



# OHIO DEPARTMENT OF HEALTH

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John R. Kasich/Governor

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Date: October 30, 2018

To: Sub - recipient Applicants

From: Sandy Oxley, Chief  
Bureau Maternal, Child and Family Health

Subject: Reproductive Health and Wellness Program (RHWP) Competitive Solicitation

The Ohio Department of Health (ODH), Bureau of Maternal and Child health announces the availability of Reproductive Health and Wellness Program (RHWP) competitive grant funds to comprehensively address issues of reproductive health and wellness with a focus on populations in greatest need and identified priorities. Funds will be available for applicants to ensure there is an organized effort to improve the overall health and well-being of women and men by promoting healthy lifestyles and encouraging the establishment of a reproductive life plan.

All potential applicants are encouraged to attend a Bidders' conference that will be held via teleconference/webinar on Wednesday November 7, 2018 from 3:00 p.m. to 4:00. p.m. The Bidders conference will provide an opportunity for interested parties to learn more about the Request for Proposals. Information regarding the time and instructions on accessing the webinar will be posted to the Reproductive Health and Wellness Program web page at <http://www.odh.ohio.gov/odhprograms/cfhs/rhawp/rhawp.aspx> .

All electronic applications and attachments are due by 4:00 p.m., Monday December 17, 2018. Applications received after the due date will not be considered for funding. Faxed, hand-delivered or mailed applications will not be accepted. Electronic application components must be submitted via the on-line Grants Management Information System (GMIS). 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 funds for this purpose. The sub recipient agency must be prepared to support the costs of operating the program until receipt of grant payments.

Submission of the competitive application constitutes acknowledgment and acceptance of ODH Grants Administration Policies and Procedures (OGAPP) Manual rules and any other program-specific requirements as outline din the competitive Request for Proposal (RFP). Reference the competitive RFP for more information. The competitive RFP for this grant program can be found on the ODH website [www.odh.ohio.gov](http://www.odh.ohio.gov). Allotments will be established in GMIS by ODH. Please refer to the GMIS bulletin board for current allotment percentage.

If you have questions, please contact Angie Norton at (614)466-6039 or via email at [Angela.norton@odh.ohio.gov](mailto:Angela.norton@odh.ohio.gov).



ALL APPLICATIONS MUST BE SUBMITTED VIA THE INTERNET

# OHIO DEPARTMENT OF HEALTH

## BUREAU OF

*Maternal, Child, and Family Health*

*Reproductive Health and Wellness Program*

## SOLICITATION

## FOR

**FISCAL YEAR 2020**

**Budget year (04/01/2019-03/31/2020)**

**Local Public Applicant Agencies**

**Non-Profit Applicants**

**COMPETITIVE GRANT APPLICATION INFORMATION**

**100% Deliverable Funding**

Revised 10/11/2018

For grant starts 4/1/2018 and thereafter

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## **I. APPLICATION SUMMARY and GUIDANCE**

An application for an Ohio Department of Health (ODH) grant consists of a number of required components including an electronic portion submitted via the Internet website “ODH Application Gateway” 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 November 16, 2018 | so access to the application via the Internet website “ODH Application Gateway” 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. Request for Taxpayer Identification Number and Certification (W-9), and Authorization Agreement for Direct Deposit of EFT Payments Form (EFT).

The above mentioned forms are located on the Ohio Department of Administrative Services website at: <http://ohiosharedservices.ohio.gov/SupplierOperations/Forms.aspx>

or directly at the following websites:

- **Request for Taxpayer Identification Number and Certification (W-9),**  
<http://www.irs.gov/pub/irs-pdf/fw9.pdf?portlet=103>
- **Authorization Agreement for Direct Deposit of EFT Payments Form (EFT)**  
[http://www.ohiosharedservices.ohio.gov/SupplierOperations/doc/EFT\\_Payment\\_Authorization\\_OBM4310.pdf](http://www.ohiosharedservices.ohio.gov/SupplierOperations/doc/EFT_Payment_Authorization_OBM4310.pdf)
- **Supplier Information Form**  
[http://www.ohiosharedservices.ohio.gov/SupplierOperations/doc/Supplier\\_Information\\_Form\\_OBM5657.pdf](http://www.ohiosharedservices.ohio.gov/SupplierOperations/doc/Supplier_Information_Form_OBM5657.pdf)

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

- A. Policy and Procedure:** Uniform administration of all the ODH grants is governed by the ODH Grants Administration Policies and Procedures (OGAPP) manual and 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 preparation of all Subrecipient applications. The OGAPP manual is available on the ODH website: <http://www.odh.ohio.gov>. (Click on Grant/Contracts, ODH Grants, Grants Administrative Policies and Procedures Manual (OGAPP)) or copy and paste the following link into your web browser: <http://www.odh.ohio.gov/~media/ODH/ASSETS/Files/funding%20opportunities/OGAPP%20Manual%20V100-2%20Rev%2010-1-2014.ashx>

Please refer to Policy and Procedure updates 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 examples 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 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.

**B. Application Name:** Reproductive Health and Wellness Program |

**C. Purpose:** The purpose of the Reproductive Health and Wellness Program in Ohio is to improve the overall health and well-being of women and men by promoting healthy lifestyles, reducing barriers, providing access, and encouraging the establishment of a reproductive life plan.

According to the Guttmacher Institute, an estimated 1,294,650 women needed contraceptive services and supplies in Ohio in 2014, which is an increase of zero percent from 2010. This funding provides increased access to family planning services that can reduce the number of unintended pregnancies, which contribute to poor birth outcomes such as infant mortality, low birth weight babies, preterm birth, and reduced birth spacing.<sup>1</sup> In Ohio, the availability of Title X dollars prevented 18,500 unintended pregnancies, which would likely have resulted in 9,200 fewer unplanned births and 6,300 fewer abortions. One-quarter of all poor women in Ohio obtain contraceptive services each year at sites that receive Title X funds. Without Title X dollars, the number of unintended pregnancies in Ohio would be 21 percent higher; the number of abortions would be 31 percent higher and the number of teen pregnancies would be 31 percent higher.<sup>1</sup> For every \$1.00 invested in 2010 in publicly funded family planning services, \$7.09 was saved in Medicaid and other public expenditures and the investment resulted in \$13.6 billion in savings. By helping women and men to plan their families, the services provided at Title X supported centers in Ohio saved \$106.9 million in public funds in 2010.<sup>2</sup>

During 2018, in anticipation of the Fiscal Year 2019 Maternal and Child Health Block Grant (MCHBG) application, Ohio began a comprehensive assessment of the health needs of women and children in the state. In addition to reviewing health indicator data, the MCHBG Needs Assessment included Stakeholder and Consumer Assessment Surveys. The MCHBG Stakeholder Assessment had 695 respondents. Almost a third of the respondents (30.9 percent) identified family planning services as the biggest health-related trend for reproductive age women. Similarly, nearly half (42.5 percent) of the respondents reported that family planning is one of the unmet needs for this population.

The Ohio Collaborative to Reduce Infant Mortality is focusing on the use of a reproductive life plan for all Ohioans of childbearing status as a key activity. A reproductive life plan will allow individuals the opportunity to determine when and if they are physically, emotionally, and financially prepared to become parents. In addition, the life plan can help to lower the risk of adverse perinatal and birth outcomes by assuring access to health care services to low-income, uninsured, under-insured and others, regardless of the individual's religion, race, national origin, handicapping condition, age, sex, number of pregnancies, marital status, culture, ethnicity or sexual orientation. The RHWP will ensure a focus on populations in greatest need and identified priorities. |

- D. *Qualified Applicants:*** | All applicants must be a local public or non-profit agency. 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. Applicant does not owe funds to ODH and has repaid any funds due within 45 days of the invoice date.
2. Applicant has not been certified to the Attorney General's (AG's) office.
3. Applicant has submitted application and all required attachments by **4:00 p.m. on Monday, December 17, 2018.** |

- E. *Service Area:*** | Applicants shall clearly define the specific geographic area (county, zip code(s), census tract(s), etc.) and the specific population to be served with the grant funds provided. This grant shall not establish residency requirements for eligible patients. The RHWP service area includes all counties in Ohio. Applicants are required to indicate the areas of service and explain how these areas were selected. Applicants are required to provide an explanation. Applicants are required to indicate other resources located within their service area or explain if there are none.

Applications to provide services to multiple counties will be accepted. Funding designated for a county must be spent for **services provided in that county.**

If other service providers in the applicant's county provide family planning services through Title X, the applicant must clearly define how their agency will be serving a different population and that there is no duplication of effort within the county to be eligible for Reproductive Health and Wellness Program funding. |

- F. *Number of Grants and Funds Available:*** | The sources of funds supporting the RHWP sub-grant program are both state and federal funds. Only one applicant per county will be awarded funding for this program. Agencies may subcontract with other agencies to provide services. However, only one entity per county may be identified as the applicant agency. Two or more entities may collaborate on an application to provide services. Up to 88 grants may be awarded for a total amount of \$ 5,365,830, which includes funding from the Maternal and Child Health Block Grant (Title V), the Population Research and Voluntary Family Planning Programs (Title X), and General Revenue Funds from the State of Ohio. Funding will be available in a deliverable format. Funding is divided into payment per deliverable and only the amount allotted to that deliverable may be spent on that specific deliverable. Eligible applicants may apply for a funding amount up to the amount stated in Table 1

## Eligible Award Amounts

Awards will be determined using two criteria. Applicants will be categorized by the average annual number of family planning client visits completed in the most recent one-year time frame. (See Table 1 for the maximum award amount per client volume). The time frame for client visits completed for year one is September 1, 2017 through August 31, 2018. Data was extracted from Ahlers database. Applicant will be placed in the eligible award band at the maximum eligible award amount. Secondly, applicant will be ranked on the following measures: women age 13-44 in need of publicly funded contraception, women age 15-44 at or below the federal poverty level, women age 15-44 of black or Hispanic race. (See Table 2) Final awards will be determined using the eligible band amount and the county measure rank. No award will be granted with an increase or decrease greater than 50% of the final total.

New applicant award amounts will be based on a minimum required client visits of 100. A new applicant is defined as any agency that has not provided RHWP to clients in the last two years. If so, the award amount will be calculated same as above.

Existing agency award amounts will be based on a minimum required client visits of 200. However, agencies who have provided RHWP for a minimum of two years and have not reached the minimum client visit requirement of 200, will be considered for funding at \$30,000 and must meet the following criteria: submit work plan outlining how you will increase your client visit numbers with monthly updates attached in GMIS and participate in quarterly Technical Assistance calls.

The requested annual funding must be consistent with the scope of services proposed and be reasonable and cost effective. Annual award amounts may be reduced for the second and third contract years if the sub recipient does not maintain the client volume on which the original award amount was based. The funding formula calculations may change at the discretion of the RHWP.

A mid-year review will be conducted with a potential reallocation of funding based on the number of required visits.

**Table 1 Eligible Award Amounts**

<b>Eligible Award Amounts Band</b>	<b>Annual number of clients served</b>	<b>Eligible Award Amount</b>
<b>1</b>	<b>4,000 and above</b>	<b>Up to \$600,000</b>
<b>2</b>	<b>3000 to 3,999</b>	<b>Up to \$400,000</b>
<b>3</b>	<b>2500 to 2999</b>	<b>Up to \$300,000</b>
<b>4</b>	<b>2000 to 2,499</b>	<b>Up to 200,000</b>
<b>5</b>	<b>1300 to 1999</b>	<b>Up to \$150,000</b>
<b>6</b>	<b>650 to 1299</b>	<b>Up to \$100,000</b>
<b>7</b>	<b>400 to 649</b>	<b>Up to \$75,000</b>
<b>8</b>	<b>300 to 399</b>	<b>Up to \$55,000</b>
<b>9</b>	<b>200 to 299</b>	<b>Up to \$45,000</b>
<b>10</b>	<b>100 visits (new agencies only for the first year)</b>	<b>\$30,000</b>

Once the above category is identified, the level of funding is based on the index below:

**Table 2 Scoring Index**

<b>Index scoring/Weight determines dollar amount of award for each county</b>		
1.	Women age 13-44 in need of publicly funded contraception	60%
2.	Women age 15-44 at or below the federal poverty level	30%
3.	Women age 15-44 of black or Hispanic race	10%

In subsequent years, Fiscal Years 2021 and 2022, sub recipients must submit a non-competitive annual application. Each year continuing funding is contingent upon the availability of funds, accurate submission of reports; an approved program plan; satisfactory progress toward completion of the current years' contract deliverables; meeting family planning's Minimum Program Requirements and Reporting Requirements; meeting minimum number of required visits.

Applications to provide services to multiple counties will be accepted. Applicants may submit proposals to serve multiple counties and may apply for the sum of the funds available for each county to be served. A detailed budget and budget narrative are required for each county. Dollars designated for a county must be spent for services in that county.

Funding will be awarded in accordance with O.R.C.3701.033 *Distribution of funds for family planning services* which establishes the order of priority to be followed by the department of health when distributing funds for providing family planning services.

*No grant award will be issued for less than \$30,000. The minimum amount is exclusive of any required matching amounts and represents only ODH funds 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 or via ground delivery--by **4:00 p.m. by Monday, December 17, 2018**). Applications and required attachments received after this deadline will not be considered for review.

Contact [Michelle Clark at [michelle.clark@odh.ohio.gov](mailto:michelle.clark@odh.ohio.gov) or 614-728-0774] with any questions.

- H. Authorization:** Authorization of funds for this purpose is contained in Amended Substitute House Bill \_1, (129<sup>th</sup> Ohio General Assembly) and/or the *Catalog of Federal Domestic Assistance (CFDA) Number 93.217, Section 3701.046, and the Maternal Health Services Block Grant (Title V, Social Security Act, as amended, Catalog of Federal Domestic Assistance Number 93.994).*



**I. Goals:** The goals of the Reproductive Health and Wellness Program are:

Goal 1: To improve the overall reproductive health and well-being of women and men.

- Deliverable 1: By March 31, 2020, 100% of clients will have received comprehensive reproductive health and wellness direct health care services per nationally recognized standards of care.

Goal 2: To support the infrastructure and increase sustainability of Reproductive Health and Wellness services.

- Deliverable 2: By March 31, 2020, sub-recipients will have implemented activities to support infrastructure and sustainability.

Goal 3: (must choose one or more strategies): To enhance the services provided by the Reproductive Health and Wellness Program.

- Deliverable 3: By March 31, 2020, subrecipients will have implemented activities to enhance the services provided by their sites.

Goal 4: To increase outreach for target population to a broad range of Reproductive Health and Wellness Services.

- Deliverable 4: By March 31, 2020, subrecipients will provide an outreach plan describing at least 2 outreach events targeted to hard-to-reach and high need populations as reflected in their community needs assessment. Targeted populations are women in need of publicly funded contraceptive services including but not limited to Appalachian, Latina and Non-Hispanic Black or African-American women of childbearing age and those with disabilities. The outreach plan should include the following: description of the activity, target audience and documented need, evidence base supporting outreach activity and plan to evaluate outreach activity.

Goal 5: To increase access for target population to a broad range of Reproductive Health and Wellness services.

- Deliverable 5: (optional) By March 31, 2020, subrecipients have provided 110% of projected visits for the grant year.

Goal 6: To strengthen the clinical competency of the Reproductive Health and Wellness Program.

- Deliverable 6: (optional; limit up to 2 sub recipients; max \$200,000 in funding; not included in total funding amount) By March 31, 2020, RHWP clinician/provider will develop and implement clinical training program promoting evidence based clinical standards.

Goal 6 only applies to agency/agencies who receive this additional funding. Funding for this goal is not included in total grant funding. Applicants are required to submit a separate detailed plan in a deliverable format and budget based on the description in Objectives Grid (Appendix C). Funding will be limited to 2 sub recipients. Agency must have infrastructure

in place to accommodate the development of a training center. Funding will be reimbursed in a (monthly/quarterly) deliverable format as designated by the applicant.

Applicants should refer to the Title X Program Requirements <http://www.hhs.gov/opa/sites/default/files/ogc-cleared-final-april.pdf> and Providing Quality Family Planning Services: Recommendations of Centers for Disease Control and Prevention and the U.S. Office of Population Affairs <http://www.cdc.gov/mmwr/pdf/rr/rr6304.pdf>, and the 2015 updates <http://www.cdc.gov/mmwr/volumes/65/wr/mm6509a3.htm>, for a full description of the services successful applicants will be required to provide.

These goals and objectives are to be accomplished by engaging in a focused, multidisciplinary, collaborative approach to health improvement. This must be done in coordination with internal and external stakeholders, including, but not limited to, local public health agencies, community health centers, community-based organizations, faith-based organizations, private sector organizations and other public health providers (e.g., correctional facilities, immigrant organizations, homeless shelters and organizations that focus on adolescents) that serve populations that are disproportionately affected by poor health outcomes.

**All** programs are to provide **onsite core** direct reproductive health and wellness care using nationally recognized standards of care. Reproductive Health and Wellness Program **core** services include, but are not limited to the following:

- Pelvic exams and lab testing;
- Breast exams and patient education on breast cancer;
- Testicular exams and patient education on testicular cancer;
- Screening for cervical cancer;
- Screening for HPV and HBV vaccine status;
- Screening and treatment for sexually transmitted diseases (STDs) including HIV (testing only);
- Pregnancy testing;
- Judgement neutral all options counseling;
- Voluntary choice of contraception: including abstinence, Long Acting Reversible Contraception (LARC), and Fertility Awareness Based Methods;
- Client Centered Contraceptive Counseling;
- Patient education and pre-pregnancy counseling on the dangers of smoking, alcohol, and drug use during pregnancy;
- Education on sexual coercion and violence in relationships; and
- Referral for Primary Care, HIV treatment, Substance Abuse, and Mental Health services.

All Agencies must:

- Have an Electronic Medical Record (EMR) system in place and utilize no later than March 2020;
- Bill all applicable managed care and third-party insurances in service area;
- Provide at least one type of Long Active Reversible Contraception (LARC) onsite
- Follow the Quality Family Planning (QFP) guidance
- Have a Certified Application Councilor (CAC)/Navigator to help enroll clients into the Marketplace and a designated person to assist clients with enrollment into

Medicaid. Number of Clients assisted must be reported to RHWP.

All applicants must address the reproductive health and wellness needs of individuals, families, and communities through outreach to hard-to-reach and/or vulnerable populations, including partnering with other community-based health and social service providers that provide needed services.

An applicant must provide one or more **enhanced service** listed in the goals of the program, in addition to providing all **core** services. RHWP applicants must clearly identify the enhanced service(s) for which they are applying. To be funded for RHWP enhanced services, the applicant must clearly justify the need and health disparity in their service area.

Applicants are required to provide assurance and documentation of collaboration so that programs and services are not overlapping with other programs serving the reproductive health and wellness population with similar approaches and other funding sources. |

**J. Program Period and Budget Period:** The program period will begin (04/01/2019) and end on (03/31/2022). The budget period for this application is (04/01/2019) through (03/31/2020).

**K. Public Health Accreditation Board (PHAB) Standard(s):** Identify the PHAB Standard(s) that will be addressed by grant activities. ((This grant program will address PHAB standard 3.1: Provide Health Education and Health Promotion Policies, Programs, Processes, and Interventions to Support Prevention and Wellness; standard 3.2 Provide information on Public Health Issues and Public Health Functions through multiple methods to a variety of audiences. |The PHAB standards are available at the following website:

[http://www.phaboard.org/wp-content/uploads/PHABSM\\_WEB\\_LR1.pdf](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 - Applicant agencies 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:

The Public Health Accreditation Board (PHAB) Standard(s) to be addressed by grant activities:

- A description of the demographic characteristics (e.g., age, race, gender, ethnicity, disability status, socio-economic status, educational levels) of the target population and the geographical area in which they live (e.g., census tracts, census blocks, block groups;
- A summary of the services to be provided or activities to be conducted; and,
- A plan to coordinate and share information with appropriate local health districts.

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, indicate that point when submitting the program summary with the grant application. If an applicant agency has a regional and/or statewide focus, a statement of support should be submitted from at least one local health district, if available.

#### **M. Incorporation of Strategies to Eliminate Health Inequities**

The ODH is committed to the elimination of health inequities. Racial and ethnic minorities, people with disabilities, the LGBTQ community and Ohio's economically disadvantaged residents experience health inequities do not have the same opportunities as other groups to achieve and sustain optimal health. Throughout the various components of this application (e.g., Program Narrative, Objectives) applicants are required to:

- 1) Explain the extent to which health disparities and/or health inequities are manifested within the problem addressed by this funding opportunity. This includes the identification of specific group(s) who experience a disproportionate burden of disease or health condition (this information must be supported by data).
- 2) Describe how specific social and environmental conditions (social determinants of health) put groups who are already disadvantaged at increased risk for health inequities.
- 3) Specify how proposed program interventions and/or grant deliverables will address this problem.
- 4) Link health equity interventions in the grant proposal to national health equity strategies using the GMIS Health Equity Module. These four items should be incorporated into the grant language in specific areas of the application and not left to the applicant to decide where to insert this information. Also, care should be taken to avoid repetition to keep the responses focused and specific.

The following section will provide basic framework, links and guidance to information to understand and apply health equity concepts.

#### Understanding Health Disparities, Health Inequities, Social Determinants of Health & Health Equity:

*Certain groups in Ohio face significant barriers to achieving the best health possible. These groups include Ohio's poorest residents, people with disabilities, and racial and ethnic minority groups. Health disparities occur when these groups experience more disease, death or disability 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, prevalence and/or mortality rates of diseases or health conditions. Health is largely determined by where people live, work and play. Health disparities are unnatural and can occur because of socioeconomic status, race/ethnicity, sexual orientation, gender, disability status, geographic location or some combination of these factors. Those most impacted by health disparities also tend to*

have less access to resources like healthy food, good housing, good education, safe neighborhoods, freedom from racism and other forms of discrimination. These are referred to as **social determinants of health**. Social determinants are the root causes of health disparities. The systematic and unjust distribution of social determinants resulting in negative health outcomes is referred to as **health inequities**. As long as health inequities persist, those groups will not achieve their best possible health. The ability of marginalized groups to achieve optimal health (like those with access to social determinants) is referred to as **health equity**. Public health programs that incorporate social determinants into the planning and implementation of interventions will greatly contribute to the elimination of health inequities.

**GMIS Health Equity Module:**

The GMIS Health Equity Module links health equity initiatives in grant proposals to national health equity strategies such as those found in *Healthy People 2020* or the *National Stakeholder Strategy for Achieving Health Equity*. Applicants are required to select the goals and strategies from the module that best reflect how their grant proposal addresses health disparities and/or health inequities. Applicants can choose more than one goal and/or strategy.

For more resources on health equity, please visit the ODH website at:

<http://www.healthy.ohio.gov/healthequity/equity.aspx>.

- N. Human Trafficking:** The 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. Agency promotes the expansion of services to identify and serve those affected by human trafficking.

Applicable  to Reproductive Health and Wellness Program |

- O. 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.**

- P. Programmatic, Technical Assistance and Authorization for Internet Submission:** *Initial authorization for Internet submission, for new agencies, will be granted after participation in the GMIS training session. All other agencies will receive their authorization after the posting of the Solicitation to the ODH website and the receipt of the NOIAF. Please contact Michelle Clark at [michelle.clark@odh.ohio.gov](mailto:michelle.clark@odh.ohio.gov) or at (614) 728-0774.* |

**Applicant must attend or must document in the NOIAF prior attendance at GMIS training in order to receive authorization for internet submission.**

**Q. Acknowledgment:** An Application Submitted status will appear in GMIS that acknowledges ODH system receipt of the application submission.

**R. Late Applications:** GMIS automatically provides a time and date system for grant application submissions. Required attachments and/or forms sent electronically must be transmitted by the application due date. Required attachments and/or forms mailed that are non-Internet compatible must be postmarked or received on or before the application due date of **Monday, December 17, 2018, at 4:00 p.m.**

Applicants should request a legibly dated postmark or obtain a legibly dated receipt from the U.S. Postal Service or a commercial carrier. Private metered postmarks shall **not** be acceptable as proof of timely mailing. Applicants can hand-deliver attachments to ODH, Grants Services Unit (GSU), via the front desk at 246 N. High St., Columbus, Ohio; but they must be delivered by **4:00 p.m.** on the application due date. Fax attachments will not be accepted. **GMIS applications and required application attachments received late will not be considered for review.**

**S. 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 grant funds.

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

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

1. Contributes to the advancement and/or improvement of the health of Ohioans;
2. Is responsive to policy concerns and program objectives of the initiative/program/activity for which grant dollars are being made available;
3. Is well executed and is capable of attaining program objectives;
4. Describe Specific, Measureable, Attainable, Realistic & Time-Phased (S.M.A.R.T.) objectives, activities, milestones and outcomes with respect to time-lines and resources;
5. Estimates reasonable cost to the ODH, considering the anticipated results;
6. Indicates 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;
7. Provides an evaluation plan, including a design for determining program success;
8. Is responsive to the special concerns and program priorities specified in the Solicitation;
9. Has demonstrated acceptable past performance in areas related to programmatic and financial stewardship of grant funds;
10. Has demonstrated compliance to OGAPP;
11. Explicitly identifies 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; and,
12. Describe activities which support the requirements outlined in sections I. thru M. of this Solicitation. *Programs can insert further information about program specific review criteria (if applicable) Programs will include an Application Review Form (Appendix D) and/or provide further details of scoring.*

The 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.**

**V. 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; 34 CFR Part 5 for funds from the U.S. Department of Education or, 7 CFR Part 1 for funds from the U.S. Department of Agriculture. For guidance regarding specific funding sources, refer to: 45 CFR Part 5 for funds from the U.S. Department of Health and Human Services. |

**W. 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 either in whole or in part by a grant awarded by the Ohio Department of Health, [Bureau of Maternal, Child and Family Health Services], [Reproductive Health and Wellness Program] and as a sub-award of a grant issued by [Department of Health and Human Services, Office of Population Affairs ] under the [Title X] grant, grant award number [FPHPA006388-01-00], and CFDA number [CFDA 93.217].”

**X. Reporting Requirements:** Successful applicants are required to submit Subrecipient program and expenditure reports. Reports must adhere to the requirements of the OGAPP manual. Reports must be received in accordance with the requirements of the OGAPP manual and this Solicitation; before the department will release 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:

**1. Program Reports:** Subrecipients Program Reports must be completed and submitted via GMIS, as required by the subgrant program by the following dates:

- **ODH Reproductive Health and Wellness Program Revenue Report** (Attachment 3): ODH Reproductive Health and Wellness Program sub-grantees are required to

maintain a financial management system that meets the standards for grant administration, and to document and keep records of all income and expenditures. The Revenue Report identifies the source and amount of funds received during the reporting period that support activities within the scope of the ODH Reproductive Health and Wellness Program grant. The ODH Reproductive Health and Wellness Program Revenue Report must be submitted by GMIS attachment on the following dates: (with application) (October 15, 2019) (February 1, 2020) and (May 15, 2020).

- **The Ohio Department of Health Reproductive Health and Wellness Program Services Site(s) and Services Provided** forms (Attachment 4): Detailed information about clinical service sites and the services provided are required to be sent with the application and at any point during the grant cycle when changes are made. The Service(s) Site form must include the delegate agency/service site identification; location of all clinical site(s); service area; office hours; clinic service hours; and the number of client visits projected; contact name and email.

The hours of operation information should provide the days and hours of operation for each service site location, including hours of **clinical service provision**, if different from the total hours of operation. **Clinic service hours refer to the times reproductive health and wellness clinicians/providers are available to provide medical services**; office hours include hours that the clinic sites are open. The applicant must provide Services Provided information in Attachment 4.

- **The Culturally and Linguistically Appropriate Services in Health Care (CLAS) Strategic Plan:** In the project narrative, state that the required FY2020 RHWP CLAS Strategic Plan (Appendix I) will be completed and submitted via GMIS attachment in the Project Comments Section by the due date **October 15, 2019**.
- **Sliding Fee Scale and Schedule of Charges:** The sub-grantees 2019 Sliding Fee Scale (Appendix F) and a current Schedule of Charges that delineates each step of the fee scale and is based on justified reasonable costs, are due via GMIS attachment in the Project Comments Section to ODH **May 15, 2019**.
- **ODH Reproductive Health and Wellness Program Patient Data:** ODH RHWP Patient Data is due electronically to Ahlers & Associates (<http://www.ahlerssoftware.com>) by the **8<sup>th</sup> of each month**. Final data for CY2019 is due to the data contractor **April 8, 2020**. Failure to submit data accurately and on time may impact the timing and level of funding.
- **Reproductive Health and Wellness Program Family Planning Annual Report (FPAR) Data Report** (Appendix J) to due to ODH Reproductive Health and Wellness Program by February 1st of each calendar year.
- **ODH Reproductive Health and Wellness Work Plan (Attachment 5) is due with the application and demonstrates the goals for the upcoming year.**
  - An **Interim progress report** is due by via GMIS attachment in the Project Comments Section on **October 15, 2019**, for the period April 1, 2019 – **September 30, 2019**. This report will determine whether the applicant has



achieved the goals and objectives proposed in the application. If not, funding for the remainder of the budget period may be reduced accordingly. The applicant agency is responsible for completing the RHWP workplan (Attachment 5) and submitting the chart review summary for this time. In a separate narrative, the agency must also identify and elaborate on problems, delays, and adverse conditions that will affect the sub grantee’s ability to meet the program’s objectives or time schedules.

- **Final Program Report:** A final progress report that documents accomplishments made on goals and objectives for the period **of April 1, 2019-March 31, 2020** is due via GMIS attachment in the Project Comments Section by **May 15, 2020**. The applicant agency is responsible for completing the RHWP workplan (Attachment 5) and submitting the chart review summary for this time. The agency must provide a narrative that describes the progress made towards the goals and objectives for the period, any current problems or favorable or unusual developments, and work to be performed during the succeeding period.

Any paper non-Internet compatible report attachments must be submitted to GSU Central Master Files by the specific report due date. **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.

***Submission of Subrecipient Program Reports via GMIS indicates acceptance of the OGAPP.***

**Mandatory Meetings** – All funded RHWP must participate in the following meetings:

- Annual Project Director’s Meeting- a one day in person meeting in Columbus every grant year. Project Directors and necessary staff are required to attend.
- Quarterly webinar/conference calls-at least each quarter, RHWP program will host a webinar/conference call with Project Director’s on new and emerging RHWP topics. Project Directors and necessary staff are required to attend.

**2. Subrecipient Reimbursement Expenditure Reports:** Subrecipients can choose monthly or quarterly reimbursement (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:

<i>Period</i>	<i>Report Due Date</i>
<i>April 1 – 30, 2019</i>	<i>May 10, 2019</i>
<i>May 1 – 31, 2019</i>	<i>June 10, 2019</i>
<i>June 1 – 30, 2019</i>	<i>July 10, 2019</i>
<i>July 1 – 31, 2019</i>	<i>August 10, 2019</i>
<i>August 1 – 31, 2019</i>	<i>September 10, 2019</i>
<i>September 1 – 30, 2019</i>	<i>October 10, 2019</i>
<i>October 1 – 31, 2019</i>	<i>November 10, 2019</i>
<i>November 1 – 30, 2019</i>	<i>December 10, 2019</i>

<i>December 1 – 30, 2019</i>	<i>January 10, 2020</i>
<i>January 1 – 31, 2020</i>	<i>February 10, 2020</i>
<i>February 1 – 29, 2020</i>	<i>March 10, 2020</i>
<i>March 1 – 31, 2020</i>	<i>April 10, 2020</i>

Subrecipient Quarterly Reimbursement Expenditure Reports **must** be completed and submitted **via GMIS** by the following dates: **(please see example below)**

<i>Period</i>	<i>Report Due Date</i>
<i>April 1 – June 30, 2019</i>	<i>July 10, 2019</i>
<i>July 1 – September 30, 2019</i>	<i>October 10, 2019</i>
<i>October 1 – December 31, 2019</i>	<i>January 10, 2020</i>
<i>January 1 – March 31, 2020</i>	<i>April 10, 2020</i>

*Note: Obligations not reported on the final monthly or 4<sup>th</sup> quarter expenditure report will not be considered for payment with the final expenditure report.*

**3. 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 (May 5, 2020). The information contained in this report must reflect the program’s accounting records and supportive documentation. Any cash balances must be returned with the Subrecipient Final Expense Report. The Subrecipient Final Expense Report 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 signifies authorization of the submission by an agency official and constitutes electronic acknowledgment and acceptance of OGAPP rules and regulations.***

**Y. Special Condition(s):** A Special Conditions link is available for viewing and responding to special conditions within GMIS. The 30-day time, 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 in GMIS.

**Z. 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;
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;
16. Funding to provide abortion services; or if the applicant provides abortion services, the applicant's services are organized so that Reproductive Health and Wellness Program is physically and financially separate from abortion-providing and abortion-promoting activities

**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 expend \$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, if applicable) **which include internal control findings, questioned costs or any other serious 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 the ODH; and,
- Summarizes a Corrective Action Plan (CAP) to address the findings. A copy of the CAP should be attached to the cover letter.

## AB. Submission of Application

### Formatting 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 font.
- Forms must be completed and submitted in the format provided by ODH

The GMIS application submission must consist of the following:

**Complete  
& Submit  
Via Internet**

1. Application Information
2. Project Narrative
3. Project Contacts
4. Budget
  - V. Primary Reason
  - W. Funding
  - X. Justification
  - Y. Personnel
  - Z. Other Direct Costs
  - AA. Equipment
  - BB. Contracts
  - CC. Compliance Section
  - DD. Summary
5. Civil Rights Review Questionnaire
6. Assurances Certification
7. Federal Funding Accountability and Transparency Act (FFATA) reporting form
8. Change request in writing on agency letterhead (**Existing agency with tax identification number, name and/or address change(s.)**)
9. Health Equity Module
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
  - Attachment 1** - ODH Reproductive Health and Wellness Program Assurances
  - Attachment 2**-ODH Reproductive Health and Wellness Budget Overview
  - Attachment 3**- ODH Reproductive Health & Wellness Program Revenue Report
  - Attachment 4**- ODH Reproductive Health and Wellness Program

a. Services Site(s) Information

b. Services Provided

**Attachment 5-** ODH Reproductive Health and Wellness Program Work Plan

An original and one (1) copy of **Attachments must be mailed to:**  
Ohio Department of Health  
Reproductive Health and Wellness Program  
ATTN: Michelle Clark  
Bureau of Maternal and Child Health, 6<sup>th</sup> Floor  
246 N. High Street  
Columbus, Ohio 43215

- Attachment 1 - ODH Reproductive Health and Wellness Program Assurances |

One copy of the following document(s) must be e-mailed to <https://harvester.census.gov/facweb/> or mailed to the address listed below:

**Complete  
Copy &  
E-mail or  
Mail to  
ODH**

Current Independent Audit (latest completed organizational fiscal period; **only if not previously submitted**)

**Ohio Department of Health  
Grants Services Unit  
Central Master Files, 4<sup>th</sup> Floor  
35 E. Chestnut Street  
Columbus, Ohio 43215**

**II. APPLICATION REQUIREMENTS AND FORMAT**

GMIS access will be provided to an agency after it has completed the required ODH sponsored training. Agencies who have previously completed GMIS training will receive access after the Solicitation is posted to the ODH website.

*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 signifies authorization by an agency official and constitutes 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 the ODH.
- B. Budget:** Prior to completion of the budget section, please review page [\_\_\_\_16\_\_\_\_] of the Solicitation for unallowable costs. *[Insert one of the following two statements as appropriate:]*

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 be used to identify additional funding information from other

resources.

**Program income is required to be reported** and includes **all** sources of income, including Medicaid, Medicare, 3<sup>rd</sup> Party, and private pay. Program income is the gross income earned by the grant recipient during the grant period that is directly generated by a supported activity or earned as a result of the award. Program income is formally defined in 45 CFR 74.2(ag) and 92.25(b). Grantees are encouraged to earn income to defray program costs. Details concerning program income must be submitted to ODH via Attachment F - ODH Reproductive Health and Wellness Program Revenue Report. In addition, the narrative section must also identify additional funding information from all other resources that support the RHWP described in the application.

- 1. Primary Reason and Justification Pages:** Provide a budget justification narrative outlining how the deliverable will be met. (A budget justification example can be found on GMIS).
- 2. Other Direct Costs:** Submit a budget for this section and the necessary form(s) to support costs for the period (04/01/2019) to (03/31/2020).

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 submission of an application, the subrecipient agency agrees by electronic acknowledgment to the financial standards of conduct as stated therein.

**D. Project Narrative:**

- 1. Executive Summary:** Identify the target population, *burden of health disparities and health inequities*, services and programs to be offered and what agency or agencies will provide those services. Describe the public health problem(s) that the program will address. Specify the **total** project budget and the portion requested from ODH through this grant. Describe the project goals and measures to reach and serve the priority population. Describe how the project will be evaluated |
- 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 a manner 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.

- 3. Problem/Need:** Identify and describe the local health status concern(s) that will be addressed by the program. Only restate national and state data if local data is not available. The specific health status concerns that the program intends to address may be stated in terms of health status (e.g., morbidity and/or mortality) or health system (e.g., accessibility, availability, affordability, appropriateness of health services) indicators. The indicators should be measurable in order to serve as baseline data upon which the evaluation will be based. Clearly identify the target population. Explicitly describe segments of the target population who experience a disproportionate burden for the health concern or issue; or who are at an increased risk for the problem addressed by this funding opportunity.

Include a description of other agencies/organizations, in your area, also addressing this problem/need.

- 4. Methodology:** Complete the FY2020 RHWP Program Plan (Attachment 5). One comprehensive program plan must be submitted by the applicant agency. Multiple program plans are not acceptable. Applicants must use the format provided in this RFP in order to be considered for funding. Direct reproductive health care services using nationally recognized standards of care are a requirement for all RHWP applicants.

At least one Enhanced Objective must be proposed by applicants. These services further the goals of the RHWP. An applicant may choose any number of Enhanced Services. To be funded for Enhanced Objectives the applicant must show clear justification (including specific local data), activities and evaluation measures/benchmarks for the proposed service. For Enhanced Objectives, applicants need only complete the objectives for which they are proposing.

Applicants must address outreach to hard-to-reach and/or vulnerable populations and partnering with other community-based health and social service providers that provide needed services. Outreach activities must be submitted as part of the RHWP Program Plan Goal 4 and must include an evaluation component for planned outreach activities.

- 5. Cultural Competency:** Cultural competency in health care describes the ability of systems to provide care to patients with diverse values, beliefs and behaviors, including tailoring delivery to meet patients' social, cultural and linguistic needs. In 1997, the DHHS Office of Minority Health (OMH) initiated a project to develop recommended National Standards for Culturally and Linguistically Appropriate Services in Health Care (CLAS) that would support a more consistent and comprehensive approach to cultural/linguistic competence in health care. The FY2020 RHWP CLAS Strategic Plan (Appendix I) must be completed and submitted by **October 15, 2019**. Applicants must acknowledge in the project narrative that the RHWP CLAS Strategic Plan will be completed and submitted by the due date.
- 6. Program Assurances:** Agencies must sign Attachment 1– ODH Reproductive Health and Wellness Program Assurances agreeing to have these assurances in place by April 1,

2019.

- 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 automatically with each application via the Internet.
- F. Federal Funding Accountability and Transparency Act (FFATA):** All applicants applying for ODH grant funds are required to complete the FFATA reporting form in GMIS. Applicants must ensure that the information contained in SAM.gov, DUN & Bradstreet 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 applicants for ODH grants are required to obtain a Data Universal Number System (DUNS), register in SAM.gov and submit the information in the grant application. For information about the DUNS, go to <http://fedgov.dnb.com/webform>. For information about System for Award Management (SAM) go to [www.sam.gov](http://www.sam.gov).

Information on Federal Spending Transparency can be located at [www.USAspending.gov](http://www.USAspending.gov) or the Office of Management and Budget's website for Federal Spending Transparency at [www.whitehouse.gov/omb/open](http://www.whitehouse.gov/omb/open).

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

- G. Public Health Impact:** Applicants that are not local health departments are to attach in GMIS the statement(s) of support from the local health district(s) regarding the impact of your proposed grant activities on the PHAB Standards. If a statement of support from the local health districts is not available, indicate that and submit a copy of the program summary that your agency forwarded to the local health district(s).
- H. 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 to 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 that are non-Internet compatible must be postmarked or received on or before the application due date. An original and the required number of copies of non-Internet compatible attachments must be mailed to the ODH, Grants Services Unit, Central Master Files address by **4:00 p.m. on or before (December 17, 2018)**.

*A minimum of an original and the indicated number of copies of non-Internet attachments are required. If program requires more copies, then insert the appropriate number.*

**Attachments as Required by Program:**

***Provide an original and one (1) hard copy of the following attachments:***

Attachment 1 - ODH Reproductive Health and Wellness Program Assurances

***Provide the following attachments via the GMIS 2.0***

Attachment 1 - ODH Reproductive Health and Wellness Program Assurances



- Attachment 2 - ODH Reproductive Health and Wellness Budget Overview
- Attachment 3 - ODH Reproductive Health & Wellness Program Revenue Report
- Attachment 4 - ODH Reproductive Health and Wellness Program
  - a. Services Site(s) Information
  - b. Services Provided
- Attachment 5 - ODH Reproductive Health and Wellness Program Work Plan

**III. APPENDICES**

- A.** Notice of Intent to Apply for Funding
- B.** GMIS Training Form
- C.** Reproductive Health and Wellness Goals & Deliverables
  - C1 Deliverable – Objective Descriptions
- D.** Application Review Form
- E.** Reproductive Health and Wellness Available Funds by County
- F.** Sample Sliding Fee Scale
- G.** Expenditure Report Submissions Instructions
- H.** Deliverable Reporting Form for Subrecipients
- I.** Culturally and Linguistically Appropriate Services (CLAS) Strategic Plan
- J.** FPAR Data Report

**NOTICE OF INTENT TO APPLY FOR FUNDING**

**Submission  
Required**

**See Due Date Below**

Reimbursement  
Type  
Select one of the  
options below:

Monthly  
OR  
 Quarterly

Ohio Department of Health  
Office of Health Improvement and Wellness  
Bureau of Maternal, Child and Family Health

ODH Program Title:  
Reproductive Health and Wellness

ALL INFORMATION REQUESTED MUST BE COMPLETED.

County of Applicant Agency \_\_\_\_\_ Federal Tax Identification Number \_\_\_\_\_

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)

<input type="checkbox"/> County Agency	<input type="checkbox"/> Hospital	<input type="checkbox"/> Local Schools
<input type="checkbox"/> City Agency	<input type="checkbox"/> Higher Education	<input type="checkbox"/> 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 a new agency, NOIAF's will not be accepted if name doesn't match what is listed in GMIS. If the agency head needs updated in GMIS, please include a letter on 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 have been trained in and currently have access to the ODH GMIS system?  YES  NO

If yes, no further action is needed.

If no, at least two people from your agency are **REQUIRED** to complete the training before you will be able to access the ODH GMIS system and submit a grant proposal. Complete the GMIS training request form in the Request for Proposal.

The NOIAF must be accompanied by the agency's Proof of Non-Profit status (if applicable); Proof of Liability Coverage (if applicable); Request for Taxpayer Identification Number and Certification (W-9), Authorization Agreement for Direct Deposit of EFT Payments Form (EFT), (New Agency Only) Vendor Information Form. These forms are located on the Ohio Department of Administrative Services website at: <http://ohiosharedservices.ohio.gov/SupplierOperations/Forms.aspx>. You can also access these forms at the following websites:

- Request for Taxpayer Identification Number and Certification (W-9), <http://ohiosharedservices.ohio.gov/SupplierOperations/Forms.aspx>
- Authorization Agreement for Direct Deposit of EFT Payments Form (EFT) [http://www.ohiosharedservices.ohio.gov/SupplierOperations/doc/EFT\\_Payment\\_Authorization\\_OBM4310.pdf](http://www.ohiosharedservices.ohio.gov/SupplierOperations/doc/EFT_Payment_Authorization_OBM4310.pdf)
- Supplier Information Form [http://www.ohiosharedservices.ohio.gov/SupplierOperations/doc/Supplier\\_Information\\_Form\\_OBM5657.pdf](http://www.ohiosharedservices.ohio.gov/SupplierOperations/doc/Supplier_Information_Form_OBM5657.pdf)

Forms are only required for NEW AGENCIES or if UPDATES are needed for current agencies. ODH will forward the forms to Ohio Shared Services. FORMS MUST BE RECEIVED BY 4:00 PM ON NOVEMBER 16, 2018.

Mail: Michelle Clark, RN, BSN  
Ohio Department of Health, Reproductive Health and Wellness Program  
246 North High Street – 6th floor  
Columbus, OH 43215  
or  
E-mail: [michelle.clark@odh.ohio.gov](mailto:michelle.clark@odh.ohio.gov)

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

## 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 their 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. *Please note: GMIS Training is only required for New Agencies to ODH. If you are new to your agency someone there should train you. Refresher guides can be found on the ODH web site: <http://www.odh.ohio.gov/en/about/grants/grants.aspx> ODH Grants Page - "GMIS Training Resource" Section.* Confirmation of your GMIS training session will be e-mailed once a date has been assigned by ODH. Also use this form when user changes are needed.

Date: \_\_\_\_\_

Check the type of access and complete the information requested:  Employee - needs GMIS Training

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 Job Title:

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 Karen Tinsley, Grants System Officer, 614-644-7546

Mail: ODH/OFA, 35 E. Chestnut St., 4<sup>th</sup> Floor, Columbus, Ohio 43215 *Or*

Scan & Email: [karen.tinsley@odh.ohio.gov](mailto:karen.tinsley@odh.ohio.gov)

**Name of Subgrant Program: Reproductive Health and Wellness**

**Budget Period: April 1, 2018 – March 31, 2019**

**# of Deliverables: 6**

**Use Budget Justification Scenario#: 1**

**X   Deliverables Only**

Deliverable – Objective 1: Clients will have received comprehensive reproductive health and wellness direct health care services per nationally recognized standards of care. Clients must be served for the entire grant year.

Deliverable – Objective 2: Subrecipient will have implemented activities to support program infrastructure and sustainability.

Deliverable – Objective 3: Subrecipient will have implemented activities to enhance the services provided by their sites.

Deliverable – Objective 4: Subrecipient will provide a description of 2 outreach events targeting hard to-reach and high needs populations as reflected in their needs assessment.

Deliverable – Objective 5: **(optional)** Subrecipient has provided 110% of projected visit for the grant year. **To be eligible for Deliverable 5 payment, the subrecipient must have provided comprehensive reproductive health and wellness direct health care services each month of the grant year.** *(may only be requested in the final expenditure report)*

Deliverable – Objective 6: **(optional; limit up to 2 sub-recipients)** Sub-recipient will develop and implement clinical training program promoting evidence-based clinical standards.

**Strategies:** See Appendix C: 2020 Reproductive Health and Wellness Goals & Objectives Grid

**Activities:** See Appendix C: 2020 Reproductive Health and Wellness Goals & Objectives Grid

**Evaluation Measures:** See Appendix C: 2020 Reproductive Health and Wellness Goals & Objectives Grid

**Goal 1: To improve the overall reproductive health and well-being of women and men.**

**Deliverable 1:** By March 31, 2020, 100% of clients will have received comprehensive reproductive health and wellness direct health care services per nationally recognized standards of care.

Strategy	Activities	Evaluation Measures
<p>Ensure comprehensive reproductive health and wellness direct health care services are provided on-site (<i>Title X Program Requirements 9.7</i>):</p> <ol style="list-style-type: none"> <li>1. Core family planning services</li> <li>2. Related preventive health services</li> <li>3. Other preventive health services</li> </ol>	<p>Provide onsite comprehensive services to low-income females, males and adolescents that include:</p> <ol style="list-style-type: none"> <li>1a. Contraceptive Services</li> <li>1b. Pregnancy testing and counseling</li> <li>1c. Achieving pregnancy</li> <li>1d. Basic Infertility services</li> <li>1e. Preconception Care</li> <li>1f. Sexually transmitted disease services</li> <li>2a. Screening for breast cancer</li> <li>2b. Screening for cervical cancer</li> <li>2b. Male genital exam/screenings</li> <li>3a. Referrals for other medical, psychological, or social services</li> </ol>	<ul style="list-style-type: none"> <li>• Agency has completed 100% of projected visits</li> <li>• Chart audit summary forms are submitted to ODH with the Mid-Year and Final Report and show evidence of compliance with Program Requirements for Title X Funded Family Planning Projects of the DHHS OPA, April 2014 and the CDC Providing Quality Family Planning Services, April 25, 2014 and all applicable updates.</li> </ul>
<p>Ensure counseling and education to clients of child bearing status to establish a reproductive life plan.</p>	<p>Counseling and education to clients of child bearing status includes:</p> <ul style="list-style-type: none"> <li>• Implement a reproductive life plan with all new clients.</li> <li>• Review and update the reproductive life plan with all clients at least annually or as needed with any change in their health status.</li> <li>• A meaningful emphasis on education and counseling that communicates the social science research and practical application of topics related to healthy relationships, to committed, safe, stable, healthy marriages, and the benefits of avoiding sexual risk or returning to a sexually risk-free status, especially (but not only) when communicating with adolescents.</li> </ul>	<ul style="list-style-type: none"> <li>• Documentation that clients of childbearing status have a documented reproductive life plan established in their chart.</li> <li>• Documentation that reproductive life plans include: a meaningful emphasis on education and counseling that communicates the social science research and practical application of topics related to healthy relationships, to committed, safe, stable, healthy marriages, and the benefits of avoiding sexual risk or returning to a sexually risk-free status, especially (but not only) when communicating with adolescents.</li> </ul>
<p>Increase the number of clients using LARC.</p> <p>Ensure that providers are trained on all methods of LARC offered.</p>	<p>Offers at least one type of long acting reversible contraceptives method same day and on site.</p> <p>Provide/offer training on all methods of LARC and client centered counseling to all staff.</p>	<ul style="list-style-type: none"> <li>• Number of same day IUD/IUS insertions and/or:</li> <li>• Number of same day hormonal implant insertions</li> </ul>
<p>Ensure that all clients are offered evening and/or weekend hours for</p>	<p>Offers appointment times outside of normal operating hours (Monday through Friday from 9:00 am to 4:30 pm)</p>	<ul style="list-style-type: none"> <li>• Number of clients seen at appointment times are available outside of M-F 9:00 am-4:30pm</li> </ul>

## FY2020 Reproductive Health and Wellness Goals & Deliverables

provision of RHWP services		<ul style="list-style-type: none"> <li>• Documentation that 10% of appointment times are available outside of M-F 9:00 am-4:30pm</li> <li>• Documentation that the number of clients seen during extended hours is monitored and used to adjust appointment availability if needed</li> </ul>
Promote provision of comprehensive primary health care services to make it easier for individuals to receive both primary health care and family planning services preferably in the same location, or through nearby referral providers.	Either primary health care services are co-located with RHWP services or RHWP provider establishes formal agreements with Primary Care Providers including private practices, FQHCs, look alike FQHCs, and Rural Health Centers.	<ul style="list-style-type: none"> <li>• Documentation that sub-recipient is either co-located with primary care provider or RHWP provider has established formal agreements with primary care provider</li> </ul>
<p><b>Goal 2: To support infrastructure and increase sustainability of Reproductive Health and Wellness services.</b></p>		
<p><b>Deliverable 2:</b> By March 31, 2020, subrecipients will have implemented activities to support program infrastructure and sustainability.</p>		
Strategy	Activities	Evaluation Measures
<p>Ensure that clients whose reported income is at or below 100% of the Federal Poverty Level (FPL) must not be charged. Projects must bill all third parties authorized or legally obligated to pay for services.</p> <p>Ensure that a written agreement for reimbursement is in place with Managed Care, 3<sup>rd</sup> Party, or Fee for Service Medicaid.</p> <p>Ensure outstanding balances on accounts have follow-up for payment.</p>	<p>Implement billing infrastructure to ensure that all clients are appropriately charged including a sliding fee scale, schedule of charges and that charges are based on client income.</p> <p>Obtain a written agreement with Medicaid, including Managed Care Plans, Medicare (if appropriate) and other 3<sup>rd</sup> party payers</p> <p>Develop a policy outlining the procedure for collection of outstanding balance on client accounts.</p>	<ul style="list-style-type: none"> <li>• Documentation of: <ul style="list-style-type: none"> <li>-Protocols to request and accept donations are in place;</li> <li>-Schedule of discounts has been developed and updated periodically;</li> <li>-Sliding Fee Scale based on the most recent Federal Register has been developed;</li> <li>-Revenue including donations are reported to RHWP through RHWP Revenue Report.</li> </ul> </li> <li>• Documentation of a written agreement and ability to bill Medicaid, including Managed Care Plans, Medicare (if appropriate) and other 3<sup>rd</sup> party payers.</li> <li>• Agency reports number of clients with outstanding balances over 90 days for: Medicaid, including Managed Care Plans, Medicare (if appropriate), other 3<sup>rd</sup> party payers and private pay.</li> </ul>

## FY2020 Reproductive Health and Wellness Goals & Deliverables

Ensure that clients with no insurance coverage are assisted with Medicaid/insurance enrollment.	Agency has identified qualified personnel to assist clients with Medicaid/insurance enrollment.	<ul style="list-style-type: none"> <li>Agency reports number of clients assisted with Medicaid /insurance enrollment.</li> </ul>
Ensure that the Agency is utilizing an Electronic Medical Records system for client direct health care visits/enabling services	Agency is utilizing the full capabilities of each Module in their EMR system for client documentation.	<ul style="list-style-type: none"> <li>Agency has implemented Electronic Medical Records</li> </ul>
<p><b>Goal 3 (must choose one or more strategies): To enhance the services provided by the Reproductive Health and Wellness program.</b></p> <p><b>Deliverable 3:</b> By March 31, 2020, subrecipients will have implemented activities to enhance the services provided by their sites.</p>		
Strategy	Activities	Evaluation Measures
Ensure that men and women that are no longer of childbearing status receive services at RHWP sites.	Provide RHWP services to men and women who are no longer of childbearing status.	<ul style="list-style-type: none"> <li>Agency reports on the number of clients not of child bearing status served</li> </ul>
Ensure that infrastructure is in place to provide family planning services externally to special populations (e.g., substance abuse disorders, incarcerated women, students)	<p>Collaboration with local treatment centers, correctional facilities, educational institutions, etc. to provide family planning direct care services and/or education/counseling/referral within their facility.</p> <p>CVR and RLP implemented with each client visit provided off-site.</p>	<ul style="list-style-type: none"> <li>Agency reports number of client services provided at the off-site location.</li> <li>Agency reports number of clients who received education/counseling/referral.</li> </ul>
<p>Enhance the coordination and collaboration of evidence-based strategies among diverse stakeholders in women’s health to address mental health and/or addiction needs for clients.</p> <p><i>(This may include hiring a social worker or psychologist.)</i></p>	<p>Care coordination and quality assurance of linkages of women to care by developing a network of providers that will accept referrals for un/under-insured clients and tracking those referrals. Coordinating agency developments network for referrals and receive referrals and assigns case to provider.</p> <p>Tracking system developed to document and ensure monitoring and oversight of screening and referrals to providers including processes and outcomes.</p> <p>Implement best practices regarding screening for mental health and/or addiction issues (e.g., Edinburgh Screening tool, ASBI).</p>	<ul style="list-style-type: none"> <li>Agency reports on 100% of the following outcomes: <ul style="list-style-type: none"> <li>○.....umber of clients screened.</li> <li>○.....umber of clients referred receiving treatment.</li> </ul> </li> </ul>

## FY2020 Reproductive Health and Wellness Goals & Deliverables

**Goal 4: To increase outreach for target population to a broad range of Reproductive Health and Wellness Services.**

**Deliverable 4:** By March 31, 2020, subrecipients will provide an outreach plan describing at least 2 outreach activities targeting to hard-to-reach and high need populations as reflected in their needs assessment. Targeted populations are women in need of publicly funded contraceptive services including but not limited to Appalachian, Latina and Non-Hispanic Black or African-American women of childbearing age and those with disabilities. The outreach plan should include the following: description of the activity, target audience and documented need, evidence base supporting outreach activity and plan to evaluate outreach activity.

Strategy	Activities	Evaluation Measures
Provide outreach to hard-to-reach and vulnerable populations concerning the availability of reproductive health and wellness services.	<ol style="list-style-type: none"> <li>1) Social media campaign including but not limited to Facebook, Twitter, Instagram</li> <li>2) Billboards</li> <li>3) Posters and flyers in locations where the target populations live and work</li> <li>4) Group presentation</li> <li>5) School presentations</li> <li>6) Community information events</li> <li>7) Formal public presentations to the community</li> <li>8) Radio or Television Public Service Announcements and Interviews</li> <li>9) Implementation of evidence based comprehensive reproductive health and wellness education to schools, community-based organizations, faith-based organizations or other adolescent-serving entities</li> </ol> <p>Other ODH approved marketing events</p>	<ul style="list-style-type: none"> <li>• Social media engagement (likes, shares, comments, etc.)</li> <li>• Number of patients who reported seeing the billboard/poster/presentation on intake form</li> <li>• Number of people who attended the group/school presentation or event</li> <li>• Number of patients who reported hearing/seeing the PSA on intake form</li> </ul>

**Goal 5: To increase access for target population to a broad range of Reproductive Health and Wellness Services.**

**Deliverable 5: (optional)** By March 31, 2020, subrecipients have provided 110% of projected visit for the grant year.

Strategy	Activities	Evaluation Measures
Ensure comprehensive reproductive health and wellness direct health care services are provided	Provide more than the number of onsite comprehensive services to low-income females, males and adolescents than proposed	No later than March 31, 2018, agencies have provided 110% of visits projected for the grant year.in the FY18 RHWP application.



## FY2020 Reproductive Health and Wellness Goals & Deliverables

**Goal 6: To strengthen the clinical competency of the Reproductive Health and Wellness Program.**

**Deliverable 6: (optional; limit up to 2 sub-recipients; max \$200,000 in funding; amount not included in total funding)** By March 31, 2020, RHWP clinician/provider will develop and implement clinical training program promoting evidence-based clinical standards.

Strategy	Activities	Evaluation Measures
Establish a comprehensive, capacity building plan for the development of a clinical contraceptive training program.	<p>Deliver a continuous, high quality clinical skills and resource training program to RHWP health care providers.</p> <p>Develop competency-based curriculum to train and support RHWP health care providers evidenced-based information using new technologies and national standards. Establish outcomes.</p> <p>Plan for ongoing support/TA in collaboration with project directors/clinical staff at all RHWP clinic sites.</p> <p>Provide training to RHWP sub-recipients regarding Fertility Awareness Based contraceptive methods and on how to provide education and counseling that communicates the social science research and practical application of topics related to healthy relationships, to committed, safe, stable, healthy marriages, and the benefits of avoiding sexual risk or returning to a sexually risk-free status, especially (but not only) when communicating with adolescents.</p>	<p>Develop and finalize curriculum</p> <p>Submit plan with established outcomes.</p> <p>Identify key project staff – minimum of one clinician/provider and one ancillary staff.</p> <p>Documentation of training.</p>
Increase the number of trained and competent providers in the provision of comprehensive and evidence-based contraceptive options, including an innovative LARC Preceptorship.	<p>Offer/Provide a minimum of one (1) LARC placement/removal trainings annually to RHWP sub-recipients as needed.</p> <p>Provide on-site clinical training (classroom/workshop) training followed by preceptor shadowing and in-clinic support to RHWP clinicians/providers.</p> <p>Train the trainer module providing a minimum of one (1) LARC placement/removal trainings annually to RHWP clinicians/providers as needed.</p> <p>Develop billing training module related to LARC insertion/removal.</p>	<p>Quality improvement measures following completion of preceptorship</p> <p>Documentation of training.</p> <p>Documentation of training.</p> <p>Documentation of training.</p> <p>Submit billing training module and documentation of training.</p>

<b>Criterion (Total Points) 100</b>	<b>Check Boxes</b>	<b>Score</b>
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<b>Applicant Information</b>	
Applicant Agency:	Amount Requested:
County(s):	GMIS 2 User #:

Applications should be judged according to the extent to which the proposal:

1. Contributes to the advancement and/or improvement of the health of Ohioans;
2. Is responsive to policy concerns and program objectives of the initiative/program/ activity for which grant dollars are being made available;
3. Is well executed and is capable of attaining program objectives;
4. List objectives, activities, milestones and outcomes with respect to time-lines and resources;
5. Estimates reasonable cost to the ODH, considering the anticipated results;
6. Indicates 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;
7. Provides an evaluation plan, including a design for determining program success;
8. Is responsive to the special concerns and program priorities specified in the Solicitation;
9. Has demonstrated acceptable past performance in areas related to programmatic and financial stewardship of grant funds;
10. Has demonstrated compliance to Grants Administration Policy and Procedures (GAPP), Chapter 100; and
11. Explicitly identifies specific groups in the service area who experience a disproportionate burden of the diseases or health condition(s) and explains the root causes of health disparities.
12. Describe activities which support the requirements outlines in sections I. thru M. of this solicitation

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General Requirements (ODH staff will complete) Criterion (Total Points) 100			Comments
<p>1. GMIS application complete and on time: <b>Due Monday, December 17, 2018</b></p> <p>Attachments:</p> <ul style="list-style-type: none"> <li>• 1 - ODH Reproductive Health and Wellness Program Assurances <i>(original and one (1) hard copy)</i></li> <li>• 2 - ODH Reproductive Health and Wellness Budget Overview</li> <li>• 3 - ODH Reproductive Health &amp; Wellness Program Revenue Report</li> <li>• 4 - ODH Reproductive Health and Wellness Program               <ul style="list-style-type: none"> <li>a. Services Site(s) Information</li> <li>b. Services Provided</li> </ul> </li> <li>•..... 5 - ODH Reproductive Health and Wellness Program Work Plan</li> <li>• DMA Questionnaire only if non-governmental applicant agency <b>*** If all not present, do not proceed further</b></li> </ul>	<p align="center"><input type="checkbox"/></p> <p align="center"><input type="checkbox"/></p> <p align="center"><input type="checkbox"/></p> <p align="center"><input type="checkbox"/></p> <p align="center"><input type="checkbox"/></p> <p align="center"><input type="checkbox"/></p> <p align="center"><input type="checkbox"/></p>		
<b>Budget</b> (*Note 0-not provided/inadequate 1-Good 2-Excellent)	<b>Score 0 - 2</b>		<b>Comments</b>
<b>Sub-total Points (22)</b>	<b>Solicitation p. 19</b>	<b>Score</b>	
<p>A. Application Information</p> <p>B. Budget</p> <p>    Allowable costs only (unallowable costs pg. 16)</p> <p>    Allocated across all funding sources</p> <p>    Includes program income</p> <p>Budget Narrative</p> <p>    1. Primary Reason and Justification</p> <ul style="list-style-type: none"> <li>• Narrative describes how categorical costs are derived</li> <li>• Discusses necessity, reasonableness and allocation of proposed costs</li> <li>• Describes specific functions of personnel, consultants and collaborators</li> <li>• Explains and justifies equipment, travel, supplies and training costs</li> <li>• Explains and justifies Deliverable 1</li> <li>• Explains and justifies Deliverable 2</li> </ul>	<p align="center"><input type="checkbox"/></p> <p align="center"><input type="checkbox"/></p> <p align="center"><input type="checkbox"/></p> <p align="center"><input type="checkbox"/></p> <p><b>0    1    2</b></p> <p><b>0    1    2</b></p> <p><b>0    1    2</b></p> <p><b>0    1    2</b></p> <p><b>0    1    2</b></p> <p><b>0    1    2</b></p>		

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<ul style="list-style-type: none"> <li>• Explains and justifies Deliverable 3</li> <li>• Explains and justifies Deliverable 4</li> <li>• Explains and justifies Deliverable 5 (optional) (if NOT applicable =2)</li> <li>• Explains and justifies Deliverable 6 (optional) (if NOT applicable =2)</li> <li>• Justifies need for contractual services (if NOT applicable =2)</li> </ul>	0	1	2		
	0	1	2		
	0	1	2		
	0	1	2		
	0	1	2		
<b>Budget Information completed in GMIS (ODH staff will complete)</b>	<b>Check Boxes</b>				
<ul style="list-style-type: none"> <li>• Other Direct Costs</li> <li>• Compliance Section</li> <li>• Assurances Certification</li> <li>• EEO Survey</li> </ul>		<input type="checkbox"/>			
		<input type="checkbox"/>			
		<input type="checkbox"/>			
		<input type="checkbox"/>			
<b>Project Narrative</b> <i>(*Note 0-not provided/inadequate 1-Good 2-Excellent)</i>	<b>Score 1 - 5</b>				<b>Comments</b>
<b>Sub-total Points (62)</b>					
<b>1. Executive Summary</b> <span style="float: right;"><b>Solicitation p. 20</b></span>					
a. Identifies the target population, services and programs to be offered and what agency or agencies will provide those services.	0	1	2		
b. Describes the public health problem (s) that the program will address.	0	1	2		
c. Specify the total project budget and the portion requested from ODH through this grant.	0	1	2		
d. Describes the project goals and measures to reach and serve the priority population.	0	1	2		
e. Describes how the project will be evaluated.	0	1	2		
<b>2. Description of Applicant Agency</b> <span style="float: right;"><b>Solicitation p. 20</b></span>					
a. Discusses eligibility to apply	0	1	2		
b. Number of Clinical hours open meets/exceeds level requirement	0	1	2		
c. Provide at least one type of LARC onsite	0	1	2		

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d. Number of expected client visits meets/exceeds level requirement	0	1	2		
e. Has a EMR/EHR system for medical records	0	1	2		
f. Is able to bill all Managed Care and 3 <sup>rd</sup> Party insurances in area	0	1	2		
g. Will follow all QFP guidance and Program Requirements	0	1	2		
h. Will follow most updated CDC guidance on STD testing/treatment	0	1	2		
i. Has personnel responsible to assist clients with enrolling in Medicaid or Marketplace Insurance (CAC or Navigator). Numbers of clients assisted will be tracked	0	1	2		
j. If county is already receiving other Title X funds-justified that <u>clearly</u> states how population served is different. (If N/A=2)	0	1	2		
k. Summarizes agency structure	0	1	2		
l. Describes how it will manage the program	0	1	2		
m. Describes the capacity to communicate effectively with diverse audiences including racial, ethnic, and LGBT persons.	0	1	2		
n. Discusses the relationship between applicant agency/partners in the community	0	1	2		
o. Includes position descriptions	0	1	2		
p. Indicates that program personnel are well qualified by training and/or experience for their roles in the program and has adequate facilities	0	1	2		
q. Describes the program’s potential in improving health outcomes	0	1	2		
r. Has demonstrated acceptable past performance in areas related to programmatic and financial stewardship of grant funds	0	1	2		
<b>3. Problem/Need</b>	<b>Solicitation p. 21</b>				
The following should be identified/described/explained/justified:					
a. Agency uses nationally recognized standards of care (ACOG, ACS, AMA, CDC etc.)	0	1	2		
b. Describes the local health concern addressed by the program (does not restate national and state data)	0	1	2		
c. Describes the specific health status concerns	0	1	2		
d. Indicators are measurable	0	1	2		
e. Clearly identifies the target population	0	1	2		
f. Enhanced services proposed by applicant includes justification of need for services.	0	1	2		
g. Describes how changes in the project will improve health of	0	1	2		

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individuals by partnering with other public health programs (WIC, FQHCs, etc.)			
<b>Public Health Impact Statement Summary</b> RFP p. 22 Describes impact to proposed grant activities on Local Health Districts Improvement Standards	<b>0</b>	<b>1</b>	<b>2</b>
<b>Attachments</b> <i>(*Note 0-not provided/inadequate 1-Good 2-Excellent)</i>	<b>Score 0 - 2</b>		<b>Score</b>
<b>Sub-total Points (16)</b>			
<b>Attachment 2 Budget Overview</b> • All proposed enhanced services are accounted for within the budget summary	<b>0</b>	<b>1</b>	<b>2</b>
<b>Attachment 3 Revenue Report</b> Are all sources of revenue reported; is only the first column complete?	<b>0</b>	<b>1</b>	<b>2</b>
<b>Attachment 4 Site and Service Information</b> A. Services Site(s) Information	<b>0</b>	<b>1</b>	<b>2</b>
B. Services Provided	<b>0</b>	<b>1</b>	<b>2</b>
<b>Attachment 5 Program Work Plan</b> For all deliverables, are the following completed?			
a. <b>Activities</b> – are they appropriate for the objective and specific?	<b>0</b>	<b>1</b>	<b>2</b>
b. <b>Person Responsible</b> – is the responsible person appropriate?	<b>0</b>	<b>1</b>	<b>2</b>
c. <b>Timeline</b> - have they indicated interim timelines?	<b>0</b>	<b>1</b>	<b>2</b>
d. <b>Outreach</b> – is an outreach work plan that includes evaluation components for planned outreach activities completed?	<b>0</b>	<b>1</b>	<b>2</b>
Total Score for Proposal (out of 100)			

FY 2020 RHWP Application Review Form

**Review Notes:**

**Strengths**

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**Weaknesses**

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**Approval**

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**Approval with Special Conditions**

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FY 2020 RHWP Application Review Form

**Disapproval (The following criteria constitute grounds for disapproval of applications: 1. Incompleteness of grant proposal or inconsistency with RHWP goals and/or the purpose of the ODH RHWP program and Solicitation); 2. Gross inappropriateness in the purpose, objectives, and activities of an application or its budgets measured by RHWP review criteria; 3. Fraudulent presentation; or 4. Determination that grant funds are to be used as substitute for an existing project's current resources**

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**Comments**

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<b>Reviewer Signature:</b>	<b>Date:</b>
<b>Reviewer Email:</b>	<b>Reviewer Phone:</b>



2020 Reproductive Health and Wellness Program Maximum Amount of Funds Available by County

County	Total Maximum Funding	Maximum Funding for Deliverable 1	Maximum Funding for Deliverable 2	Maximum Funding for Deliverable 3	Maximum Funding for Deliverable 4	Maximum Funding for Deliverable 5*
Adams County	\$ 36,000	\$ 19,800	\$ 9,900	\$ 1,650	\$ 3,000	\$ 1,650
Allen County	\$ 90,000	\$ 52,200	\$ 26,100	\$ 4,350	\$ 3,000	\$ 4,350
Ashland County	\$ 87,962	\$ 50,977	\$ 25,488	\$ 4,248	\$ 3,000	\$ 4,248
Ashtabula County	\$ 98,838	\$ 57,503	\$ 28,751	\$ 4,792	\$ 3,000	\$ 4,792
Athens County	\$ 30,000	\$ 16,200	\$ 8,100	\$ 1,350	\$ 3,000	\$ 1,350
Auglaize County	\$ 30,000	\$ 16,200	\$ 8,100	\$ 1,350	\$ 3,000	\$ 1,350
Belmont County	\$ 49,500	\$ 27,900	\$ 13,950	\$ 2,325	\$ 3,000	\$ 2,325
Brown County	\$ 36,000	\$ 19,800	\$ 9,900	\$ 1,650	\$ 3,000	\$ 1,650
Butler County	\$ 30,000	\$ 16,200	\$ 8,100	\$ 1,350	\$ 3,000	\$ 1,350
Carroll County	\$ 31,500	\$ 17,100	\$ 8,550	\$ 1,425	\$ 3,000	\$ 1,425
Champaign County	\$ 30,000	\$ 16,200	\$ 8,100	\$ 1,350	\$ 3,000	\$ 1,350
Clark County	\$ 75,000	\$ 43,200	\$ 21,600	\$ 3,600	\$ 3,000	\$ 3,600
Clermont County	\$ 30,000	\$ 16,200	\$ 8,100	\$ 1,350	\$ 3,000	\$ 1,350
Clinton County	\$ 40,500	\$ 22,500	\$ 11,250	\$ 1,875	\$ 3,000	\$ 1,875
Columbiana County	\$ 30,000	\$ 16,200	\$ 8,100	\$ 1,350	\$ 3,000	\$ 1,350
Coshocton County	\$ 77,063	\$ 44,438	\$ 22,219	\$ 3,703	\$ 3,000	\$ 3,703
Crawford County	\$ 30,000	\$ 16,200	\$ 8,100	\$ 1,350	\$ 3,000	\$ 1,350
Cuyahoga County	\$ 600,000	\$ 358,200	\$ 179,100	\$ 29,850	\$ 3,000	\$ 29,850
Darke County	\$ 30,000	\$ 16,200	\$ 8,100	\$ 1,350	\$ 3,000	\$ 1,350
Defiance County	\$ 30,000	\$ 16,200	\$ 8,100	\$ 1,350	\$ 3,000	\$ 1,350
Delaware County	\$ 30,000	\$ 16,200	\$ 8,100	\$ 1,350	\$ 3,000	\$ 1,350
Erie County	\$ 105,726	\$ 61,636	\$ 30,818	\$ 5,136	\$ 3,000	\$ 5,136
Fairfield County	\$ 30,000	\$ 16,200	\$ 8,100	\$ 1,350	\$ 3,000	\$ 1,350
Fayette County	\$ 30,000	\$ 16,200	\$ 8,100	\$ 1,350	\$ 3,000	\$ 1,350
Franklin County	\$ 600,000	\$ 358,200	\$ 179,100	\$ 29,850	\$ 3,000	\$ 29,850
Fulton County	\$ 70,000	\$ 40,200	\$ 20,100	\$ 3,350	\$ 3,000	\$ 3,350
Gallia County	\$ 67,500	\$ 38,700	\$ 19,350	\$ 3,225	\$ 3,000	\$ 3,225
Geauga County	\$ 30,000	\$ 16,200	\$ 8,100	\$ 1,350	\$ 3,000	\$ 1,350
Greene County	\$ 67,500	\$ 38,700	\$ 19,350	\$ 3,225	\$ 3,000	\$ 3,225
Guernsey County	\$ 80,000	\$ 46,200	\$ 23,100	\$ 3,850	\$ 3,000	\$ 3,850
Hamilton County	\$ 600,000	\$ 358,200	\$ 179,100	\$ 29,850	\$ 3,000	\$ 29,850
Hancock County	\$ 30,000	\$ 16,200	\$ 8,100	\$ 1,350	\$ 3,000	\$ 1,350
Hardin County	\$ 30,000	\$ 16,200	\$ 8,100	\$ 1,350	\$ 3,000	\$ 1,350
Harrison County	\$ 30,000	\$ 16,200	\$ 8,100	\$ 1,350	\$ 3,000	\$ 1,350
Henry County	\$ 30,000	\$ 16,200	\$ 8,100	\$ 1,350	\$ 3,000	\$ 1,350
Highland County	\$ 77,063	\$ 44,438	\$ 22,219	\$ 3,703	\$ 3,000	\$ 3,703

2020 Reproductive Health and Wellness Program Maximum Amount of Funds Available by County

Hocking County	\$ 30,000	\$ 16,200	\$ 8,100	\$ 1,350	\$ 3,000	\$ 1,350
Holmes County	\$ 30,000	\$ 16,200	\$ 8,100	\$ 1,350	\$ 3,000	\$ 1,350
Huron County	\$ 44,000	\$ 24,600	\$ 12,300	\$ 2,050	\$ 3,000	\$ 2,050
Jackson County	\$ 30,000	\$ 16,200	\$ 8,100	\$ 1,350	\$ 3,000	\$ 1,350
Jefferson County	\$ 103,256	\$ 60,153	\$ 30,077	\$ 5,013	\$ 3,000	\$ 5,013
Knox County	\$ 97,794	\$ 56,876	\$ 28,438	\$ 4,740	\$ 3,000	\$ 4,740
Lake County	\$ 200,361	\$ 118,417	\$ 59,208	\$ 9,868	\$ 3,000	\$ 9,868
Lawrence County	\$ 49,500	\$ 27,900	\$ 13,950	\$ 2,325	\$ 3,000	\$ 2,325
Licking County	\$ 135,000	\$ 79,200	\$ 39,600	\$ 6,600	\$ 3,000	\$ 6,600
Logan County	\$ 30,000	\$ 16,200	\$ 8,100	\$ 1,350	\$ 3,000	\$ 1,350
Lorain County	\$ 371,630	\$ 221,178	\$ 110,589	\$ 18,431	\$ 3,000	\$ 18,431
Lucas County	\$ 30,000	\$ 16,200	\$ 8,100	\$ 1,350	\$ 3,000	\$ 1,350
Madison County	\$ 30,000	\$ 16,200	\$ 8,100	\$ 1,350	\$ 3,000	\$ 1,350
Mahoning County	\$ 30,000	\$ 16,200	\$ 8,100	\$ 1,350	\$ 3,000	\$ 1,350
Marion County	\$ 41,625	\$ 23,175	\$ 11,588	\$ 1,931	\$ 3,000	\$ 1,931
Medina County	\$ 36,000	\$ 19,800	\$ 9,900	\$ 1,650	\$ 3,000	\$ 1,650
Meigs County	\$ 30,000	\$ 16,200	\$ 8,100	\$ 1,350	\$ 3,000	\$ 1,350
Mercer County	\$ 30,000	\$ 16,200	\$ 8,100	\$ 1,350	\$ 3,000	\$ 1,350
Miami County	\$ 67,500	\$ 38,700	\$ 19,350	\$ 3,225	\$ 3,000	\$ 3,225
Monroe County	\$ 30,000	\$ 16,200	\$ 8,100	\$ 1,350	\$ 3,000	\$ 1,350
Montgomery County	\$ 300,000	\$ 178,200	\$ 89,100	\$ 14,850	\$ 3,000	\$ 14,850
Morgan County	\$ 30,000	\$ 16,200	\$ 8,100	\$ 1,350	\$ 3,000	\$ 1,350
Morrow County	\$ 30,000	\$ 16,200	\$ 8,100	\$ 1,350	\$ 3,000	\$ 1,350
Muskingum County	\$ 107,802	\$ 62,881	\$ 31,441	\$ 5,240	\$ 3,000	\$ 5,240
Noble County	\$ 52,500	\$ 29,700	\$ 14,850	\$ 2,475	\$ 3,000	\$ 2,475
Ottawa County	\$ 30,000	\$ 16,200	\$ 8,100	\$ 1,350	\$ 3,000	\$ 1,350
Paulding County	\$ 30,000	\$ 16,200	\$ 8,100	\$ 1,350	\$ 3,000	\$ 1,350
Perry County	\$ 36,000	\$ 19,800	\$ 9,900	\$ 1,650	\$ 3,000	\$ 1,650
Pickaway County	\$ 30,000	\$ 16,200	\$ 8,100	\$ 1,350	\$ 3,000	\$ 1,350
Pike County	\$ 30,000	\$ 16,200	\$ 8,100	\$ 1,350	\$ 3,000	\$ 1,350
Portage County	\$ 30,000	\$ 16,200	\$ 8,100	\$ 1,350	\$ 3,000	\$ 1,350
Preble County	\$ 31,500	\$ 17,100	\$ 8,550	\$ 1,425	\$ 3,000	\$ 1,425
Putnam County	\$ 30,000	\$ 16,200	\$ 8,100	\$ 1,350	\$ 3,000	\$ 1,350
Richland County	\$ 30,000	\$ 16,200	\$ 8,100	\$ 1,350	\$ 3,000	\$ 1,350
Ross County	\$ 30,000	\$ 16,200	\$ 8,100	\$ 1,350	\$ 3,000	\$ 1,350
Sandusky County	\$ 77,063	\$ 44,438	\$ 22,219	\$ 3,703	\$ 3,000	\$ 3,703
Scioto County	\$ 101,250	\$ 58,950	\$ 29,475	\$ 4,913	\$ 3,000	\$ 4,913
Seneca County	\$ 30,000	\$ 16,200	\$ 8,100	\$ 1,350	\$ 3,000	\$ 1,350
Shelby County	\$ 30,000	\$ 16,200	\$ 8,100	\$ 1,350	\$ 3,000	\$ 1,350
Stark County	\$ 57,832	\$ 32,899	\$ 16,449	\$ 2,742	\$ 3,000	\$ 2,742

2020 Reproductive Health and Wellness Program Maximum Amount of Funds Available by County

Summit County	\$ 30,000	\$ 16,200	\$ 8,100	\$ 1,350	\$ 3,000	\$ 1,350
Trumbull County	\$ 30,000	\$ 16,200	\$ 8,100	\$ 1,350	\$ 3,000	\$ 1,350
Tuscarawas County	\$ 108,986	\$ 63,591	\$ 31,796	\$ 5,299	\$ 3,000	\$ 5,299
Union County	\$ 70,000	\$ 40,200	\$ 20,100	\$ 3,350	\$ 3,000	\$ 3,350
Van Wert County	\$ 30,000	\$ 16,200	\$ 8,100	\$ 1,350	\$ 3,000	\$ 1,350
Vinton County	\$ 30,000	\$ 16,200	\$ 8,100	\$ 1,350	\$ 3,000	\$ 1,350
Warren County	\$ 80,000	\$ 46,200	\$ 23,100	\$ 3,850	\$ 3,000	\$ 3,850
Washington County	\$ 30,000	\$ 16,200	\$ 8,100	\$ 1,350	\$ 3,000	\$ 1,350
Wayne County	\$ 30,000	\$ 16,200	\$ 8,100	\$ 1,350	\$ 3,000	\$ 1,350
Williams County	\$ 36,000	\$ 19,800	\$ 9,900	\$ 1,650	\$ 3,000	\$ 1,650
Wood County	\$ 75,000	\$ 43,200	\$ 21,600	\$ 3,600	\$ 3,000	\$ 3,600
Wyandot County	\$ 30,000	\$ 16,200	\$ 8,100	\$ 1,350	\$ 3,000	\$ 1,350

## FY 2020 RHWP Sliding Fee Scale

### Sample Sliding Fee Scale 2018 - Ohio Department of Health

Assessed Rate	Household Size							
	1	2	3	4	5	6	7	8
0%	annual \$ 12,140	\$ 16,460	\$ 20,780	\$ 25,100	\$ 29,420	\$ 33,740	\$ 38,060	\$ 42,380
monthly \$ 1,012	\$ 1,372	\$ 1,732	\$ 2,092	\$ 2,452	\$ 2,812	\$ 3,172	\$ 3,532	
weekly \$ 233	\$ 317	\$ 400	\$ 483	\$ 566	\$ 649	\$ 732	\$ 815	
20%	annual \$ 12,141 - \$ 16,692	\$ 16,461 - \$ 22,632	\$ 20,781 - \$ 28,572	\$ 25,101 - \$ 34,512	\$ 29,421 - \$ 40,452	\$ 33,741 - \$ 46,392	\$ 38,061 - \$ 52,332	\$ 42,381 - \$ 58,272
monthly \$ 1,013 - \$ 1,390	\$ 1,373 - \$ 1,885	\$ 1,733 - \$ 2,380	\$ 2,093 - \$ 2,875	\$ 2,453 - \$ 3,370	\$ 2,813 - \$ 3,865	\$ 3,173 - \$ 4,360	\$ 3,533 - \$ 4,855	
weekly \$ 234 - \$ 320	\$ 318 - \$ 434	\$ 401 - \$ 548	\$ 484 - \$ 663	\$ 567 - \$ 777	\$ 650 - \$ 891	\$ 733 - \$ 1,005	\$ 816 - \$ 1,120	
40%	annual \$ 16,693 - \$ 21,244	\$ 22,633 - \$ 28,804	\$ 28,573 - \$ 36,364	\$ 34,513 - \$ 43,924	\$ 40,453 - \$ 51,484	\$ 46,393 - \$ 59,044	\$ 52,333 - \$ 66,604	\$ 58,273 - \$ 74,164
monthly \$ 1,391 - \$ 1,769	\$ 1,886 - \$ 2,399	\$ 2,381 - \$ 3,029	\$ 2,876 - \$ 3,659	\$ 3,371 - \$ 4,289	\$ 3,866 - \$ 4,919	\$ 4,361 - \$ 5,549	\$ 4,856 - \$ 6,179	
weekly \$ 321 - \$ 408	\$ 435 - \$ 553	\$ 549 - \$ 698	\$ 664 - \$ 844	\$ 778 - \$ 989	\$ 892 - \$ 1,134	\$ 1,006 - \$ 1,280	\$ 1,121 - \$ 1,425	
60%	annual \$ 21,245 - \$ 25,797	\$ 28,805 - \$ 34,977	\$ 36,365 - \$ 44,157	\$ 43,925 - \$ 53,337	\$ 51,485 - \$ 62,517	\$ 59,045 - \$ 71,697	\$ 66,605 - \$ 80,877	\$ 74,165 - \$ 90,057
monthly \$ 1,770 - \$ 2,149	\$ 2,400 - \$ 2,914	\$ 3,030 - \$ 3,679	\$ 3,660 - \$ 4,444	\$ 4,290 - \$ 5,209	\$ 4,920 - \$ 5,974	\$ 5,550 - \$ 6,739	\$ 6,180 - \$ 7,504	
weekly \$ 409 - \$ 495	\$ 554 - \$ 672	\$ 699 - \$ 848	\$ 845 - \$ 1,025	\$ 990 - \$ 1,201	\$ 1,135 - \$ 1,378	\$ 1,281 - \$ 1,554	\$ 1,426 - \$ 1,731	
80%	annual \$ 25,798 - \$ 30,349	\$ 34,978 - \$ 41,149	\$ 44,158 - \$ 51,949	\$ 53,338 - \$ 62,749	\$ 62,518 - \$ 73,549	\$ 71,698 - \$ 84,349	\$ 80,878 - \$ 95,149	\$ 90,058 - \$ 105,949
monthly \$ 2,150 - \$ 2,528	\$ 2,915 - \$ 3,428	\$ 3,680 - \$ 4,328	\$ 4,445 - \$ 5,228	\$ 5,210 - \$ 6,128	\$ 5,975 - \$ 7,028	\$ 6,740 - \$ 7,928	\$ 7,505 - \$ 8,828	
weekly \$ 496 - \$ 583	\$ 673 - \$ 790	\$ 849 - \$ 998	\$ 1,026 - \$ 1,206	\$ 1,202 - \$ 1,413	\$ 1,379 - \$ 1,621	\$ 1,555 - \$ 1,829	\$ 1,732 - \$ 2,037	
100%	annual \$ 30,350	\$ 41,150	\$ 51,950	\$ 62,750	\$ 73,550	\$ 84,350	\$ 95,150	\$ 105,950
monthly \$ 2,529	\$ 3,429	\$ 4,329	\$ 5,229	\$ 6,129	\$ 7,029	\$ 7,929	\$ 8,829	
weekly \$ 584	\$ 791	\$ 999	\$ 1,207	\$ 1,414	\$ 1,622	\$ 1,830	\$ 2,038	

FOR FAMILY UNITS WITH MORE THAN 8 MEMBERS, ADD \$4,320 FOR EACH ADDITIONAL FAMILY MEMBER.

SERVICES WILL NOT BE DENIED DUE TO INABILITY TO PAY.

Appendix F

BASED ON REVISED CSA POVERTY GUIDELINES PUBLISHED IN THE FEDERAL REGISTER ON 01/18/2018

## Expenditure Report Submission Instructions 2020 RHWP Deliverable Objectives

The 2020 Reproductive Health and Wellness Program (RHWP) Competitive Solicitation contains six deliverable. Each sub recipient is to receive reimbursement for completed RHWP activities when expenditure reports are submitted showing the **Deliverable** listed individually in the *Other Direct Costs* budget.

All incurred expenses for **Deliverable Objectives** are to be shown in the itemized *Other Direct Costs* category that corresponds to the specific deliverable objective. Each deliverable objective is to be shown as an incurred expense in the **Expenditure Report** when the deliverable objective is fully complete by activity. Each 2020 RHWP deliverable will be considered complete according to the following table:

Deliverable Number	Deliverable	Type of Expense	What documentation is required?	How is payment determined?	When can the expense be submitted in GMIS?
1	By March 31, 2020, 100% of clients will have received comprehensive reproductive health and wellness direct health care services per nationally recognized standards of care.	<i>Other Direct Costs:</i> Deliverable 1	Self-reported on Deliverable Report Form (Attachment 8)– will subsequently be validated via Ahlers	The payment per deliverable is based on the Total RHWP Funding Requested for Deliverable 1 divided by the number of visits proposed on the FY2020 Reproductive Health and Wellness Program Budget Overview (Attachment #2).*	Each payment period payment can be requested for the # of RHWP completed within that payment period**
2	By March 31, 2020, sub recipients will have implemented activities to support program infrastructure and sustainability.	<i>Other Direct Costs:</i> Deliverable 2	Self-reported on Deliverable Report Form (Attachment 8)– will subsequently be validated at site reviews	Payment per billing period for the deliverable is based on the total maximum amount per deliverable/#payment periods.	Each payment period payment can be requested.
3	By March 31, 2020, sub recipients will have implemented activities to enhance the services provided by their sites.	<i>Other Direct Costs:</i> Deliverable 3	Self-reported on Deliverable Report Form (Attachment 8)– will subsequently be validated at site reviews	Payment per billing period for the deliverable is based on the total maximum amount per deliverable/#payment periods.	Each payment period payment can be requested.
4	By March 31, 2020, sub recipients will provide a description of 2 outreach events targeted to hard-to-reach and vulnerable populations.	<i>Other Direct Costs:</i> Deliverable 4	Self-reported on Deliverable Report Form (Attachment 8)– will subsequently be validated at site reviews	Sub recipient may bill for up to 2 outreach events in the grant year. Payment is up to \$1,500 per event.	Payment may be requested up to 2x when deliverable is met.
5	By March 31, 2020, sub recipients have provided 110% of projected visit for the grant year.	<i>Other Direct Costs:</i> Deliverable 5	Self-reported on Deliverable Report Form (Attachment 8)– will subsequently be validated via Ahlers and at site reviews	Payment for the deliverable is up to the amount listed in Appendix B2.	Sub recipient may bill for the deliverable once the

## Expenditure Report Submission Instructions 2020 RHWP Deliverable Objectives

				<i>To be eligible for Deliverable 5 payment, the subrecipient must have provided comprehensive reproductive health and wellness direct health care services each month of the grant year.</i>	deliverable is completed and no earlier than March 31, 2020. (may only be requested in the final expenditure report)
6	By March 31, 2020, RHWP clinician/provider will develop and implement clinical training program promoting evidence-based clinical standards.	<i>Other Direct Costs:</i> Deliverable 6	Self-reported on Deliverable Report Form (Attachment 8)– will subsequently be validated at site reviews	Payment for the deliverable is up to the amount listed in Appendix B2.  <b>To be eligible for Deliverable 6 payment, the subrecipient must have been rewarded additional funding to run training program.</b>	Each payment period payment can be requested.

***\*\*For those sub recipients who have been awarded funding for multiple counties: Dollars designated for a county must be spent for services in that county.***

**FY2020 Reproductive Health and Wellness Program Deliverable Reporting Form** - This form **must** be completed and submitted each billing cycle. The form must be uploaded in GMIS to **the Expenditure Reports Comments section**. Reports are due on the same date as the Sub recipient Reimbursement Expenditure Reports.

## FY2020 Reproductive Health and Wellness Program Deliverable Reporting Form for Subrecipients

<b>Deliverable 1:</b> By March 31, 2020, 100% of clients will have received comprehensive reproductive health and wellness direct health care services per nationally recognized standards of care.	
<b>Total Amount Requested this Billing Period for Deliverable 1</b>	<input style="width: 90%; height: 20px;" type="text"/>
<b>Number of client visits this reporting period</b>	<input style="width: 60%; height: 20px;" type="text"/>
<b>Deliverable 2:</b> By March 31, 2020, subrecipients will have implemented activities to support program infrastructure and sustainability.	
<b>Total Amount Requested this Billing Period for Deliverable 2</b>	<input style="width: 90%; height: 20px;" type="text"/>
<b>Agency has billed for 100% of clients with 3<sup>rd</sup> party coverage who are not seeking confidential services</b>	<input type="checkbox"/> Yes <input type="checkbox"/> No
<b>Contracts are in place with all major third party payers</b>	<input type="checkbox"/> Yes <input type="checkbox"/> No
<i>Number of clients assisted with enrollment to Medicaid/insurance</i>	<input style="width: 40%; height: 20px;" type="text"/>
<b>Deliverable 3:</b> By March 31, 2020, subrecipients will have implemented activities to enhance the services provided by their sites.	
<b>Total Amount Requested this Billing Period for Deliverable 3</b>	<input style="width: 90%; height: 20px;" type="text"/>
<b>Infrastructure is in place serve clients outside of childbearing status</b>	<input type="checkbox"/> Yes <input type="checkbox"/> No
<i>Number of clients served outside of childbearing status</i>	<input style="width: 40%; height: 20px;" type="text"/>
<b>Infrastructure is in place to provide family planning services externally</b>	<input type="checkbox"/> Yes <input type="checkbox"/> No
<i>Number of clients provided served externally</i>	<input style="width: 40%; height: 20px;" type="text"/>

## FY2020 Reproductive Health and Wellness Program Deliverable Reporting Form for Subrecipients

*This form must be completed and submitted each billing cycle. The form must be uploaded in GMIS to the Expenditure Reports Comments section. Reports are due on the same date as the Sub recipient Reimbursement Expenditure Reports.*

**Sub recipient Agency Name:** \_\_\_\_\_ **GMIS #** \_\_\_\_\_

**Reporting Period:** \_\_\_\_\_ **Reporting Unit:** \_\_\_ Monthly \_\_\_ Quarterly

<b>Infrastructure is in place to screen and refer for mental health and/or addiction services</b>	<input type="checkbox"/> Yes
<input type="checkbox"/> No	
<i>Number of clients referred for mental health and addiction services</i>	<input style="width: 60px; height: 25px;" type="text"/>
<b>Deliverable 4:</b> By March 31, 2020, subrecipients will provide a description of 2 outreach events targeted to hard-to-reach and vulnerable populations.	
<b>Total Amount Requested this Billing Period for Deliverable 4:</b>	<input style="width: 200px; height: 25px;" type="text"/>
<i>Attach outreach event description in GMIS in the Application section.</i>	
<b>Number of outreach events (@ \$1,500 each)</b>	<input style="width: 100px; height: 25px;" type="text"/>
<b>Deliverable 5</b> -( By March 31, 2020, subrecipients have provided 110% of projected visit for the grant year. (To be eligible for Deliverable 5 payment, the subrecipient must have provided comprehensive reproductive health and wellness direct health care services each month of the grant year and must have provided at least 110% of those visit projected for the year.)	
<b>Total Amount Requested this Billing Period for Deliverable 5:</b>	<input style="width: 200px; height: 25px;" type="text"/>
<b>Number of client visits this grant year</b>	<input style="width: 100px; height: 25px;" type="text"/>
<b>Deliverable 6: (optional; limit up to 3 sub-recipients; max \$200,000 in funding)</b> By March 31, 2020, RHWP clinician/provider will develop and implement clinical training program promoting evidence-based clinical standards.	
<b>Total Amount Requested this Billing Period for Deliverable 6:</b>	<input style="width: 200px; height: 25px;" type="text"/>
<b>Clinical Contraceptive Training Program implemented:</b>	<input type="checkbox"/> Yes <input type="checkbox"/> No
<b>Provide documentation of activities from training plan program.</b>	



## FY2020 Reproductive Health and Wellness Program Deliverable Reporting Form for Subrecipients

**Deliverable 1:** By March 31, 2020, 100% of clients will have received comprehensive reproductive health and wellness direct health care services per nationally recognized standards of care.

**Total Amount Requested this Billing Period for Deliverable 1**

	Number of client visits this reporting period	Amount requested
County Name		
County Name		
County Name		
County Name		

**Deliverable 2:** By March 31, 2020, subrecipients will have implemented activities to support program infrastructure and sustainability.

**Total Amount Requested this Billing Period for Deliverable 2**

	Agency has billed for 100% of clients with 3 <sup>rd</sup> party coverage who are not seeking confidential services	Contracts are in place with all major third party payers	Number of clients who were assisted with enrollment to Medicaid /insurance	Amount Requested
County Name	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No		
County Name	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No		
County Name	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No		
County Name	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No		

**Deliverable 3:** By March 31, 2020, subrecipients will have implemented activities to enhance the services provided by their sites.

**Total Amount Requested this Billing Period for Deliverable 3**

	Infrastructure is in place to serve clients outside of childbearing status	Number of clients outside of childbearing status served this period	Amount Requested
County Name	<input type="checkbox"/> Yes <input type="checkbox"/> No		
County Name	<input type="checkbox"/> Yes <input type="checkbox"/> No		
County Name	<input type="checkbox"/> Yes <input type="checkbox"/> No		
County Name	<input type="checkbox"/> Yes <input type="checkbox"/> No		

	Infrastructure is in place to provide family planning services externally	Number of clients provided services externally	Amount Requested
County Name	<input type="checkbox"/> Yes <input type="checkbox"/> No		
County Name	<input type="checkbox"/> Yes <input type="checkbox"/> No		
County Name	<input type="checkbox"/> Yes <input type="checkbox"/> No		
County Name	<input type="checkbox"/> Yes <input type="checkbox"/> No		

	Infrastructure is in place to screen and refer for mental health	Number of clients screened for mental health and/or addiction services and number of clients	Amount Requested

**FY2020 Reproductive Health and Wellness Program  
Deliverable Reporting Form for Subrecipients Serving Multiple Counties**

*This form must be completed and submitted each billing cycle. The form must be uploaded in GMIS to the Expenditure Reports Comments section. Reports are due on the same date as the Sub recipient Reimbursement Expenditure Reports.*

**Sub recipient Agency Name:** \_\_\_\_\_ **GMIS #** \_\_\_\_\_

**Reporting Period:** \_\_\_\_\_ **Reporting Unit:** \_\_\_ Monthly \_\_\_ Quarterly

	and/or addiction services	referred for mental health and addiction services	
County Name	<input type="checkbox"/> Yes <input type="checkbox"/> No	# Referred:	
County Name	<input type="checkbox"/> Yes <input type="checkbox"/> No	# Referred:	
County Name	<input type="checkbox"/> Yes <input type="checkbox"/> No	# Referred:	
County Name	<input type="checkbox"/> Yes <input type="checkbox"/> No	# Referred:	

**Deliverable 4:** By March 31, 2020, subrecipients will provide a description of 2 outreach events targeted to hard-to-reach and vulnerable populations.

**Total Amount Requested this Billing Period for Deliverable**   
*Attach outreach event description in GMIS in the Application section.*

	Number of outreach events (@ \$1,500 each)	Amount Requested
County Name		
County Name		
County Name		
County Name		

**Deliverable 5:** By March 31, 2020, subrecipients have provided 110% of projected visit for the grant year. *(To be eligible for Deliverable 5 payment, the subrecipient must have provided comprehensive reproductive health and wellness direct health care services each month of the grant year and must have provided at least 110% of those visit projected for the year.)*

**Total Amount Requested this Billing Period for Deliverable**

	Number of client visits this grant year	Amount requested
County Name		
County Name		
County Name		
County Name		

**Deliverable 6: (optional; limit up to 3 sub-recipients; max \$200,000 in funding)** By March 31, 2020, RHWP clinician/provider will develop and implement clinical training program promoting evidence-based clinical standards.

**Total Amount Requested this Billing Period for Deliverable**

**Clinical Contraceptive Training Program implemented:**  Yes  No  
**Provide documentation of activities from training plan program.**

## FY2020 RHWP Culturally and Linguistically Appropriate Services (CLAS) Strategic Plan

RHWP Subrecipient Agency Name: \_\_\_\_\_

GMIS # \_\_\_\_\_

This document is being submitted as: *(please check one)*

Initial Plan     Annual Progress Report

Objective	Activities	Person(s) Responsible	Begin/End Date	Evaluation	Accomplishments <i>(See note above)</i>
Standard #1: Understandable and Respectful Care					
Standard #2: Diverse Staff and Leadership					
Standard #3: Ongoing Education and Training  <i>EXAMPLE</i>	<ul style="list-style-type: none"> <li>• Orient new staff members to cultural competence training</li> <li>• Develop orientation materials related to cultural competency</li> <li>• Encourage all staff to participate in cultural competence training</li> </ul>	Administrative Staff  Clinical Staff	July 1 <sup>st</sup> 2017 – April 30 <sup>th</sup> 2018	Staff participation in ongoing training and education will be accounted for in a database.  The percentage of staff who have participated in ongoing training will be assessed bi-monthly to monitor progress toward our objective.	The percentage of staff who have participated in ongoing training and education from 75% to 90%
Standard #4: Language Assistance Services					
Standard #5: Right to Receive Language Assistance Services					
Standard #6: Informing About Language Assistance					
Standard #7: Competence of Language Assistance					
Standard #8: Patient-Related Materials					
Standard #9: Written Strategic Plan					
Standard #10: Organizational Self-Assessment					
Standard #11 Patient / Consumer Data					
Standard #12: Community Profile					
Standard #13: Community Partnerships					
Standard #14: Conflict/Grievance Processes					
Standard #15: Implementation					

**Use this template to create a plan to increase Culturally and Linguistically Appropriate Services (CLAS).**

- Based on what your agency learned from the CLAS self-assessment activities should be identified to improve Culturally Competency of services in FY2020.
- At the end of the grant cycle, you will submit this form to show what you have accomplished toward each objective

## FY2020 ODH Reproductive Health and Wellness Program FPAR Data Report

RHWP Subrecipient Agency Name: \_\_\_\_\_ GMIS # \_\_\_\_\_

*Data is for the calendar year (January-December 2019)*

Data Point	Results
Number of reports made for child abuse	
Number of RHWP patients with HGSIL results	
Number of RHWP patients with LGSIL results	
Number of RHWP with positive HIV tests	
Number of anonymous HIV tests (regardless of results) for RHWP patients	
Number of FTE* <b>Physicians</b> working in the Reproductive Health and Wellness Program	
Number of FTE* <b>Physician Assistants/Nurse Practitioners/ Certified Nurse Midwives</b> working in the Reproductive Health and Wellness Program	
Number of FTE* <b>Registered nurses with an expanded scope of practice who are trained and permitted by state-specific regulations to perform all aspects of the user physical assessment.</b> working in the Reproductive Health and Wellness Program	

*\*An FTE is a "full time equivalent (40hrs)" If you have 3 NPs that work 10 hours, 20 hours and 30 hours, this would be 1.5 FTEs (60hrs).*

Submit this form via GMIS to the ODH RHWP no later than **February 1, 2020**.

## FY2020 REPRODUCTIVE HEALTH AND WELLNESS PROGRAM ASSURANCES

1. Assurance that the applicant is familiar with and will comply with all ODH standards and guidelines, and that those services will be provided in accordance with the *Program Requirements for Title X Funded Family Planning Projects* of the DHHS Office of Population Affairs, April 2014 and the Centers for Disease Control and Prevention, *Providing Quality Family Planning Services*, April 25, 2014;
2. Assurance that at least 55% of the patients served with this grant will have incomes at or below 100% of the Federal poverty level;
3. Assurance that Sliding Fee Scale reflecting the current Federal poverty guidelines will be used to assign charges to patients and that a schedule of charges, with sufficient proportional increments are used for patients with incomes between 101-250% of the Federal Poverty Level. Note: Agencies cannot require proof of income and must rely on patient declaration of income if no other income verification is available in order to determine where a patient falls on the Sliding Fee Scale. Patients with income at or below 100% of the Federal Poverty Level must not be charged.
4. Assurance that the program does not discriminate in the provision of services based on an individual's religion, residence, race, national origin, handicapping condition, age, sex, number of pregnancies, marital status, culture, ethnicity or sexual orientation;
5. Assurance that the applicant has the capacity to implement the data collection system utilized by the project which documents the provision of services. All data must be submitted by the 8<sup>th</sup> of the following month;
6. Assurance that the Health Insurance Portability and Accountability Act (HIPAA) is instituted in the agency;
7. Assurance that the applicant has the capacity to provide services to persons with Limited English Proficiency (LEP);
8. Assurance that the program provides services without subjecting individuals to any coercion to accept services or to employ any particular method of family planning;
9. Assurance that acceptance of services shall be solely on a voluntary basis and may not be made a prerequisite to eligibility for, or receipt of, any other services, assistance from, or participation in, any other program of the service provider;
10. Assurance that staff are trained to provide counseling/education on how to resist sexual coercion and to encourage family participation that promotes positive family relationships;
11. Assurance that the program is in compliance with State laws requiring notification or the reporting of child abuse, child molestation, sexual abuse, rape, or incest;
12. Assurance that services shall be provided by licensed clinical personnel, including but not limited to licensed doctors, licensed nurses, licensed social workers, and licensed counselors in a medical clinical setting;
13. Assurance that there is expanded access to a broad range of acceptable and effective family planning methods and related preventive health services. The broad range of services does not include abortion as a method of family planning;
14. Assurance that eligible funds will be spent on planned, approved and evaluated outreach strategies to hard-to-reach and/or vulnerable populations, and partnering with other community-based health and social service providers that provide needed services;
15. Assurance that the applicant's services are organized so that the reproductive health and wellness services are physically and financially separate from abortion-providing and abortion-promoting activities.
16. Assurance that the applicant will provide referrals to clients for needed clinical or social services. Formal referrals (MOU or contracts) will be in place, as appropriate, with Primary Care Providers, Mental Health, Substance Abuse, and HIV Care Services.
17. Assurance that the applicant will provide reproductive health and wellness services as outlined in this application for the full budget period of April 1, 2019 to March 31, 2020. It is the expectation of ODH that clients will be served for the entire grant year. **To be eligible for Deliverable 5 payment, the subrecipient must have provided comprehensive reproductive health and wellness direct health care services each month of the grant year.**
18. Assurance that any activity targeted to adolescents do not normalize sexual risk behaviors, but instead clearly communicate the research informed benefits of delaying sex or returning to a sexually risk-free status.

<b>Agency Name:</b>	<b>GMIS 2 User #:</b>
<b>Authorized Signature:</b>	<b>Date:</b>

## FY 2020 Reproductive Health and Wellness Budget Overview

**Subrecipient Agency Name:** \_\_\_\_\_

**GMIS #** \_\_\_\_\_

*Applicants should see Maximum Amount of Funds Available by County (Appendix B2) to determine the amount of funding available for each deliverable.*

**Funding Proposal**

**\$ \_\_\_\_\_ Total RHWP Funding Requested**

.....

**DELIVERABLE GOALS & OBJECTIVES**

**\$ \_\_\_\_\_ Deliverable 1:** Clients will have received comprehensive reproductive health and wellness direct health care services per nationally recognized standards of care. Clients must be served for the entire grant year.

County Name	# Projected Visits
1.	
2.	
3.	
4.	

**\$ \_\_\_\_\_ Deliverable Goal 2:** Subrecipient will have implemented activities to support program infrastructure and sustainability.

**\$ \_\_\_\_\_ Deliverable Goal 3:** Subrecipient will have implemented activities to enhance the services provided by their sites.

**\$ \_\_\_\_\_ Deliverable Goal 4:** Subrecipient will provide a description of 2 outreach events targeted to hard-to-reach and vulnerable populations..

**\$ \_\_\_\_\_ Deliverable 5: (optional)** Subrecipient has provided 110% of projected visit for the grant year. **To be eligible for Deliverable 5 payment, the subrecipient must have provided comprehensive reproductive health and wellness direct health care services each month of the grant year.** *(may only be requested in the final expenditure report)*

**\$ \_\_\_\_\_ Deliverable 6: (optional; limit up to 2 sub-recipients)** Subrecipient will develop and implement clinical training program promoting evidence-based clinical standards.

*\*See Maximum Amount of Funds Available by County (Appendix B2) for Available Funds*



**Reproductive Health and Wellness Program  
FY2020 Site and Service Form**

**Subrecipient Agency Name:** \_\_\_\_\_ **GMIS #** \_\_\_\_\_

**FY2020 Site Information**

<p align="center"><b>Address</b> <i>(BOLD the Administrative address List all clinic addresses)</i></p>	<p align="center"><b>City, State and Zip</b></p>	<p align="center"><b>Service Area</b> <i>(by County)</i></p>	<p align="center"><b>Office Hours</b> <i>(see below)*</i></p>	<p align="center"><b>Provider/ Clinician Hours</b> <i>(see below)**</i></p>	<p align="center"><b>Number of <u>Visits</u> Projected for 2020</b> <i>(see below)***</i></p>

\* – Times of day/days of month that the office is open to patients, such as to receive phone calls, make appointment, pick up refills, pregnancy tests, etc.

\*\* – Times of day/days of month that a **Clinician/Provider (MD/NP/ PA/DO)** is available to provide full RHWP medical services such as exams, prescribe medication, and evaluate problems for each site served.

\*\*\* – Number of client visits projected at the sub-grantee agency level for each site served.



**Reproductive Health and Wellness Program  
FY2020 Site and Service Form**

**Subrecipient Agency Name:** \_\_\_\_\_ **GMIS #** \_\_\_\_\_

**Offsite Services Provided to Specific Populations  
Ex. colleges, treatment centers, prisons, etc.**

<b>Address</b> <i>(Please include name of site)</i>	<b>Populations Served</b>	<b>Service Area</b> <i>(by County)</i>	<b>Provider/ Clinician Hours</b>

## Reproductive Health and Wellness Program FY2020 Site and Service Form

**Subrecipient Agency Name:** \_\_\_\_\_ **GMIS #** \_\_\_\_\_

### 2020 Service Information

Complete the grid below by indicating how services are provided at the delegate agency by putting a check in the corresponding numbered column. For those columns with a “/” indicate which of the choices are provided.

- |   |  |
|---|--|
| 1=Provided on-site at all delegate sites    | 2=Provided within delegate system, but not all sites |
| 3=Referral to off-site, paid for by Title X | 4=Referral to off-site, no payment provided          |
| 5=Not Provided                              |  |

SERVICES	1	2	3	4	5
Informed Consent					
Client Education/Counseling					
Medical History					
Physical Assessment					
Lab Testing					
• Diabetes					
• Cervical cytology					
• Mammography					
Notification of Abnormal Lab Testing					
Pap Testing: Liquid					
IUD					
Hormonal Implant					
Emergency Contraception					
3 month Hormonal Injection					
Oral Contraceptives					
Contraceptive Patch					
Vaginal Ring					
Barrier Methods					
Spermicidal Methods					
Fertility Awareness, including Natural Family Planning					
Abstinence Education					
Female Sterilization					
• Counseling					
• Procedure					
Male Sterilization					
• Counseling					
• Procedure					
SERVICES	1	2	3	4	5
Level I Infertility Services					
Pregnancy Diagnosis					
• History					
• Testing					

**Reproductive Health and Wellness Program  
FY2020 Site and Service Form**

**Subrecipient Agency Name:** \_\_\_\_\_ **GMIS #** \_\_\_\_\_

<ul style="list-style-type: none"> <li>• Physical exam</li> </ul>					
Non-directive Pregnancy Counseling					
Male Services <ul style="list-style-type: none"> <li>• History</li> <li>• Physical exam</li> <li>• Testing</li> </ul>					
Minor Gynecological Problems – <b>please list</b>					
Health Promotion and Disease Prevention					
Special Gynecologic Procedures – <b>please list</b>					
Adolescent Services					
<ul style="list-style-type: none"> <li>• Encouragement of Family Involvement</li> </ul>					
<ul style="list-style-type: none"> <li>• Education on Sexual Coercion</li> </ul>					
Psychosocial Services					
Postpartum Care					
HPV Vaccination					
Prenatal Vitamins/Folic Acid					
Prenatal Care					
Sexually Transmitted Disease Testing and Treatment For treatment indicate (C) Client, (P) Partner or (B) Both					
<ul style="list-style-type: none"> <li>• Gonorrhea</li> </ul>					
<ul style="list-style-type: none"> <li>• Chlamydia</li> </ul>					
<ul style="list-style-type: none"> <li>• Syphilis</li> </ul>					
<ul style="list-style-type: none"> <li>• Trichomonas</li> </ul>					
<ul style="list-style-type: none"> <li>• Herpes</li> </ul>					
<ul style="list-style-type: none"> <li>• Hepatitis B</li> </ul>					
<ul style="list-style-type: none"> <li>• Hepatitis C</li> </ul>					
<ul style="list-style-type: none"> <li>• Human Papilloma Virus (warts)</li> </ul>					
<ul style="list-style-type: none"> <li>• HIV Testing/ Post Test Counseling</li> </ul>					

## FY2020 RHWP Program Plan Instructions

*Applicants must use the RHWP Goals and Deliverables Grid, Appendix C to populate the FY2020 RHWP Program Plan, Attachment 7*

**One comprehensive program plan must be submitted by the applicant agency. Multiple program plans from the applicant agency and subcontractors will not be accepted.** Applicants should complete the program plan for each Objective proposed.

**Goals:** List the goals that will be addressed in the program plan.

**Deliverable:** List the deliverable that will be addressed in the program plan. An applicant must apply for all deliverables listed in Goal 1,2 and 4 and must also select at least one strategy from Goal 3. Applicants may also choose to apply for deliverable 5 and deliverable 6.

**Strategy:** For each deliverable, copy the specific strategies from the “RHWP Goals and Deliverables Grid” to the program plan. The strategies describe how the applicant will meet each measure. Strategies should align with program activities.

**Activities:** The applicant should copy the specific activities that will be implemented to address each strategy. Applicants must list all activities listed in the “RHWP Goals and Deliverables Grid” Applicants may provide additional activities as appropriate. . Evaluation measures are provided for each strategy, but additional evaluation measures for specific activities should be included and documented in the program plan.

**Benchmarks/Evaluation Measures:** Copy the specific evaluation measures from the “RHWP Goals and Deliverables Grid” to the program plan. The evaluation measures describe how the strategies will be measured and evaluated. All evaluation measures associated with a strategy must be addressed. Program reports should reflect the enablers and/or barriers to meeting the proposed benchmark. **Evaluation measures cannot be altered.** However, additional evaluation measures for specific activities should be included in the program plan.

**Person(s) Responsible:** List the name of the person(s) that will be responsible for implementing the specific activities.

**Timeline:** Indicate the date the activities will be completed or accomplished. It is not acceptable to list “ongoing” or “at end of grant period” for any activities.

**Accomplishments:** Please note that the accomplishments column in Attachment 3 when submitted as the applicant’s initial program plan should remain blank. Applicants will complete the accomplishments column when they submit Mid-Year and Annual progress reports. A description of the accomplishments is due on two dates. A FY 2020 Mid-Year Progress Report (MYPR) must be submitted by October 15, 2019. A FY2020 Annual Progress Report (APR) must be submitted after the close of the FY2020 grant year (May 15, 2020). Both Progress Reports should describe the overall progress, including results to date and comparison of actual accomplishments with proposed goals for the period, any current problems or favorable or unusual developments, and work to be performed during the succeeding period. The report should identify and elaborate on problems, delays, and adverse conditions that affect the subrecipient's ability to meet the program's objectives or time schedules. The Progress Reports should address how the specific evaluation measures are being addressed.

## FY2020 RHWP Program Plan Instructions

RHWP Subrecipient Agency Name: \_\_\_\_\_ GMIS # \_\_\_\_\_ Date: \_\_\_\_\_

This document is being submitted as: *(please check one)*

- Initial Program Plan                       Revised Program Plan  
 Mid-Year Progress Report (MYPR)     Annual Progress Report (APR)

<b>Goal:</b> <input type="checkbox"/> Goal 1 <input type="checkbox"/> Goal 2 <input type="checkbox"/> Goal 3 <input type="checkbox"/> Goal 4 <input type="checkbox"/> Goal 5 <input type="checkbox"/> Goal 6					
<b>RHWP Deliverable:</b>					
Strategy	Activities	Person Responsible	Timeline	Evaluation Measures	Accomplishments
					<i>Accomplishments column to be completed for Mid-Year Progress Report and Annual Progress Report</i>

**FY2020 RHWP Program Plan Instructions**

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