10, 2025
October 1 – December 31, 2025	January 10, 2026
January 1 – March 31, 2026	April 10, 2026
April 1 – June 30, 2026	July 10, 2026

Note: Obligations not reported in the final monthly or 4th quarter expenditure report will not be considered for payment with the final expenditure report.

c. **Final Expenditure Reports:** A Subrecipient final expenditure report reflecting total expenditures for the fiscal year must be completed and submitted **via GMIS by 4:00 p.m.** on or before **August 5, 2026**. The information contained in this report mustreflect the program's accounting records and supportive documentation. Any cash balances mustbe returned with the Subrecipient final expense report, which serves as an invoice to return unused funds.

- *Submission of the Monthly/Quarterly and Final subrecipient expenditure reports via the GMIS system indicates acceptance of OGAPP. Clicking the "Approve" button constitutes an authorization of the submission the agency official and serves as an electronic acknowledgment and acceptance of OGAPP rules and regulations.*

X. **Special Condition(s):** A Special Conditions link is available for viewing and responding to special conditions within GMIS. The 30-day time-period, in which the subrecipient must respond to special conditions will begin when the link is viewable. Subsequent payments will be withheld until satisfactory responses to the special conditions or a plan

describing how those special conditions will be satisfied is submitted to GMIS.

Y. **Unallowable Costs:** Funds **may not** be used for the following:

1. To advance political or religious points of view or for fund raising or lobbying.
2. To disseminate factually incorrect or deceitful information.
3. Consulting fees for salaried program personnel to perform activities related to grant objectives.
4. Bad debts of any kind.
5. Contributions to a contingency fund.
6. Entertainment.
7. Fines and penalties.
8. Membership fees — unless related to the program and approved by ODH.
9. Interest or other financial payments (including but not limited to bank fees).
10. Contributions made by program personnel.
11. Costs to rent equipment or space owned by the funded agency.
12. Inpatient services.
13. The purchase or improvement of land; the purchase, construction, or permanent improvement of any building; unless allowable by the grant.
14. Satisfying any requirement for the expenditure of non-federal funds as a condition for the receipt of federal funds.
15. Payments to any person for influencing or attempting to influence members of Congress or the Ohio General Assembly in connection with awarding of grants.

Subrecipients will not receive payment from ODH grant funds used for prohibited purposes. ODH has the right to recover funds paid to Subrecipients for purposes later discovered to be prohibited.

AA. **Audit:** Subrecipients currently receiving funding from the ODH are responsible for submitting an independent audit report. Every subrecipient will fall into one of two categories which determine the type of audit documentation required.

Subrecipients that spend $750,000 or more in federal awards per fiscal year are required to have a single audit which meets OMB's Federal Uniform Administrative Requirements. The subrecipient must submit, a copy of the auditor's management letter, a corrective action plan (if applicable) and a data collection form (for single audits) within 30 days of the receipt of the auditor's report, but no later than nine months after the end of the Subrecipient's fiscal year. The fair share of the cost of the single audit is an allowable cost to federal awards provided that the audit was conducted in accordance with the requirements of OMB's Federal Uniform Administrative Requirements.

Subrecipients that expend less than the $750,000 threshold require a financial audit conducted in accordance with Generally Accepted Government Auditing Standards. The Subrecipient must submit a copy of the audit report, the auditor's management letter, and a corrective action plan (if applicable) within 30 days of the receipt of the auditor's report, but no later than nine months after the end of the subrecipient's fiscal year. **The financial audit is not an allowable cost to the program.**

Once an audit is completed, a copy must be sent to https://harvester.census.gov/facweb/ or to the ODH Grants Services Unit, (GSU) within 30 days. Reference:

OGAPP and OMB's Omni Circular Federal Uniform Administrative Requirements regarding Audits of States, Local

Governments, and Non-Profit Organizations for additional audit requirements.

Subrecipient audit reports (finalized and published, and including the audit Management Letters, ifapplicable) **which include internal control findings, questioned costs or any other material findings, must include a cover letter which:**

- Lists and highlights the applicable findings.
- Discloses the potential connection or effect (direct or indirect) of the findings on subgrants passed through ODH.
- Summarizes a Corrective Action Plan (CAP) to address the findings. A copy of the CAP must be attached to the cover letter.

AB. Application Submission: Formatting Requirements: [Suggested language provided, but can be updated to reflect program-specific requirements]:

- Properly label each item of the application packet (e.g., Budget Narrative, Program Narrative).
- Each section should use 1.5 spacing with one-inch margins.
- Program and budget narratives must be submitted in portrait orientation on 8 ½ by 11 paper.
- Number all pages (print on one side only).
- Program narrative should not exceed 25 pages (**excludes** appendices, attachments, budget, and budget narrative).
- Use a 12-point Calibri font.
- Forms must be completed and submitted in the format provided by ODH.

The GMIS application submission must consist of the following:

Complete & submit online.

1. Application Information
2. Project Narrative
3. Project Contacts
4. Budget
   - Primary Reason
   - Funding
   - Justification
   - Personnel
   - Other Direct Costs
   - Equipment
   - Contracts
   - Compliance Section
   - Summary
5. Civil Rights Review Questionnaire
6. Assurances Certification
7. Federal Funding Accountability and Transparency Act (FFATA) reporting form. Must have an active SAM.gov registration.
8. Change request in writing on agency letterhead **(Existing agency with tax identification number, name and/or address change(s)).**
9. If not previously submitted, if all federal funding expensed equals or exceeds $750,000, upload the current audit to https://harvester.census.gov/facweb/ or if less than $750,000, email audit to audits@odh.ohio.gov.
10. Public Health Impact Statement Summary (non-health department only)

11. Statement of Support from the Local Health Districts (non-health department only)
12. Attachments as required by Program-none

II. APPLICATION REQUIREMENTS AND FORMAT

Agencies will receive GMIS access after the Notice of Intent to Apply for Funding is submitted to ODH.

All applications must be submitted via GMIS. Submission of all parts of the grant application via the ODH's GMIS system indicates acceptance of OGAPP. Submission of the application constitutes an authorization by the agency official and serves as an electronic acknowledgment and acceptance of OGAPP rules and regulations in lieu of an executed Signature Page document.

A. Application Information: Information on the applicant agency and its administrative staff must be accurately completed.This information will serve as the basis for necessary communication between the agency and ODH.

B. Budget: Prior to completion of the budget section, please review page 11 of the Solicitation for unallowable costs.

A match or applicant share is not required by this program. Do not include match or applicant share in the budget and/or the applicant share column of the Budget Summary. Only the narrative may beused to identify additional funding information from other resources.

1. **Primary Reason and Justification Pages:** For deliverable subgrants provide a budget justification narrative outlining how the deliverable will be met. For base grants provide a detailed budget justification narrative that describes how the categorical costs are derived. Discuss the necessity, reasonableness, and all allocability of the proposed costs. Describe the specific functions of the personnel, consultants and collaborators. Explain and justify equipment, travel, (including any plans for out-of-state travel), supplies and training costs. (A budget justification example can be found on GMIS).

2. **Personnel, Other Direct Costs, Equipment and Contracts:** For deliverable subgrants submit a budget for this section and the necessary form(s) to support costs for the period July 1, 2025 through June 30, 2026.

   Funds may be used to support personnel, their training, travel (see OBM website) https://obm.ohio.gov/wps/portal/gov/obm/areas-of-interest/agency-overview/obm-travel-rule/obm-travel-rule and supplies directly related to planning, organizing, and conducting the initiative/program/activity described in this announcement.

   All subrecipient personnel paid using any portion of this subgrant must complete daily timesheets. Time & Effort reporting must be completed if staff are charged to multiple funding sources.

   The applicant shall retain all original fully executed contracts on file. A completed "Confirmation of Contractual Agreement" (CCA) must be submitted via GMIS for each contract once it has been signed by both parties. All contracts must be signed and dated by all parties prior to any service being rendered and must be attached to the CCA section in GMIS. The submitted CCA and attached contract must be approved by ODH before contractual expenditures are authorized. CCAs and attached contracts cannot be submitted until the first quarter grant payment has been issued.

   The applicant shall itemize all equipment (minimum $1,000, unit cost value) to be purchased with grant funds in the Equipment Section.

The applicant shall retain all original fully executed contracts on file.

3. **Compliance Section:** Answer each question on this form in GMIS as accurately as possible. *Completion of the form ensures your agency's compliance with the administrative standards of ODH and federal grants.*

C. Assurances Certification: Each subrecipient must submit the assurances (Federal and State Assurances for subrecipients) form within GMIS. This form is submitted as a part of each application via GMIS. The Assurances Certification sets forth standards of financial conduct relevant to receipt of grant funds and is provided for informational purposes. The listing is not all-inclusive, and any omission of other statutes does not mean such statutes are not assimilated under this certification. Review the form and then press the "Complete" button. By submitting the application, the subrecipient agency acknowledges the financial standards of conduct as stated herein.

D. Project Narrative:

1. **Executive Summary:** Provide a brief, one-page synopsis of the purpose, methodology, and evaluation plan of this Immunization project. Identify the target population, services and programs to be offered, and the burden of health disparities and health inequities. Describe the public health problems that the program will address.

2. **Description of Applicant Agency/Documentation of Eligibility/Personnel:**
Briefly discuss the applicant agency's eligibility to apply. Summarize the agency's structure as it relates to this program and, as the lead agency, how it will manage the program.

Describe the capacity of your organization, its personnel, or contractors to communicate effectively and convey information in accordance with National Standards for Culturally and Linguistically Appropriate Services (CLAS) and Americans with Disabilities Act (ADA) Standards for Effective Communication in a manner and method that is easily understood by diverse audiences. This includes persons of limited English proficiency, those who are not literate, have low literacy skills, and individuals with disabilities. (see standards below)

- National CLAS Standards https://thinkculturalhealth.hhs.gov/clas#:~:text=The%20National%20CLAS%20Standards%20are.
- ADA Standards for Effective Communication https://www.ada.gov/effective-comm.htm

3. **Problem/Need:** In narrative form, describe how your immunization program will respond to the deliverable objectives listed below.

Deliverable Objective 1: Immunization Reminder and Recall Systems
GV subrecipient agencies will implement a successful reminder and recall system for immunization consumers for their local health department, including timely pre-appointment reminders of immunizations that are due and culturally appropriate recall requests if the infant, toddler or adolescent is behind on vaccinations.

D1a Indicate that your health department plans to remind parents of children under age 11 years of upcoming immunizations. Describe your process of how children are identified for pre-appointment reminders, when the reminders are completed, the type of reminders that are used and how the reminders are documented.

Note: A pre-appointment reminder is to be delivered shortly before each scheduled or recommended "appointment," according to the current ACIP recommendations. ODH recommends a reminder letter, card, or phone call to the parent from 1 to 5 days prior to the "appointment."

Note: ImpactSIIS may be used for the reminder system to meet this objective if:

- Immunization data is entered or transmitted to ImpactSIIS at least semi-monthly, and
- Historic immunization data for children is included.

D1b Indicate that your health department plans to remind parents of adolescents 11 through 18 years of age of upcoming immunizations. Describe your process of how adolescents are identified for pre-appointment reminders, when the reminders are completed, the type of reminders that are used and how the reminders are documented.

Note: A pre-appointment reminder is to be delivered shortly before each scheduled or recommended "appointment," according to the current ACIP recommendations. ODH recommends a reminder letter, card, or phone call to the parent from 1 to 5 days prior to the "appointment."

Note: ImpactSIIS may be used for the reminder system to meet this objective if:

- Immunization data is entered or transmitted to ImpactSIIS at least semi-monthly, and
- Historic immunization data for adolescents is included.

D1c Indicate that your health department plans to recall children under age 11 years who are behind on immunizations. Describe your process of how children are identified for recalls, when the recalls are completed, the type of recalls that are used and how the recalls are documented. Describe how children will be tracked for ongoing immunization compliance if they fail to show up for immunizations.

Note: Health districts should refer to the definition of Moved or Going Elsewhere (MOGE) found in the IQIP Manual on the ODH website. Only records that meet the specified definition should be marked as MOGE. Local computer and registry systems must enable compliance with this definition of MOGE.

D1d Indicate that your health department plans to recall specific children under 24 months of age who are behind on DTaP dose 4 (or the lowest antigen administered on-time according to assessment results). The plan should demonstrate multiple attempts at recall between 15 – 24 months of age for each child determined to be behind schedule for DTaP dose 4. Describe your process of how children are identified for recalls, when the recalls are completed, the type of recalls that are used and how the recalls are documented. Describe how children will be tracked for ongoing immunization compliance if they fail to show up for immunizations.

D1e Indicate that your health department plans to recall adolescents 11 through 18 years of age who are behind on adolescent immunizations. Describe your process of how adolescents are identified for recalls, when the recalls are completed, the type of recalls that are used and how the recalls are documented.

Note: Health districts should refer to the definition of Moved or Going Elsewhere (MOGE) found in the IQIP Manual on the ODH website. Only records that meet the specified definition should be marked as MOGE. Local computer and registry systems must enable compliance with this definition of MOGE.

<u>Deliverable Objective 2: Immunization Coverage Disparities</u>

Each GV subrecipient agency will:

- Appropriate staff will attend the vaccine equity trainings provided by ODH.
- Provide an analysis of geographic areas or subgroups with historically low or suspected low vaccine coverage and create and submit a targeted outreach plan.
- Implement targeted outreach plans to identified geographic areas and subpopulation identified in the evaluation with the purpose of increasing vaccine coverage among children and adolescents. Submit a mid- and year-end report of activities performed.

D2a List local health department staff who will attend the required vaccine equity trainings provided by ODH. ODH expects this training to be available prior to August 31, 2025.

D2b Indicate that each funded agency will <u>evaluate data</u> to identify geographic areas or subgroups with low or suspected low vaccine coverage among children and adolescents. Indicate that each

funded agency will create a targeted outreach plan for the identified geographic and subpopulation identified in the evaluation.

Evaluations must include a description of the identified geographic area or subgroups with low or suspected low vaccine coverage using various data sources including but not limited to Ohio Impact SIIS, Ohio School Immunization Summary reports, insurance coverage, social vulnerability index (SVI), county poverty rates, immunization providers geographic locations, and/or social determinants of health variables. Evaluations should also include a summary of history of local health department of engagement, previous vaccine preventable outbreaks (if applicable), and barriers or reasons for low vaccine coverage (or suspected low coverage).

Target plans must include a description of the outreach activities and measurements used for the evaluation of success. Identified measurements can include outreach material developed and distributed, community engagement and education activities, targeted vaccine clinics, and number of doses administered. Plans should include SMARTIE goals for identified geographic and subpopulations identified in the evaluation.

D2c Indicate that each funded agency will implement their D2b targeted outreach plans to identified geographic areas and subpopulation identified in the evaluation with the purpose of increasing vaccine coverage among children and adolescents.

Indicate that your local health department will submit a mid-year report (September 1, 2025-December 31, 2025) regarding identified evaluation measures from D2b.

Indicate that your local health department will submit a year-end report (January 1, 2026-May 31, 2026) regarding identified evaluation measures from D2b.

Performance measures should include:

- Number of target vaccine clinic held. Number of individuals vaccinated at each targeted clinic.
- Types of targeted or culturally tailored promotional material developed.
- Number of targeted or culturally tailored materials distributed.
- Number of community events held or attended.
- Description of community engagement activities, education or training performed.

Deliverable Objective 3: Immunization Provider Identification

GV subrecipient agencies will successfully create a list of all immunization providers in their county that currently vaccinate infants, children, and adolescents.

D3a Describe who will create, update and verify an alphabetically sorted list by name of all immunization providers in each GV-funded county. This list must show the name of each immunization provider and the past dates of any IQIP, MOBI or TIES activity. The list must show all VFC providers, all non-VFC immunization providers, and all pharmacies that provide vaccines to adolescents.

D3b Indicate that one comprehensive list will be created by September 30, 2025 using the D3 tab in the 20252026 GV Deliverable Objectives Tracking Spreadsheet.

Deliverable Objective 4: Immunization Quality Improvement for Providers (IQIP)

GV subrecipient agencies will successfully use the CDC-designed Immunization Quality Improvement for Providers (IQIP) process to assess immunization rates and factors that contribute to low immunization rates for populations, and work to improve on-time vaccination rates of children and adolescents using specific quality

improvement interventions. The IQIP process works to address vaccination inequities in provider offices.

Note: Staff who will conduct IQIP technical assistance must complete the required ODH IQIP trainings and must sign and return the 2025 Data Collection Confidentiality Agreement issued by ODH by September 30, 2025.

D4a List local health department staff who will attend the required IQIP trainings provided by ODH. ODH expects this training to be available prior to July 31, 2025. Only those employees who will actively perform the IQIP process are to be trained.

D4b Indicate that your local health department agency will assure that the IQIP process is initiated for each health department in your county according to the following required activities:

1) Conduct an initial IQIP site visit (a face-to-face or virtual and review of QI strategies using an initial coverage report). Provide technical assistance to implement QI strategies. Produce a coverage assessment of local health department immunization data using ImpactSIIS coverage reports. Select quality assurance (QI) strategies to improve pediatric and adolescent rates. Submit IQIP program required paperwork to ODH.
2) Conduct a two-month check-in (face-to-face, virtual or by phone) with health department staff after the initial IQIP site visit. Provide technical assistance and motivation for implementation of quality improvement strategies. Submit IQIP program required paperwork to ODH.
3) Conduct a six-month check-in (face-to-face, virtual or by phone) with health department staff after the initial IQIP site visit. Provide technical assistance and motivation for implementation of quality improvement strategies. Submit IQIP program required paperwork to ODH
4) Conduct a twelve-month follow-up (face-to-face or virtual) with health department staff after the initial IQIP site visit. Produce an immunization coverage assessment of data using ImpactSIIS coverage reports. Submit IQIP program required paperwork to ODH.

D4c Indicate that your local health department agency will recruit private (non-health department) immunization providers using the list from GV deliverable 3 to perform the IQIP process. Indicate how your agency will recruit Vaccines for Children (VFC) immunization providers who have known low rates or who have never received an IQIP in the past. Local health department agencies should perform IQIPs with at least 25% of their enrolled VFC providers, within their jurisdiction, to receive reimbursement.

D4d Indicate that your local health department agency will initiate the IQIP process among at least 25% of their enrolled VFC immunization providers in your jurisdiction according to the following required activities:

1) Conduct an initial IQIP site visit (a face-to-face or virtual and review of QI strategies using an initial coverage report). Provide technical assistance to implement QI strategies. Produce a coverage assessment of immunization data using ImpactSIIS coverage reports. Select quality assurance (QI) strategies to improve pediatric and adolescent rates. Submit IQIP program required paperwork to ODH.
2) Conduct a two-month check-in (face-to-face, virtual or by phone) after the initial IQIP site visit. Provide technical assistance and motivation for implementation of quality improvement strategies. Submit IQIP program required paperwork to ODH.
3) Conduct a six-month check-in (face-to-face, virtual or by phone) after the initial IQIP site visit. Provide technical assistance and motivation for implementation of quality improvement strategies. Submit IQIP program required paperwork to ODH.
4) Conduct a twelve-month follow-up (face-to-face or virtual) after the initial IQIP site visit. Produce an immunization coverage assessment of data using ImpactSIIS coverage reports. Submit IQIP program required paperwork to ODH.

<u>Deliverable Objective 5: Provider Education – MOBI and TIES</u>

GV subrecipient agencies will successfully engage healthcare providers to improve vaccine coverage and vaccine use by presenting the MOBI and TIES education sessions.

D5a List the names of staff who will be trained to conduct the Maximizing Office Based Immunization (MOBI) and Teen Immunization Education Sessions (TIES) program in each participating county. Only those employees who will actively perform provider education are to be trained with MOBI and TIES. Note: Contact the Ohio Chapter of the American Academy of Pediatrics at (614) 846-6350 for more information about MOBI and TIES trainings.

D5b Describe your plan to perform MOBI and TIES programs among the immunization providers in your county. Describe how your agency will determine which providers will be targeted for the MOBI and TIES programs.

Deliverable Objective 6: Perinatal Case Identification and Follow-up

Health districts must implement a system to ensure that all hepatitis B surface antigen positive (HBsAg+) pregnant females or pregnant females with other evidence of maternal infection are identified and that their newborn infants, and infants born to females for whom no HBsAg test result is on record, are given hepatitis B immune globulin (HBIG) and hepatitis B vaccine (HepB vaccine) within twelve hours of birth. In addition, each child born to an HBsAg+ female must be followed to ensure that the remaining two doses of HBV are administered by six months of age, and that a post-vaccine serology is drawn and tested by twelve (12) months of age. HBsAg+ pregnant females must be counseled about their condition, and all household and sexual contacts of the female should be identified, interviewed, tested, and, if necessary, vaccinated with three doses of HBV.

D6a Describe your plan to ensure that all HBsAg+ pregnant females are identified prior to delivery. This should include a plan for working with ODH Perinatal Hepatitis B Prevention Program (PHBPP) staff, prenatal care providers, and hospitals in your county. Identify key process start and completion dates for each measurable planned activity.

D6b Describe the system you will utilize to ensure that infants at high risk for hepatitis B disease will receive HBIG and HBV within twelve hours of birth. This should include infants born to females known to be HBsAg+ and females for whom no prenatal test is on record. Identify key process start and completion dates for each measurable planned activity in your county.

D6c Describe your plan to track all infants born to HBsAg+ females to ensure completion of the three dose HBV series and a post-vaccine serology. Identify key process start and completion dates for each measurable planned activity in your county.

D6d Describe the process your agency will use to identify, interview, test for hepatitis B, and if necessary, vaccinate all sexual and household contacts of HBsAg+ females identified through the PHBPP. Describe how your agency plans to arrange for hepatitis B laboratory testing for each case and/or contact who is uninsured or underinsured. ODH will reimburse the cost for hepatitis B testing for each uninsured or underinsured case and/or contact, up to a maximum of $250 per individual tested. Identify key process start and completion dates for each measurable planned activity in your county.

D6e Describe how your agency will report perinatal hepatitis B cases to ODH according to Ohio Administrative Code 3701-3-02 using the Ohio Disease Reporting System (ODRS), and how you will track the progress of each case. Describe how your agency will ensure that all the required hepatitis B case management information will be entered in ODRS. Identify key process start and completion dates for each measurable planned activity in your county. Indicate that your agency will follow the reporting requirements defined in Appendix H.

D6f Indicate that your agency will ensure timely follow-up on all suspect perinatal hepatitis B cases according to your processes stated in D6a – D6e.

Deliverable Objective 7: School Immunization Assurance

Health districts must ensure that licensed schools receive education regarding immunization school requirements. Health districts must perform an ODH-assigned school validation assessment to validate the immunization status report.

D7a Describe your plan to create an accurate list of all kindergarten through twelfth grade schools in your county and provide the list to ODH. The list must be completed by September 30, 2025.

D7b Describe your plan to provide on-site, webinar (live) or conferenced education to each kindergarten through twelfth grade school in your county between August 1, 2025 and June 30, 2026. The funded health department must use the ODH-produced power-point template discussing school immunization entry requirements, reporting requirements, and current ACIP recommended immunization schedules. ODH plans to train all GV-funded health departments to use this new power-point template using a webinar prior to August 1, 2025. Schools trained must be documented using the GV Deliverable Objectives Tracking Spreadsheet and submitted to ODH no later than June 30, 2026.

D7c Indicate your commitment to perform a limited number of ODH-assigned school validation assessments. These assessments will validate individual immunization status reports submitted by each school during the Fall of 2025. These validation assessments will be initiated by ODH with assigned schools to be assessed between January 1, 2026 and April 10, 2026.

Methodology: In narrative form, identify the program goals, **SMARTIE** process, impact, or outcome objectives and activities as described in Appendix C1. Indicate how they will be evaluated to determine the level of successof the program. If health disparities and/or health inequities have been identified, describe how program activities are designed to address these issues.

E. Civil Rights Review Questionnaire — EEO Survey: The Civil Rights Review Questionnaire Survey is a part of the Application Section of GMIS. Subrecipients must complete the questionnaire as part of the application process. This questionnaire is submitted online automatically with each application online.

F. Federal Funding Accountability and Transparency Act (FFATA): All applicants applying for ODH grants are required to complete the FFATA reporting form in GMIS. Applicants must ensure that the information contained in SAM.gov, and the FFATA reporting form match. ODH will hold all payments if an applicant's information does not successfully upload into the federal system.

All new applicants for ODH grants are required to register in SAM.gov and submit the information in the grant application. For information about System for Award Management (SAM) go to https://sam.gov/.

Information on Federal Spending Transparency can be located at www.usaspending.gov .

(Required by all applicants, the FFATA form is located on the GMIS Application page and must be completed to submit the application.)

G. Attachment(s): Attachments are documents which are not part of the standard GMIS application but are deemed necessary to a given grant program. All attachments must clearly identify the authorized program name and program number. All attachments submitted in GMIS must be attached in the "Project Narratives" section and be in one of the following formats: PDF, Microsoft Word, or Microsoft Excel. Please see the GMIS bulletin board for instructions on how to submit attachments in GMIS. Attachments must be uploaded in GMIS by **4:00 p.m. on or before Monday, March 10, 2025**

III APPENDICES

A. Notice of Intent to Apply for Funding
B. GMIS Training, User Access, Access Change or Deactivation
C. C1 Deliverable – GV26 Objective Descriptions
   C2 Deliverable – GV26 Objective Allocations
D. Application Review Form
E. GV26 Program Report Instructions
F. GV26 Budget Justification Example
G. Immunization-Related Health Equity Resources
H. Perinatal Hepatitis B Outcome Requirements

Appendix A

Reimbursement Type
Select one of the options below:
☐ Monthly
OR
☐ Quarterly

NOTICE OF INTENT TO APPLY FOR FUNDING
Ohio Department of Health
Bureau of Infectious Diseases
ODH Program Title:
Get Vaccinated Ohio – Public Health Initiative (GV)

Submission Required
See due date below.

New Applicants must submit the GMIS Access form with the Notice of Intent to Apply for Funding Form

ALL THE INFORMATION REQUESTED MUST BE COMPLETED.

County of Applicant Agency_____ Federal Tax Identification Number_____

Geographic Area Applying to Cover_____

NOTE: The applicant agency/organization name must be the same as that on the IRS letter. This is the legal name by which the tax identification number is assigned.

Type of Applicant Agency *(Check One)*

☐ County Agency ☐ Hospital ☐ Local Schools
☐ City Agency ☐ Higher Education ☐ Not-for Profit

Applicant Agency/Organization _____

Applicant Agency Address _____

_____

Agency Contact Person Name and Title_____

Telephone Number_____ E-mail Address _____

_____ _____
Agency Head (Print Name) Agency Head (Signature)

Please note that the agency head listed above must match the agency head listed in GMIS. Unless for a new agency, NOIAF's will not be accepted if the name doesn't match what is listed in GMIS. If the agency head needs to be updated in GMIS, please include a letter on the agency letterhead outlining the change. The new agency head's signature will be accepted with receipt of the update letter.

Does your agency have at least two staff members who currently have access to the ODH GMIS system? YES ☐ NO ☐

If yes, no further action is needed. If not, ODH Grants Services Unit staff will email the GMIS reference guide to the email addresses listed on the GMIS Access Request form.

The NOIAF must be accompanied by the agency's Proof of Non-Profit status (if applicable) and Proof of Liability Coverage (if applicable). Potential applicants and current subrecipients are required to set up and maintain their current supplier information in the State of Ohio Supplier Portal. This information includes, but is not limited to, Electronic Funds Transfer (EFT), 1099 Form and current address.

This information must be set-up and maintained in the following website: http://supplier.ohio.gov/.

Note: Subrecipients' future payments will be held if the agency receives a paper check due to the EFT information not being properly maintained in the supplier portal.

Forms are only required for NEW AGENCIES or if UPDATES are needed for current agencies. THE NOIAF AND REQUIRED FORMS MUST BE EMAILED TO BIDsubgrants@odh.ohio.gov BY **January 29, 2025.**

NOTE: NOIAF's will be considered late if any of the required forms listed above are not received by NEW AGENCIES by the duedate. NOIAF's considered late will not be accepted.

Appendix B

This form must be submitted with the Notice of Intent to Apply for Funding Form for all new ODH applicants.

GMIS Training, User Access, Access Change or Deactivation Request

One request per person. Requests will only be honored when signed by your **Agency Head** or **Agency Financial Head** and complete. In addition, if a user leaves your agency, you are to notify ODH so that the account is rendered inactive and submit a form for the replacement. The user will receive his/her username and password via e-mail once the request is processed. *Refresher guides can be found on the ODH web site:* https://odh.ohio.gov/wps/portal/gov/odh/about-us/funding-opportunities/ODH-Grants/. *ODH Grants Page – "GMIS Training Resource" Section.*

Date: _____

Check the type of access and complete the information requested:

[_] Employee —needs GMISTraining

[_] New Employee —needs GMIS Access. Effective Date of Activation: _____

[_] Existing Employee —New GMIS User or GMIS User Access Change.

Effective/Change Date:_____

[ ] Deactivation —User no longer needs access to ODH Application Gateway/GMIS 2.0 or GMIS 2.0 only:Effective Date of Deactivation (ODH Application Gateway/GMIS 2.0):_____

Or Effective Date of Deactivation (GMIS 2.0 access only): _____

Agency Name & Address: _____

Employee Name (no nicknames):

Employee JobTitle:

Employee Office Phone Number:

Employee Office Fax Number:

Employee Office Email Address:

User Access Section: Please check all that applies and enter requested information:Email Notifications: [ ]Yes [ ] No

GMIS Project Number(s) user needs access to: _____ _____

_____ _____ _____

_____ _____ _____

Authorization Signature for User Access/Change/Deactivation:

_____ _____

Signature of Agency Head or Agency Financial Head | Printed Name of Agency Head or Agency Financial Head

To be completed by Grants System Officer ONLY—Date Received:_____Date Processed:_____

Deliver Requests to Data System Administrator

Scan & Email: Grant.Support@odh.ohio.gov

Appendix C1

Name of Subgrant Program: Get Vaccinated Ohio – Public Health Initiative (GV26)
Budget Period: 7/1/25-6/30/26
# of Deliverables: 7
Use Budget Justification Scenario #: 2

Deliverables Only

Deliverable Objective 1: Immunization Reminder and Recall Systems

GV subrecipient agencies will implement a successful reminder and recall system for immunization consumers for their local health department, including timely pre-appointment reminders of immunizations that are due and culturally appropriate recall requests if the infant, toddler or adolescent is behind on vaccinations.

D1a Indicate that your health department plans to remind parents of children under age 11 years of upcoming immunizations. Describe your process of how children are identified for pre-appointment reminders, when the reminders are completed, the type of reminders that are used and how the reminders are documented.

Note: A pre-appointment reminder is to be delivered shortly before each scheduled or recommended "appointment," according to the current ACIP recommendations. ODH recommends a reminder letter, card, or phone call to the parent from 1 to 5 days prior to the "appointment."

Note: ImpactSIIS may be used for the reminder system to meet this objective if:

- Immunization data is entered or transmitted to ImpactSIIS at least semi-monthly, and
- Historic immunization data for children is included.

D1b Indicate that your health department plans to remind parents of adolescents 11 through 18 years of age of upcoming immunizations. Describe your process of how adolescents are identified for pre-appointment reminders, when the reminders are completed, the type of reminders that are used and how the reminders are documented.

Note: A pre-appointment reminder is to be delivered shortly before each scheduled or recommended "appointment," according to the current ACIP recommendations. ODH recommends a reminder letter, card, or phone call to the parent from 1 to 5 days prior to the "appointment."

Note: ImpactSIIS may be used for the reminder system to meet this objective if:

- Immunization data is entered or transmitted to ImpactSIIS at least semi-monthly, and
- Historic immunization data for adolescents is included.

D1c Indicate that your health department plans to recall children under age 11 years who are behind on immunizations. Describe your process of how children are identified for recalls, when the recalls are completed, the type of recalls that are used and how the recalls are documented. Describe how children will be tracked for ongoing immunization compliance if they fail to show up for immunizations.

Note: Health districts should refer to the definition of Moved or Going Elsewhere (MOGE) found in the IQIP Manual on the ODH website. Only records that meet the specified definition should be marked as MOGE. Local computer and registry systems must enable compliance with this definition of MOGE.

D1d Indicate that your health department plans to recall specific children under 24 months of age who are behind on DTaP dose 4 (or the lowest antigen administered on-time according to assessment results). The plan should demonstrate multiple attempts at recall between 15 – 24 months of age for each child determined to be behind schedule for DTaP dose 4. Describe your process of how children are identified for recalls, when the recalls are completed, the type of recalls that are used and how the recalls are documented. Describe how children will be tracked for ongoing immunization compliance if they fail to show up for immunizations.

D1e Indicate that your health department plans to recall adolescents 11 through 18 years of age who are behind on adolescent immunizations. Describe your process of how adolescents are identified for recalls, when the recalls are completed, the type of recalls that are used and how the recalls are documented.

Note: Health districts should refer to the definition of Moved or Going Elsewhere (MOGE) found in the IQIP Manual on the ODH website. Only records that meet the specified definition should be marked as MOGE. Local computer and registry systems must enable compliance with this definition of MOGE.

D1 Deliverable Outcomes	Reimbursement	When to Submit
D1a & D1b Report the number of pre-appointment reminders issued for health department patients aged birth through 18 years. This must be documented on the D1 tab of the GV Deliverable Objectives Tracking Spreadsheet and attached to the notes section with each submitted expenditure report. Submit a quarterly attestation of reminder notices using the 'Deliverable 1 – Reminder and Recall Quarterly Attestation Form'. The form must be submitted in GMIS for each funded subrecipient and subcontractor at the end of each 3-month quarter. The reminder lists of children and adolescents must be maintained by each GV-funded agency and be available for a validation review by an Ohio Department of Health (ODH) representative during a site visit or an unannounced spot check.	$3 per reminder issued for children and adolescents through 18 years of age.	Ongoing - each monthly or quarterly expenditure report.
D1c, D1d & D1e Report the number of recalls issued for health department patients aged from birth through 18 years. This must be documented on the D1 tab of the GV Deliverable Objectives Tracking	$3 per recall issued for children and adolescents through 18 years of age.	Ongoing - each monthly or quarterly expenditure report.

Spreadsheet and attached to the notes section with each submitted expenditure report. Submit a quarterly attestation of recall notices using the 'Deliverable 1 – Reminder and Recall Quarterly Attestation Form'. The form must be submitted in GMIS for each funded subrecipient and subcontractor at the end of each 3-month quarter. The recall lists of children and adolescents must be maintained by each GV-funded agency and be available for a validation review by an Ohio Department of Health (ODH) representative during a site visit or an unannounced spot check.		

Deliverable Objective 2: Immunization Coverage Disparities

Each GV subrecipient agency will:

- Appropriate staff will attend the vaccine equity trainings provided by ODH.
- Provide an analysis of geographic areas or subgroups with historically low or suspected low vaccine coverage and create and submit a targeted outreach plan.
- Implement targeted outreach plans to identified geographic areas and subpopulation identified in the evaluation with the purpose of increasing vaccine coverage among children and adolescents. Submit a mid- and year-end report of activities performed.

D2a D2aList local health department staff who will attend the required vaccine equity trainings provided by ODH. ODH expects this training to be available prior to August 31, 2025.

D2b Indicate that each funded agency will evaluate data to identify geographic areas or subgroups with low or suspected low vaccine coverage among children and adolescents. Indicate that each funded agency will create a targeted outreach plan for the identified geographic and subpopulation identified in the evaluation.

Evaluations must include a description of the identified geographic area or subgroups with low or suspected low vaccine coverage using various data sources including but not limited to Ohio Impact SIIS, Ohio School Immunization Summary reports, insurance coverage, social vulnerability index (SVI), county poverty rates, immunization providers geographic locations, and/or social determinates of health variables. Evaluations should also include a summary of history of local health department of engagement, previous vaccine preventable outbreaks (if applicable), and barriers or reasons for low vaccine coverage (or suspected low coverage).

Target plans must include a description of the outreach activities and measurements used for the evaluation of success. Identified measurements can include outreach material developed and distributed, community engagement and education activities, targeted vaccine clinics, and

number of doses administered. Plans should include SMART goals for identified geographic and subpopulations identified in the evaluation.

D2c Indicate that each funded agency will implement their D2b targeted outreach plans to identified geographic areas and subpopulation identified in the evaluation with the purpose of increasing vaccine coverage among children and adolescents.

Indicate that your local health department will submit a mid-year report (September 1, 2025-December 31, 2025) regarding identified evaluation measures from D2b.

Indicate that your local health department will submit a year-end report (January 1, 2026-May 31, 2026) regarding identified evaluation measures from D2b.

Performance measures should include:

- Number of target vaccine clinic held. Number of individuals vaccinated at each targeted clinic.
- Types of targeted or culturally tailored promotional material developed.
- Number of targeted or culturally tailored materials distributed.
- Number of community events held or attended.
- Description of community engagement activities, education or training performed.

D2 Deliverable Outcomes	Reimbursement	When to Submit
D2a Appropriate local health department staff attend the vaccine equity training prior to August 31, 2025. This must be documented on the D2 tab of the GV Deliverable Objectives Tracking Spreadsheet and attached to the notes section with each submitted expenditure report.	$500	First quarter of funding cycle.
D2b Submit an immunization evaluation and targeted outreach plan in GMIS. The submission of the evaluation report must be documented on the D2 tab of the GV Deliverable Objectives Tracking Spreadsheet and attached to the notes section with each submitted expenditure report.	$2,500	After the updated evaluation and targeted outreach plan is submitted in GMIS.
D2c Submit one mid-year report due January 16, 2026 describing activities performed between September 1, 2025 and	$2,500 for each report submitted. A total of $5,000 if both reports	After each activities report is submitted in GMIS.

December 31, 2025 as part of the targeted outreach plan in GMIS. Submit one year-end report due June 12, 2026 describing activities performed between January 1, 2026 and May 31, 2026, as part of the targeted outreach plan in GMIS. The submission of each report must be documented on the D2 tab of the GV Deliverable Objectives Tracking Spreadsheet and attached to the notes section with each submitted expenditure report.	submitted successfully.	

Deliverable Objective 3: Immunization Provider Identification

GV subrecipient agencies will successfully create a list of all immunization providers in their county that currently vaccinate infants, children, and adolescents.

D3a Describe who will create, update and verify an alphabetically sorted list by name of all immunization providers in each GV-funded county. This list must show the name of each immunization provider and the past dates of any IQIP, MOBI or TIES activity. The list must show all VFC providers, all non-VFC immunization providers, and all pharmacies that provide vaccines to adolescents.

D3b Indicate that one comprehensive list will be created by September 30, 2025 using the D3 tab in the 20252026 GV Deliverable Objectives Tracking Spreadsheet.

D3 Deliverable Outcome	Reimbursement	When to Submit
Create or update the comprehensive list of all immunization providers correctly for each GV-funded county by September 30, 2025. This must be documented on the D3 tab of the GV Deliverable Objectives Tracking Spreadsheet and attached to the notes section with each submitted expenditure report.	$1,000	First quarter of funding cycle.

Deliverable Objective 4: Immunization Quality Improvement for Providers (IQIP)

GV subrecipient agencies will successfully use the CDC-designed Immunization Quality Improvement for Providers (IQIP) process to assess immunization rates and factors that contribute to low immunization rates for populations, and work to improve on-time vaccination rates of children and adolescents using specific quality improvement interventions. The IQIP process works to address vaccination inequities in provider offices.

Note: Staff who will conduct IQIP technical assistance must complete the required ODH IQIP trainings and must sign and return the 2025 Data Collection Confidentiality Agreement issued by ODH by September 30,

2025.

D4a List local health department staff who will attend the required IQIP trainings provided by ODH. ODH expects this training to be available prior to July 31, 2025. Only those employees who will actively perform the IQIP process are to be trained.

D4b Indicate that your local health department agency will assure that the IQIP process is initiated for each health department in your county according to the following required activities:

5) Conduct an initial IQIP site visit (a face-to-face or virtual and review of QI strategies using an initial coverage report). Provide technical assistance to implement QI strategies. Produce a coverage assessment of local health department immunization data using ImpactSIIS coverage reports. Select quality assurance (QI) strategies to improve pediatric and adolescent rates. Submit IQIP program required paperwork to ODH.
6) Conduct a two-month check-in (face-to-face, virtual or by phone) with health department staff after the initial IQIP site visit. Provide technical assistance and motivation for implementation of quality improvement strategies. Submit IQIP program required paperwork to ODH.
7) Conduct a six-month check-in (face-to-face, virtual or by phone) with health department staff after the initial IQIP site visit. Provide technical assistance and motivation for implementation of quality improvement strategies. Submit IQIP program required paperwork to ODH
8) Conduct a twelve-month follow-up (face-to-face or virtual) with health department staff after the initial IQIP site visit. Produce an immunization coverage assessment of data using ImpactSIIS coverage reports. Submit IQIP program required paperwork to ODH.

D4c Indicate that your local health department agency will <u>recruit</u> private (non-health department) immunization providers using the list from GV deliverable 3 to perform the IQIP process. Indicate how your agency will recruit Vaccines for Children (VFC) immunization providers who have known low rates or who have never received an IQIP in the past. Local health department agencies should perform IQIPs with at least 25% of their enrolled VFC providers, within their jurisdiction, to receive reimbursement.

D4d Indicate that your local health department agency will <u>initiate</u> the IQIP process among at least 25% of their enrolled VFC immunization providers in your jurisdiction according to the following required activities:

1) Conduct an initial IQIP site visit (a face-to-face or virtual and review of QI strategies using an initial coverage report). Provide technical assistance to implement QI strategies. Produce a coverage assessment of immunization data using ImpactSIIS coverage reports. Select quality assurance (QI) strategies to improve pediatric and adolescent rates. Submit IQIP program required paperwork to ODH.
2) Conduct a two-month check-in (face-to-face, virtual or by phone) after the initial IQIP site visit. Provide technical assistance and motivation for implementation of quality improvement strategies. Submit IQIP program required paperwork to ODH.
3) Conduct a six-month check-in (face-to-face, virtual or by phone) after the initial IQIP site visit. Provide technical assistance and motivation for implementation of quality improvement strategies. Submit IQIP program required paperwork to ODH.
4) Conduct a twelve-month follow-up (face-to-face or virtual) after the initial IQIP site visit. Produce an immunization coverage assessment of data using ImpactSIIS coverage reports. Submit IQIP program required paperwork to ODH.

D4 Deliverable Outcomes	Reimbursement	When to Submit
D4a Appropriate local health department staff attend the IQIP training prior to September 31, 2025. This must be documented on the D4 tab of the GV Deliverable Objectives Tracking Spreadsheet and attached to the notes section with each submitted expenditure report.	$500 per eligible employee who attends the IQIP training.	First quarter of funding cycle.
D4b & D4d Conduct the initial IQIP site visit. Perform an immunization coverage assessment and select quality assurance (QI) strategies. Submit a report to ODH. This must be documented on the D4 tab of the GV Deliverable Objectives Tracking Spreadsheet and attached to the notes section with each submitted expenditure report.	$1,000 after the completed initial report is submitted to ODH. Note 1: Initial IQIP visits will not be reimbursed <u>if performed on the same day or within one week</u> as the 12-month follow-up (only the 12-month follow-up will be reimbursed). Note 2: Multiple initial IQIP site visits performed simultaneously with multisite providers on the same day will be reimbursed only if required IQIP guidance in the IQIP Policy and Procedure Manual is followed.	After completion of initial IQIP visit (each month or quarter as completed).
D4b & D4d Conduct a two-month check-in after the initial IQIP site visit to review progress on quality improvement strategies and provide technical assistance. Submit a report to ODH. This must be documented on the D4 tab of the GV Deliverable Objectives Tracking Spreadsheet and attached to the notes section with each submitted expenditure report.	$250 after the completed 2-month report is submitted to ODH.	2 months after the initial IQIP visit (each month or quarter as completed).
D4b & D4d Conduct a six-month check-in after the initial IQIP site visit to review progress on quality improvement strategies and	$250 after the completed 6-month report is submitted to ODH.	6 months after the initial IQIP visit (each month or quarter as completed).

provide technical assistance. Submit a report to ODH. This must be documented on the D4 tab of the GV Deliverable Objectives Tracking Spreadsheet and attached to the notes section with each submitted expenditure report.		
D4b & D4d Conduct a twelve-month follow-up after the initial IQIP visit using coverage reports and assessment of implementation of QI strategies. Submit a report to ODH. This must be documented on the D4 tab of the GV Deliverable Objectives Tracking Spreadsheet and attached to the notes section with each submitted expenditure report.	$1,000 after the completed 12-month report is submitted to ODH. Note 1: Initial IQIP visits will not be reimbursed <u>if performed on the same day or within one week</u> as the 12-month follow-up (only the 12-month follow-up will be reimbursed). Note 2: Multiple follow-up IQIP site visits performed simultaneously with multisite providers on the same day will be reimbursed only if required IQIP guidance the IQIP Policy and Procedure Manual is followed.	12 months after the initial IQIP visit (each month or quarter as completed). (This may occur next subgrant period.)
Notes for D4b & D4d: CDC IQIP recommendations allow your agency to perform a 12-month follow-up visit at the same time as an initial visit using the same data. However, this is not ODH preference for these visits. If your agency performs the 12-month follow-up on the same day as the initial visit, you must record each activity on the GV deliverable objectives tracking spreadsheet, but only claim $1,000 for the follow-up activity. The $1,000 reimbursement will cover the costs to perform the 12-month follow-up with	Initial IQIP visits will not be reimbursed <u>if performed on the same day or within one week</u> as the 12-month follow-up (only the 12-month follow-up will be reimbursed). Initial IQIP visits performed that are separated by at least one week from the 12-month follow-up will be reimbursed. Separate data will need to be used for each type of	

the initial IQIP on the same day using the same data. In order to maximize your reimbursement, ODH recommends that 12-month IQIP follow-up visits not occur at the same time as new initial IQIP visits (in person or virtual). ODH requires at least a one-week spacing between 12-month follow-up visits and new initial visits. If you perform separate 12-month IQIP follow-up visits and initial IQIP visits at least one week apart, your agency will need to pull separate data for each IQIP visit.	visit.	

Deliverable Objective 5: Provider Education – MOBI and TIES

GV subrecipient agencies will successfully engage healthcare providers to improve vaccine coverage and vaccine use by presenting the MOBI and TIES education sessions.

D5a List the names of staff who will be trained to conduct the Maximizing Office Based Immunization (MOBI) and Teen Immunization Education Sessions (TIES) program in each participating county. Only those employees who will actively perform provider education are to be trained with MOBI and TIES.
Note: Contact the Ohio Chapter of the American Academy of Pediatrics at (614) 846-6350 for more information about MOBI and TIES trainings.

D5b Describe your plan to perform MOBI and TIES programs among the immunization providers in your county. Describe how your agency will determine which providers will be targeted for the MOBI and TIES programs.

D5 Deliverable Outcomes	Reimbursement	When to Submit
D5a Report each health department employee who attends the MOBI and TIES training in July 2025. This must be documented on the D6 tab of the GV Deliverable Objectives Tracking Spreadsheet and attached to the notes section with each submitted expenditure report.	$500 per eligible employee who attends the MOBI and TIES training.	First quarter of funding cycle.
D5b Report each completed MOBI or TIES session and submit the information to the Get Vaccinated Ohio – Provider Initiative (GP) subrecipient. The MOBI	$500 per completed MOBI or TIES session.	Each month or quarter as completed.

or TIES session must be documented on the D6 tab of the GV Deliverable Objectives Tracking Spreadsheet and attached to the notes section in the expenditure report.		

Deliverable Objective 6: Perinatal Case Identification and Follow-up

Health districts must implement a system to ensure that all hepatitis B surface antigen positive (HBsAg+) pregnant females or pregnant females with other evidence of maternal infection are identified and that their newborn infants, and infants born to females for whom no HBsAg test result is on record, are given hepatitis B immune globulin (HBIG) and hepatitis B vaccine (HepB vaccine) within twelve hours of birth. In addition, each child born to an HBsAg+ female must be followed to ensure that the remaining two doses of HBV are administered by six months of age, and that a post-vaccine serology is drawn and tested by twelve (12) months of age. HBsAg+ pregnant females must be counseled about their condition, and all household and sexual contacts of the female should be identified, interviewed, tested, and, if necessary, vaccinated with three doses of HBV.

D6a Describe your plan to ensure that all HBsAg+ pregnant females are identified prior to delivery. This should include a plan for working with ODH Perinatal Hepatitis B Prevention Program (PHBPP) staff, prenatal care providers, and hospitals in your county. Identify key process start and completion dates for each measurable planned activity.

D6b Describe the system you will utilize to ensure that infants at high risk for hepatitis B disease will receive HBIG and HBV within twelve hours of birth. This should include infants born to females known to be HBsAg+ and females for whom no prenatal test is on record. Identify key process start and completion dates for each measurable planned activity in your county.

D6c Describe your plan to track all infants born to HBsAg+ females to ensure completion of the three dose HBV series and a post-vaccine serology. Identify key process start and completion dates for each measurable planned activity in your county.

D6d Describe the process your agency will use to identify, interview, test for hepatitis B, and if necessary, vaccinate all sexual and household contacts of HBsAg+ females identified through the PHBPP. Describe how your agency plans to arrange for hepatitis B laboratory testing for each case and/or contact who is uninsured or underinsured. ODH will reimburse the cost for hepatitis B testing for each uninsured or underinsured case and/or contact, up to a maximum of $250 per individual tested. Identify key process start and completion dates for each measurable planned activity in your county.

D6e Describe how your agency will report perinatal hepatitis B cases to ODH according to Ohio Administrative Code 3701-3-02 using the Ohio Disease Reporting System (ODRS), and how you will track the progress of each case. Describe how your agency will ensure that all the required hepatitis B case management information will be entered in ODRS. Identify key process start and completion dates for each measurable planned activity in your county. Indicate that your agency will follow the reporting requirements defined in Appendix H.

D6f Indicate that your agency will ensure timely follow-up on all suspect perinatal hepatitis B cases according to your processes stated in D6a – D6e.

D6 Deliverable Outcomes	Reimbursement	When to Submit
Report each new perinatal case entered in ODRS. This must be documented on the D6 tab of the GV	$500 per each new perinatal case (infant only) entered correctly	Each month or quarter as completed.

Deliverable Objectives Tracking Spreadsheet and attached to the notes section with each submitted expenditure report.	in ODRS.	
Report each closed perinatal case entered in ODRS. This must be documented on the D6 tab of the GV Deliverable Objectives Tracking Spreadsheet and attached to the notes section with each submitted expenditure report.	$250 per each closed perinatal case (infant only) entered correctly in ODRS.	Each month or quarter as completed.
Report the actual cost for hepatitis B testing needed for any uninsured or underinsured perinatal hepatitis B case and/or contact. This must be documented on the D6 tab of the GV Deliverable Objectives Tracking Spreadsheet and attached to the notes section with each submitted expenditure report.	Up to $250 per each completed test.	Each month or quarter as completed.

Deliverable Objective 7: School Immunization Assurance

Health districts must ensure that licensed schools receive education regarding immunization school requirements. Health districts must perform an ODH-assigned school validation assessment to validate the immunization status report.

D7a Describe your plan to create an accurate list of all kindergarten through twelfth grade schools in your county and provide the list to ODH. The list must be completed by September 30, 2025.

D7b Describe your plan to provide on-site, webinar (live) or conferenced education to each kindergarten through twelfth grade school in your county between August 1, 2025 and June 30, 2026. The funded health department must use the ODH-produced power-point template discussing school immunization entry requirements, reporting requirements, and current ACIP recommended immunization schedules. ODH plans to train all GV-funded health departments to use this new power-point template using a webinar prior to August 1, 2025. Schools trained must be documented using the GV Deliverable Objectives Tracking Spreadsheet and submitted to ODH no later than June 30, 2026.

D7c Indicate your commitment to perform a limited number of ODH-assigned school validation assessments. These assessments will validate individual immunization status reports submitted by each school during the Fall of 2025. These validation assessments will be initiated by ODH with assigned schools to be assessed between January 1, 2026 and April 10, 2026.

D7 Deliverable Outcomes	Reimbursement	When to Submit
D7a Accurately complete the list of all licensed schools in each applicant county by September 30, 2025. This must be documented on the D7 tab of the GV Deliverable Objectives Tracking	$1,000 after submitted.	First quarter of funding cycle.

Spreadsheet and attached to the notes section with each submitted expenditure report.		
D7b Report each completed school education session. Each training event must be documented on the D7 tab of the GV Deliverable Objectives Tracking Spreadsheet and attached to the notes section in the expenditure report.	$200 per completed school training performed in person. $100 per completed school training performed via live internet webinar.	When completed.
D7c Report each completed ODH-assigned school validation assessment. Each assessment must be documented on the D7 tab of the GV Deliverable Objectives Tracking Spreadsheet and attached to the notes section in the expenditure report.	$500 per completed school assessment.	When completed.

Appendix C2

2025-2026 Get Vaccinated Ohio - Public Health Initiative (GV26) Subgrant Objective Funding Allocations (Maximum Funds Available)

County	D1	D2	D3	D4	D5	D6	D7	Total Deliverables
Adams	$2,028	$8,000	$1,000	$4,500	$1,500	$1,600	$6,000	$24,628
Allen	$8,289	$8,000	$1,000	$22,500	$10,000	$1,600	$13,800	$65,189
Ashland	$1,359	$8,000	$1,000	$4,500	$1,500	$800	$9,000	$26,159
Ashtabula	$9,339	$8,000	$1,000	$13,500	$4,500	$1,600	$11,600	$49,539
Athens	$5,907	$8,000	$1,000	$8,500	$3,500	$800	$8,600	$36,307
Auglaize	$8,601	$8,000	$1,000	$4,500	$2,500	$1,600	$8,400	$34,601
Belmont	$9,126	$8,000	$1,000	$6,500	$4,000	$800	$9,800	$39,226
Brown	$1,416	$8,000	$1,000	$6,500	$2,500	$800	$7,800	$28,016
Butler	$4,992	$8,000	$1,000	$18,500	$8,500	$20,000	$27,200	$88,192
Carroll	$2,442	$8,000	$1,000	$4,500	$1,500	$800	$5,400	$23,642
Champaign	$2,055	$8,000	$1,000	$4,500	$2,500	$1,600	$7,400	$27,055
Clark	$12,873	$8,000	$1,000	$4,500	$2,500	$4,000	$15,600	$48,473
Clermont	$1,581	$8,000	$1,000	$12,500	$5,500	$3,200	$15,400	$47,181
Clinton	$7,971	$8,000	$1,000	$4,500	$1,500	$800	$7,400	$31,171
Columbiana	$2,424	$8,000	$1,000	$15,500	$4,500	$800	$13,400	$45,624
Coshocton	$1,134	$8,000	$1,000	$6,500	$2,500	$1,600	$6,800	$27,534
Crawford	$5,916	$8,000	$1,000	$9,000	$2,500	$1,600	$9,400	$37,416
Cuyahoga	$10,254	$8,000	$1,000	$59,500	$26,500	$16,800	$129,200	$251,254
Darke	$4,767	$8,000	$1,000	$6,500	$3,500	$800	$9,400	$33,967
Defiance	$1,773	$8,000	$1,000	$6,500	$1,500	$800	$7,200	$26,773
Delaware	$5,835	$8,000	$1,000	$13,000	$4,500	$5,600	$17,200	$55,135
Erie	$10,182	$8,000	$1,000	$9,000	$2,500	$800	$11,400	$42,882
Fairfield	$3,402	$8,000	$1,000	$8,500	$4,500	$1,600	$14,800	$41,802
Fayette	$4,563	$8,000	$1,000	$6,500	$1,500	$800	$5,400	$27,763
Franklin	$54,276	$8,000	$1,000	$67,000	$32,000	$92,000	$124,400	$378,676
Fulton	$6,390	$8,000	$1,000	$4,500	$3,500	$1,600	$8,800	$33,790
Gallia	$7,329	$8,000	$1,000	$6,500	$3,500	$800	$7,400	$34,529
Geauga	$2,379	$8,000	$1,000	$8,500	$3,500	$800	$11,200	$35,379
Greene	$10,854	$8,000	$1,000	$14,500	$6,500	$3,200	$14,600	$58,654
Guernsey	$3,603	$8,000	$1,000	$4,500	$1,500	$800	$7,400	$26,803
Hamilton	$49,269	$8,000	$1,000	$82,000	$63,000	$20,000	$75,600	$298,869
Hancock	$10,011	$8,000	$1,000	$8,500	$3,500	$800	$13,200	$45,011
Hardin	$2,955	$8,000	$1,000	$4,500	$1,500	$800	$7,400	$26,155
Harrison	$177	$8,000	$1,000	$4,500	$1,500	$800	$5,000	$20,977
Henry	$5,238	$8,000	$1,000	$4,500	$2,500	$800	$6,800	$28,838
Highland	$5,775	$8,000	$1,000	$8,500	$3,500	$800	$7,800	$35,375
Hocking	$5,913	$8,000	$1,000	$6,500	$1,500	$800	$5,800	$29,513
Holmes	$3,321	$8,000	$1,000	$8,500	$2,500	$800	$7,400	$31,521

Huron	$15,198	$8,000	$1,000	$6,500	$2,500	$800	$9,800	$43,798
Jackson	$2,523	$8,000	$1,000	$4,500	$1,500	$800	$6,400	$24,723
Jefferson	$2,676	$8,000	$1,000	$6,500	$2,500	$800	$9,600	$31,076
Knox	$6,855	$8,000	$1,000	$6,500	$2,500	$800	$8,400	$34,055
Lake	$945	$8,000	$1,000	$12,500	$5,500	$4,000	$19,400	$51,345
Lawrence	$1,632	$8,000	$1,000	$16,500	$7,000	$1,600	$9,200	$44,932
Licking	$8,955	$8,000	$1,000	$10,500	$7,000	$4,000	$20,400	$59,855
Logan	$510	$8,000	$1,000	$4,500	$1,500	$4,000	$6,800	$26,310
Lorain	$9,564	$8,000	$1,000	$16,500	$6,500	$3,200	$29,400	$74,164
Lucas	$9,573	$8,000	$1,000	$28,500	$20,500	$8,000	$47,400	$122,973
Madison	$2,118	$8,000	$1,000	$4,500	$1,500	$800	$8,400	$26,318
Mahoning	$5,280	$8,000	$1,000	$19,000	$11,000	$800	$27,000	$72,080
Marion	$3,555	$8,000	$1,000	$6,500	$2,500	$800	$10,800	$33,155
Medina	$15,147	$8,000	$1,000	$15,000	$6,000	$3,200	$16,400	$64,747
Meigs	$1,098	$8,000	$1,000	$4,500	$1,500	$1,600	$5,600	$23,298
Mercer	$16,098	$8,000	$1,000	$8,500	$4,000	$1,600	$8,600	$47,798
Miami	$4,623	$8,000	$1,000	$4,500	$2,500	$800	$14,000	$35,423
Monroe	$2,115	$8,000	$1,000	$4,500	$1,500	$800	$5,800	$23,715
Montgomery	$19,182	$8,000	$1,000	$32,500	$15,500	$17,600	$56,600	$150,382
Morgan	$933	$8,000	$1,000	$4,500	$1,500	$800	$5,000	$21,733
Morrow	$1,476	$8,000	$1,000	$6,500	$3,000	$800	$7,000	$27,776
Muskingum	$3,699	$8,000	$1,000	$8,500	$3,500	$800	$12,200	$37,699
Noble	$2,553	$8,000	$1,000	$4,500	$1,500	$1,600	$4,800	$23,953
Ottawa	$3,564	$8,000	$1,000	$4,500	$1,500	$800	$7,800	$27,164
Paulding	$3,837	$8,000	$1,000	$4,500	$2,500	$800	$6,200	$26,837
Perry	$4,149	$8,000	$1,000	$6,500	$2,500	$800	$7,000	$29,949
Pickaway	$1,764	$8,000	$1,000	$6,500	$2,500	$3,200	$8,000	$30,964
Pike	$2,403	$8,000	$1,000	$6,500	$2,500	$800	$7,200	$28,403
Portage	$2,262	$8,000	$1,000	$6,500	$2,500	$800	$14,400	$35,462
Preble	$2,421	$8,000	$1,000	$8,500	$2,500	$800	$7,400	$30,621
Putnam	$8,097	$8,000	$1,000	$6,500	$4,500	$800	$9,000	$37,897
Richland	$3,672	$8,000	$1,000	$8,500	$3,500	$1,600	$17,600	$43,872
Ross	$3,039	$8,000	$1,000	$8,500	$4,500	$800	$10,800	$36,639
Sandusky	$8,556	$8,000	$1,000	$6,500	$2,500	$800	$9,000	$36,356
Scioto	$3,984	$8,000	$1,000	$9,000	$2,500	$1,600	$11,200	$37,284
Seneca	$5,901	$8,000	$1,000	$6,500	$2,500	$800	$8,800	$33,501
Shelby	$4,344	$8,000	$1,000	$8,500	$2,500	$800	$9,200	$34,344
Stark	$8,457	$8,000	$1,000	$28,000	$14,000	$1,600	$31,200	$92,257
Summit	$3,393	$8,000	$1,000	$22,500	$9,500	$4,800	$51,400	$100,593
Trumbull	$1,515	$8,000	$1,000	$17,000	$6,500	$3,200	$21,000	$58,215
Tuscarawas	$7,503	$8,000	$1,000	$9,000	$3,000	$800	$13,800	$43,103
Union	$4,992	$8,000	$1,000	$4,500	$1,500	$800	$8,200	$28,992
Van Wert	$5,484	$8,000	$1,000	$4,500	$2,500	$800	$6,800	$29,084
Vinton	$399	$8,000	$1,000	$4,500	$1,500	$800	$5,000	$21,199
Warren	$14,883	$8,000	$1,000	$4,500	$5,500	$14,400	$17,200	$65,483
Washington	$4,899	$8,000	$1,000	$9,000	$3,500	$800	$10,600	$37,799

Wayne	$4,806	$8,000	$1,000	$6,500	$3,000	$4,000	$16,800	$44,106
Williams	$2,421	$8,000	$1,000	$4,500	$2,500	$800	$7,400	$26,621
Wood	$846	$8,000	$1,000	$8,500	$4,500	$800	$14,000	$37,646
Wyandot	$5,337	$8,000	$1,000	$4,500	$1,500	$800	$6,200	$27,337
Totals	$554,955	$704,000	$88,000	$955,000	$446,500	$305,600	$1,372,600	$4,426,655

Appendix D

2025-2026 Get Vaccinated Ohio - Public Health Initiative (GV26) Application Review Form

Applicant / Sub-Applicant Name: _____GMIS #: _____

GMIS 2.0 Budget Issues	
Q: Was the budget justification included in the GMIS?	0 1
Q: Were all the deliverable costs shown in the Other Direct Costs section?	0 1
Q: Is total funding request at or below maximum funding allowed according to appendix C2 information?	0 1
List the requested funding amount: (sum the amounts for multiple counties)	
List any LHDs that will share an award:	**Subtotal ____ / 3**
Notes:	
Executive Summary	
Q: Did the applicant provide a poor, average or good overview?	0 1 2
Notes:	**Subtotal _____ / 2**
Description of Applicant Agency/Documentation of Eligibility/Personnel	
Q: Applicant summarized the agency structure & management of the GV subgrant?	0 1
Q: Described capacity to communicate to diverse audiences?	0 1
Q: Described capacity to reach children with low immunization rates and note relationships with community organizations?	0 1
Q: Noted any personnel or equipment deficiencies?	0 1
Q: Described plans for hiring & training and working with partners? (Position descriptions are optional)	0 1 2
Notes:	**Subtotal _____ / 6**

Deliverable Objective 1: Reminder and Recall Systems	
D1a: Described the reminder system for children under age 11?	0 1 2
D1b: Described the reminder process system for adolescents through age 18?	0 1 2
D1c: Described the recall process for children under age 11?	0 1 2
D1d: Described the process to recall patients for DTaP dose 4?	0 1 2
D1e: Described the process to recall adolescent patients through age 18?	0 1 2
Notes:	**Subtotal _____ / 10**
Deliverable Objective 2: Immunization Coverage Disparities	
D2a: Lists appropriate local health department staff to attend the vaccine equity training prior to August 31, 2025.	0 1 2
D2b: Commits to submission of a targeted outreach plan in GMIS.	0 1 2
D2c: Commits to submission of a mid-year and year-end report in GMIS.	0 1 2
Notes:	**Subtotal _____ / 6**
Deliverable Objective 3: Immunization Provider Identification	
D3a: Described how the list of providers will be created and verified?	0 1
D3b: Indicated that the list will be completed before September 30, 2025?	0 1
Notes:	**Subtotal _____ / 2**
Deliverable Objective 4: Immunization Quality Improvement for Providers (IQIP)	
D4a: Listed the health department staff who will attend the IQIP training?	0 1
D4b: Provided assurance that the IQIP process will be initiated for each health department in the county according to the 4-step process?	0 1
D4c: Described how the agency will recruit private providers to participate in the IQIP process and focus on low performing providers?	0 1 2
D4d: Provided assurance that the IQIP process will be initiated for private providers in the county according to the 4-step process?	0 1
Notes:	**Subtotal _____ / 5**
Deliverable Objective 5: Provider Education – MOBI & TIES	
D5a: Listed staff who will be MOBI and TIES trainers (e.g., nurse, health educator)?	0 1
D5b: MOBI and TIES advertising plan is comprehensive / multidimensional?	0 1 2
D5b: Described the plan to implement the MOBI and TIES training well?	0 1 2
Notes:	**Subtotal _____ / 5**

Deliverable Objective 6: Perinatal Case Identification and Follow-up	
D6a: Described the plan to identify HBsAg+ pregnant females prior to delivery?	0 1 2
D6b: Described the system to assure HBIG and HBV w/in 12 hours to at-risk infants?	0 1 2
D6c: Described the plan to track infants for HBV and post-test serology?	0 1 2
D6d: Described the process to follow-up with additional hepatitis B contacts?	0 1 2
D6e: Described the process to report perinatal hepatitis B cases to ODH via ODRS?	0 1 2
D6f: Indicated that the agency will ensure timely follow-up on all suspect perinatal hepatitis B cases according to the processes stated in D6a – D6e.	0 1
Notes:	**Subtotal _____ / 11**
Deliverable Objective 7: School Immunization Assurance	
D7a: Described a plan to create a list of all licensed schools by September 30, 2025?	0 1 2
D7b: Described a plan to provide education to each licensed school in applicant county between August 1, 2025 and June 30, 2026?	0 1 2
D7c: Indicated commitment to perform an ODH-assigned school validation assessment between January 1, 2026 and April 10, 2026?	0 1 2
Notes:	**Subtotal _____ / 6**
Comments to Subrecipient:	
Special Conditions:	

Reviewer Signature:		**Date:**	

2025-2026 Get Vaccinated Ohio - Public Health Initiative (GV26)
Application Review Form - Score Summary

Applicant / Sub-Applicant Name: _____ GMIS #: _____

Application Element	Score	Point Value
GMIS Budget		3
Executive Summary		2
Description of Applicant Agency/Documentation of Eligibility/Personnel		6
Narrative & Methodology		45
Application Element Subtotal:		56
Total Application % Score (Divide total application score by point value maximum = 56)		NA

Appendix E

2025-2026 Get Vaccinated Ohio – Public Health Initiative (GV26)

Program Report Instructions

Use the following instructions to prepare the program report that will discuss progress toward your Get Vaccinated Ohio - Public Health Initiative subgrant. Please follow instructions carefully, as program reports are scored. All 2025–2026 GV26 program reports are due to ODH on the following dates: January 15, 2026 and July 15, 2026.

A progress report template will be used to simplify the reporting for the two report periods: the first is a 6-month period from July 1, 2025 through December 31, 2025, and the second is a 12-month period that will encompass the entire sub-grant period from July 1, 2025 through June 30, 2026. The report template is a MS-Word document that asks for brief responses to specific questions for each deliverable objective. Each GV-funded agency is to complete a brief response for each question in the column labeled "GV Subrecipient Narrative Response." Some responses are shaded gray and will not be needed because they were not meant to be performed during the first six-month period.

GV Progress Report Instructions

1. Receive the "2025-2026 GV Progress Report Template" from ODH via email. The progress report template and instructions will be emailed approximately one month prior to the due date.
2. Fill in the name of your GV-funded agency and the GMIS project number in the header.
3. Provide a brief response to each "Progress Report Request" in the column labeled "GV Subrecipient Narrative Response".
4. GV sub-grants that share an award with multiple county health departments are to report separate progress report templates.
5. Save each completed progress report template file in your GV26 account in GMIS under the "Program Reports" Section.

Note: Do not submit the GV deliverable objectives tracking spreadsheet for the GV progress report. The GV deliverable objectives tracking spreadsheet is to be used only for your expenditure reports.

Note: All GV26 projects will report all required outcome measures using the 2025-2026 GV Deliverable Objectives Tracking Spreadsheet. This spreadsheet will be similar the 2025-2026 GV Deliverable Objectives Tracking Spreadsheet used when submitting monthly or quarterly expenditure reports. The final version of this spreadsheet will be provided to each GV-funded agency after the notice of awards are issued. The file format submitted in GMIS must be MS Excel. During the 2025-2026 subgrant cycle, the GV Deliverable Objectives Tracking Spreadsheet must be attached in the ODH Grants Management Information System (GMIS) when submitting monthly or quarterly expenditure reports.

Appendix F

Sample GV26 Budget Justification

(Insert Name of 2025 - 2026 GV Subrecipient)
(Insert Subrecipient GMIS Number)

GV26 BUDGET JUSTIFICATION
(Example for Deliverable Objective Funding Only)

Note:
Budget justification line items listed below MUST be in the same order as those line items listed in the Other Direct Costs section in your GMIS budget.

OTHER DIRECT COSTS

Deliverable Objectives – Budget Scenario 2
Notes:

- **Notes in red font are instructions and should be deleted once the budget justification is completed.**
- **Budget leverage cannot be used to move funding into or out of any Deliverable Objective line items.**
- **Indirect costs cannot be charged against Deliverable Objective line items.**
- **A brief description of how each agency will accomplish meeting the deliverable is not required in the budget justification but must be listed in the deliverable objectives narrative for the Get Vaccinated Ohio – Public Health Initiative (GP).**
- **A detailed breakout of the deliverable budget is not required and should not be included in the budget justification.**
- **Use the recommended allocations for each applicant from Appendix C2 to complete the budget justification.**

Deliverable Objective 1: Immunization Reminder and Recall Systems

Clark County Combined Health District	$16,179
Champaign Health District	$2,199
Madison County Public Health	$2,973

Deliverable Objective 2: Immunization Coverage Disparities

Clark County Combined Health District	$7,500
Champaign Health District	$6,000
Madison County Public Health	$6,000

Deliverable Objective 3: Immunization Provider Identification

Clark County Combined Health District	$1,000
Champaign Health District	$1,000
Madison County Public Health	$1,000

Deliverable Objective 4: Immunization Quality Improvement for Providers (IQIP)

Clark County Combined Health District	$4,500
Champaign Health District	$4,500
Madison County Public Health	$4,500

Deliverable Objective 5: Provider Education – MOBI and TIES

Clark County Combined Health District	$2,500
Champaign Health District	$2,500
Madison County Public Health	$1,500

Deliverable Objective 6: Perinatal Case Identification and Follow-up

Clark County Combined Health District	$ 8,000
Champaign Health District	$ 1,600
Madison County Public Health	$ 0

Deliverable Objective 7: School Immunization Assurance

Clark County Combined Health District	$15,600
Champaign Health District	$7,400
Madison County Public Health	$8,400

Total Other Direct Costs **$104,851**

Notes:

1. **The budget justification must be signed by the agency head listed in GMIS.**
2. **Budget revisions that do not include a signed budget justification by the agency head listed in GMIS will be disapproved.**
3. **Authorized representative certification language must also be included with agency head signature.**

Subrecipient's authorized representative certifies the foregoing:

- Subrecipient understands and agrees that it must follow the federal cost principle that applies to its type of organization (2 CFR, Part 225; 2 CFR, Part 220; or, 2 CFR, Part 230).
- Subrecipient's budgeted costs are reasonable, allowable and allocable under OGAPP and federal rules and regulations.
- The OGAPP and the rules and regulations have been read and are understood.
- Subrecipient understands and agrees that costs may be disallowed if deemed unallowable or in violation of OGAPP and federal rules and regulations.
- The appropriate programmatic and administrative personnel involved in this application are aware of agency policy in regard to subawards and are prepared to establish the necessary inter-institutional agreements consistent with those policies.
- Subrecipient agrees and understands that costs incurred in the fulfillment of the Deliverables must be allowable under OGAPP and federal rules and regulations to qualify for reimbursement.

_____

[Signature]

_____

[Print Name & Title]

_____

[Date]

Appendix G

Immunization-Related Health Equity Resources

GV applicants should review the following information sources regarding remaining immunization disparities in Ohio:

Healthy People 2030

Health.gov / Healthy People provides an overview, objectives, interventions, resources and national snapshots regarding vaccination rates. Healthy People 2030 goals for vaccinations are rooted in evidence-based clinical and community activities and services for the prevention and treatment of infectious diseases. Infants and children need to get vaccinated to prevent diseases like hepatitis, measles, and pertussis. Though most children get recommended vaccines, some U.S. communities have low vaccination coverage that puts them at risk for outbreaks. Strategies to make sure more children get vaccinated — like requiring vaccination for children who are in school — are key to reducing rates of infectious diseases.

Adolescents also need vaccines. Teaching people about the importance of vaccines, sending vaccination reminders, and making it easier to get vaccines can help increase vaccination rates in adolescents.

Healthy People 2030 objectives can be viewed here: Vaccination - Healthy People 2030 | health.gov

In addition, evidence-based resources related to vaccinations on the Healthy People 2030 website can be located here: Vaccination — Evidence-Based Resources - Healthy People 2030 | health.gov

Vaccination in Rural Communities

Despite the availability of safe and effective vaccines, fewer adolescents in rural areas are getting the HPV and meningococcal conjugate vaccines compared to adolescents in urban areas, leaving them vulnerable to serious diseases. View information from the Centers for Disease Control and Prevention (CDC). See: Vaccination in Rural Communities as a Public Health Issue | Rural Health | CDC.

National Healthcare Quality and Disparities Report from 2023.

Appendix A. List of Measures and Summary of Results for Figures shows quality trends. See:
2023 National Healthcare Quality and Disparities Report | Agency for Healthcare Research and Quality (ahrq.gov)

National Immunization Survey (NIS) - Child Vaccination Coverage Reports

Each year, the Centers for Disease Control and Prevention (CDC) publishes child vaccination coverage reports from NIS-Child. These publications provide information and details about child vaccination coverage.
See: Publications & Resources | ChildVaxView | CDC.

Estimated coverage with most childhood vaccines was similar among children born during 2019–2020 compared with those born during 2017–2018, with only a few exceptions. Disparities in coverage by race and ethnicity, poverty status, insurance status, and urbanicity persist, with a widening of the gap among some subgroups evident over time. Efforts by health care providers and parents are needed to ensure that all children are protected from vaccine-preventable diseases.

ChildVaxView Interactive! shows data from the National Immunization Survey (NIS) the following indicators show that generally, disparities exist for children aged 19-35 months of age in Ohio. Data from children born in 2019 and 2020 indicate:

- Vaccine rates are lower in children below poverty (less than 133% FPL) - in all measures.
- Immunization rates in the rural areas (Non-MSA) are usually lower for recommended vaccines.

ChildVaxView Interactive Child Vaccination Coverage | CDC

Children Born 2016-2019 Ohio NIS Coverage Levels for those at 24 months:	< 133% FPL	133% to <400% FPL	>400% FPL
DTaP, 4 or more doses	71.8%	78.5%	91.2%
Polio, 3 or more doses	87.6%	91.4%	95.4%
MMR, 1 or more doses	84.3%	88.1%	95.5%
Full Series Hib	69.9%	77.4%	90.4%
Hep B, 3 or more doses	91.0%	90.1%	95.1%
Var, 1 or more doses	84.4%	88.2%	94.8%
PCV, 4 or more doses	71.1%	80.8%	93.6%
Hep A, 1 or more doses	79.7%	85.1%	91.4%
Rotavirus 8 months	62.3%	75.7%	87.5%
Combined 7 Series	60.4%	68.4%	84.5%

Children Born 2016-2019 Ohio NIS Coverage Levels for those at 24 months:	Living in a Non-MSA	Living in a MSA Principal City	Living in a MSA Non-Principal City
DTaP, 4 or more doses	75.2%	79.9%	80.1%
Polio, 3 or more doses	91.5%	91.8%	90.0%
MMR, 1 or more doses	87.1%	89.6%	87.8%
Full Series Hib	76.4%	78.8%	77.3%
Hep B, 3 or more doses	93.7%	93.2%	89.4%
Var, 1 or more doses	86.1%	89.8%	87.9%
PCV, 4 or more doses	73.3%	79.3%	83.9%
Hep A, 1 or more doses	79.8%	86.4%	84.8%
Rotavirus 8 months	74.2%	70.4%	76.1%
Combined 7 Series	63.2%	70.7%	70.8%

Children Born 2016-2019 Ohio NIS Coverage Levels for those at 24 months:	White Non-Hispanic	Black Non-Hispanic	Hispanic	Multiple Race, Non-Hispanic
DTaP, 4 or more doses	82.9%	65.7%	77.9%	75.6%
Polio, 3 or more doses	91.8%	88.0%	88.0%	92.0%
MMR, 1 or more doses	90.6%	84.1%	83.4%	85.7%
Full Series Hib	81.5%	62.8%	76.9%	75.0%
Hep B, 3 or more doses	92.7%	87.1%	95.0%	90.0%
Var, 1 or more doses	90.0%	82.9%	86.1%	88.0%
PCV, 4 or more doses	82.8%	72.5%	77.7%	76.1%
Hep A, 1 or more doses	86.2%	80.3%	74.9%	87.8%
Rotavirus 8 months	76.0%	55.5%	74.7%	78.8%
Combined 7 Series	72.4%	58.1%	68.8%	66.1%

Community Commons

Community Commons is an interactive mapping, networking, and learning utility for the broad-based healthy, sustainable, and livable communities' movement. This tool will also help understand social determinants of health related to the public health goals to immunize young children. Registered users have FREE access to over 7000 GIS data layers at state, county, zip code, block group, tract, and point-levels; Contextualized mapping, visualization, analytic, impact and communication tools and apps; profiles of hundreds of place-based community initiatives (multi-sector collaboratives) working towards healthy/sustainable/livable/equitable communities; and peer learning forums in the "interactive commons" with colleagues exploring similar interests and challenges. See: http://www.communitycommons.org/

Ohio Department of Health – Health Improvement Zones

Ohio Health Improvement Zones (OHIZ) refers to the socioeconomic and demographic factors that affect the resilience of individuals and communities – the ability to prevent human suffering and financial loss in a disaster. By understanding where these populations are located and what factors contribute to their levels of risk, Ohio Health Improvement Zones can aid in all phases of improving health in communities.
Health Improvement Zones | Ohio Department of Health

Epidemiology and Prevention of Vaccine Preventable Diseases (Pink Book), 14th Edition. Immunization Strategies for Healthcare Practices and Providers. Discussion notes: Those who remain unvaccinated are so largely because healthcare practices and providers do not always optimally perform the activities associated with delivering vaccines and keeping patients up to date with their immunization schedules. Table of Contents | Pink Book | CDC

ODH Office of Health Opportunity (OHO) Social Determinants of Health Dashboard

The Community Wellbeing Social Determinants of Health Dashboard provides greater insight into the conditions that impact Ohioans' ability to live a healthy lifestyle. The dashboard can be filtered by five (5) domains and over 100 attributes/metrics that impact health, including Economic Vitality, Neighborhood and Physical Environment, Healthcare Access and Quality, Education Access and Quality, and Social and Community Environment. This dashboard also includes data on insurance rates for children and adolescents, preventative care metrics and poverty rates.
Community Wellbeing: Social Determinants of Health | DataOhio

Youth Wellbeing Social Determinants of Health Dashboard

Youth Wellbeing will help analyze and identify how various characteristics impact the youth of Ohio associated with chronic absenteeism and healthy lifestyle. The dashboard helps to gain insights to various community conditions that impacts the overall health of Ohio's Youth.

Youth Wellbeing dashboard combines data from the DEW School Report Card, Healthy Student Profiles, the Community of Wellbeing: Social Determinants of Health (SDoH), Social Vulnerable Index (SVI), Health Professionals Shortage Areas (HPSA), and Ohio Opportunity Index. Data is geocoded at the school district and census tract levels. A bivariate colored map of HPSAs and SVI levels to help pinpoint census tracts with low health support access. Identifying these opportunities and providing Ohio's youth information and resources will help them to grow and develop in good living and learning conditions. https://data.ohio.gov/wps/portal/gov/data/view/youth-wellbeing

Appendix H

Perinatal Hepatitis B Outcome Requirements

Special notes regarding perinatal hepatitis B outcomes:
The following tasks must be completed prior to requesting reimbursement for **each new infant case**:

- The infant perinatal hepatitis B case must be in applicant jurisdiction.
- Date infant case created in ODRS will be used for month/quarter/year.
- Infant perinatal hepatitis B case must meet case definition (mom HBsAg positive or, evidence of maternal infection: HBV DNA, HBeAg, mother known to be chronically infected with HBV, IgM-anti HB core unknown status; infant is Ohio resident or transfer in; < 24 months old; born in the US; status = active follow up).
- Appropriate data fields must be completed in ODRS (including demographic, clinical, epidemiology, vaccination and contact data).
  - Demographic Information- name, address, date of birth, time of birth, sex, Country of Birth, Track for Perinatal Transmission?
  - Clinical Information- Status, Birth weight, insurance type.
  - Epidemiology Information- Is the mother HBsAg positive? When was the mother confirmed HBsAg positive? Date of HBsAg Positive Test Result, Birth Mother Unknown.
  - Vaccination Information- Vaccination Date, Vaccination Time, Type.
- The new infant case must be documented on the GV Deliverable Objectives Tracking Spreadsheet (use the ODRS case ID number) and attached to the notes section in the expenditure report.

The following tasks must be completed prior to requesting reimbursement for each infant closed case:

- Infant perinatal hepatitis B case must be in applicant jurisdiction when they meet case definition.
- Date LHD closed the infant case must be entered in ODRS (used for month/quarter/year; in clinical module) and the LHD case status must not be set to “Active Follow up” in the clinical module.
- ODRS status shows reason for closure – primarily looking for infant completion, or some evidence of effort even if lost to follow up (doesn’t count if it turns out the mom was negative or if infant died at birth, for example). Documented in the status and notes section.
- To close a case lost to follow-up cases should have at least 3 documented contact attempts which are tracked in ODRS with a separate note for each attempt AND cases should not be closed before 12 months of age.
- Appropriate infant data fields must be completed in ODRS (including demographic, clinical, epidemiology, vaccination, contact). The birth weight and insurance status must be completed in the clinical module. If not available, document the reasons why in the notes section of the ODRS record.
- Infant post-vaccination serology testing (PVST) must be entered in ODRS: both HBsAg (Hepatitis B surface Antigen) test and anti-HBs (HBsAg surface antibody) are expected tests for the Perinatal Hepatitis B Prevention Program (PHBPP). They must be reported for billing. Alternatively, if they are both not reported, then refusal (or noncompliance) by the physician or family or both must be documented in ODRS.
- Close the infant case in ODRS by the time the infant is 2 yrs.
- The closed infant case must be documented on the GV Deliverable Objectives Tracking Spreadsheet (use the ODRS case ID number) and attached to the notes section in the expenditure report.

The following tasks must be completed prior to requesting reimbursement for each **uninsured** or **underinsured infant** case or household contact tested:

- Infant perinatal hepatitis B case must be in applicant jurisdiction that met case definition.
- The actual cost for hepatitis B testing of the uninsured or underinsured perinatal hepatitis B case or contact must be documented on the GV Deliverable Objectives Tracking Spreadsheet and attached to the notes section in the expenditure report.