

Date: February 25, 2022

To: Moms Quit for Two: Competitive Applicants

From: Dyane Gogan Turner, Chief *DGT*
Bureau of Maternal, Child and Family Health
Ohio Department of Health

Subject: Notice of Availability of Funds- State Fiscal Year 2023
July 1, 2022 – June 30, 2023

The Ohio Department of Health (ODH) Bureau of Maternal, Child and Family Health (BMCFH), announces the availability of funds to support the Moms Quit for Two grant.

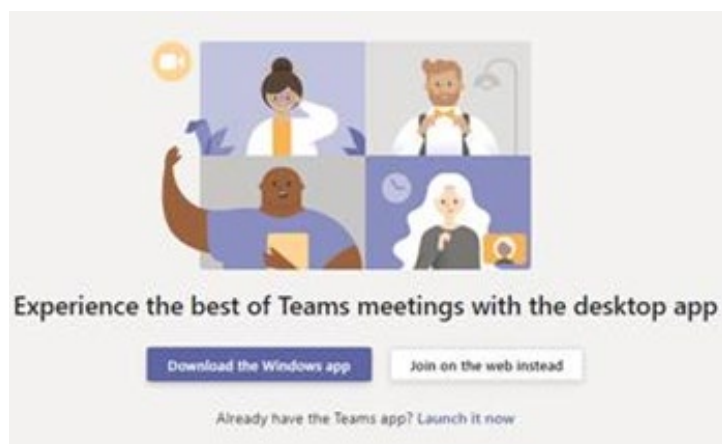
All applications and attachments are due by 4:00 p.m. on Monday, March 21, 2022. Electronic applications received after Monday, March 21, 2022, will not be considered for funding. Faxed, hand-delivered or mailed applications will not be accepted.

All potential applicants that submitted the NOAIF will receive materials from the Bidders' Conference that was held via webinar on Tuesday, **February 22, 2022, from 9:00-10:00 a.m.** The Bidders' Conference will provide an opportunity for interested parties to learn more about the Request for Solicitation.

Microsoft Teams Meeting link: https://teams.microsoft.com/l/meetup-join/19%3ameeting_MGEwMTM1NTUtYzgwMi00OWY2LTlMjgtNGMyYTZmYjQwMDU1%40thread.v2/0?context=%7b%22Tid%22%3a%2250f8fcc4-94d8-4f07-84eb-36ed57c7c8a2%22%2c%22Oid%22%3a%22e1c70408-6656-4c73-a80d-5e20dc0c356e%22%7d

Call-in information: (614) 721-2972, Phone Conference ID: 212 736 083#

*ODH is using Microsoft Teams for this virtual meeting. We will be sharing our screen through this platform. To join the meeting, please click on "Join Microsoft Teams Meeting" below. If your agency does not have Microsoft Teams, you will be given the option to "Join on the web instead" (screenshot below). There is also a call-in number below if you do not plan to use your device's audio. **Please note, this program works best in Google Chrome.***





A recording of the Bidders' Conference will be shared.

This is a competitive solicitation; all interested parties must submit a Notice of Intent to Apply for Funding (NOIAF—Appendix A), no later than 4:00 p.m. on Friday, February 25, 2022, to be eligible for these funds.

All grant applications must be submitted via the Internet, using the Grants Management Information System (GMIS 2.0). Applicants must attend or must document, in writing, prior attendance at GMIS 2.0 training in order to receive authorization for Internet submission. **Please complete and submit the ODH GMIS 2.0 Form (Appendix B) no later than 4:00 p.m. on Friday, February 25, 2022, to begin the process to authorize your account.**

ODH encourages the immediate submission of the Notice of Intent to Apply for Funding. If you have questions regarding this application, please contact Craig Gallagher, by e-mail at Craig.Gallagher@odh.ohio.gov.

ALL APPLICATIONS MUST BE SUBMITTED VIA THE INTERNET

OHIO DEPARTMENT OF HEALTH

BUREAU OF MATERNAL, CHILD AND FAMILY HEALTH

Moms Quit for Two: COMPETITIVE SOLICITATION FOR STATE FISCAL YEAR 2023 (7/01/22 – 6/30/23)

Local Public Applicant Agencies Non-Profit Applicants

COMPETITIVE GRANT APPLICATION INFORMATION
100% Deliverable Funding

Revised 9/20/2021
For grant starts 7/1/2022 and thereafter

TABLE OF CONTENTS

I.	APPLICATION SUMMARY and GUIDANCE	
A.	Policy and Procedure	3
B.	Application Name	4
C.	Purpose	4
D.	Qualified Applicants	5
E.	Service Area	6
F.	Number of Grants and Funds Available	7
G.	Due Date	7
H.	Authorization	7
I.	Goals	7
J.	Program Period and Budget Period	7
K.	Public Health Accreditation Board Standards	7
L.	Public Health Impact Statement	7
M.	Human Trafficking	10
N.	Appropriation Contingency	10
O.	Programmatic, Technical Assistance and Authorization for Internet Submission	10
P.	Acknowledgment	10
Q.	Late Applications	10
R.	Successful Applicants	10
S.	Unsuccessful Applicants	10
T.	Review Criteria	10
U.	Freedom of Information Act	11
V.	Ownership Copyright	11
W.	Reporting Requirements	11
X.	Special Condition(s)	13
Y.	Unallowable Costs	13
AA.	Audit	14
AB.	Submission of Application	14
II.	APPLICATION REQUIREMENTS AND FORMAT	
A.	Application Information	16
B.	Budget	16
C.	Assurances Certification	16
D.	Project Narrative	16
E.	Civil Rights Review Questionnaire – EEO Survey	18
F.	Federal Funding Accountability and Transparency Act (FFATA) Requirement	18
G.	Attachment(s)	18
III.	APPENDICES	
A.	Notice of Intent to Apply For Funding	
B.	GMIS Access Request Form	
C.	Deliverable – Objective Descriptions	
D.	Deliverable – Objective Allocations	
E.	ODH Policy Acknowledgement and Acceptance	
F.	Number of Pregnant Women Smoking During 2020	
G.	Scoring Rubric	
H.	Workplan Template	

- I. Sample Monitoring Tool
- J. Monthly MQ2 FY23: Reporting Template

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”. 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, February 25, 2022, 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. Potential applicants and current subrecipients are required to maintain their current supplier information in the State of Ohio Supplier Portal. This information includes, but is not limited to, Electronic Funds Transfer (EFT), 1099 Form and current address.

This information is maintained on the following website: <http://supplier.ohio.gov/>

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

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

A. Policy and Procedures: Uniform administration of all the ODH grants is governed by the ODH Grants Administration Policies and Procedures (OGAPP) manual and 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: click or copy and paste the following link into your web browser: <https://odh.ohio.gov/wps/portal/gov/odh/about-us/funding-opportunities/resources/grants-administrative-policies-and-procedures-ogapp-manual>

Updates to policies and procedures can be found on the GMIS bulletin board.

All budget justifications must include the following language and be signed by the agency head listed in GMIS. Please refer to the Budget Justification Templates listed on the GMIS bulletin board.

Budget Justification Certification language

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

- Subrecipient agrees and understands that costs incurred in the fulfillment of the Deliverables must be allowable under OGAPP and federal rules and regulations to qualify for reimbursement.

B. Application Name: Moms Quit for Two Program

C. Purpose:

Smoking during pregnancy remains one of the most common preventable causes of infant mortality. According to America's Health Rankings 2020 report, 13.2% of mothers in Ohio used tobacco during their pregnancy, which is down from 2016 when the percentage was 16.3%. Ohio is ranked 43rd for these smoking rates in the nation. Among women giving birth in Ohio, 17% smoked during the 3rd trimester of pregnancy, a rate that is double that of the nation. Rates are highest among low-income mothers, mothers with support partners who smoke, mothers of multiple children, mothers with a strong addiction to tobacco, mothers ages 20-24, and mothers insured under Medicaid. Smoking cigarettes during pregnancy has been identified as one of the most significant factors contributing to poor pregnancy outcomes including preterm birth, low birth weight, birth defects of the mouth and lip, abnormal bleeding during pregnancy and delivery, miscarriage, ectopic pregnancy, damage to a baby's developing lung and brain, and increased risk of sudden unexpected infant death. Women who quit before or during pregnancy can reduce or eliminate these risks. Pregnant women who quit smoking during the first trimester deliver infants that are of comparable weight and height to those of non-smoking women.

Infants are uniquely vulnerable to the hazards of smoke exposure. Compared to older children and adults, very young children are smaller in size, resulting in greater exposure; more likely near a smoking parent; more likely to ingest dust and smoke particles when crawling or putting objects in their mouths, and at risk for experiencing long-term damage to developing systems from smoke exposure. In a study from March 2019, the American Academy of Pediatrics reported that researchers estimate about 800 fewer infants would die each year if their mothers hadn't smoked. That represents about 22% nationwide of the 3,700 infants who die annually of sudden unexpected death (SUID), which includes sudden infant death syndrome (SIDS), accidental suffocation/strangulation in bed and unknown causes.

Smoking prevention and cessation are core components of the State Health Improvement Plan, the Maternal and Child Health Block Grant and ODH Strategic Plan. This program is a collaboration among chronic disease and maternal and child health programs and aims to assist programs achieve shared goals. It also supports a larger effort to promote smoking cessation and reduce secondhand smoke exposure among Ohio's most vulnerable population.

The Moms Quit for Two subsidy program is administered through the Maternal and Infant Wellness Program. The goal is to reduce smoking among Ohio women before, during and after pregnancy and to reduce exposure to second-hand smoke to the baby and others within the household. The program has worked to increase the adoption, reach and impact of evidence-based behavioral cessation programs. The program has experienced success supporting the implementation of the Baby & Me, Tobacco Free[®] model, and other evidence-based interventions in Ohio.

In 2020, the Surgeon General's Report highlights that smoking harms every aspect of reproduction. Despite having greater increased knowledge of the adverse health effects of smoking during pregnancy, many pregnant women and girls continue to smoke (estimates range from 12% to 22%). It is estimated that only 18% to 25% quit smoking once they become pregnant.

United States Public Health Service released clinical practice guidelines for treating tobacco use. The guidelines identify effective, evidence-based tobacco cessation programs. Studies suggest that pregnancy is a good time to intervene and that a brief intervention with self-help materials can increase cessation rates by 30-70% compared with only advice to quit. The Baby & Me Tobacco Free Program is a model developed to increase smoking cessation among pregnant and postpartum women. The model uses a unique approach, combining cessation support specific to pregnant women, offering practical incentives and monitoring success. <http://babyandmetobaccofree.org>.

The participating agency completes a (2) day virtual training for new programs or a (1) day recertification training administer by the Baby & Me, Tobacco Free Program BMTFP[®]. Additional materials to implement the program included: carbon monoxide (CO) monitors and testing supplies; diaper vouchers including shipping and handling; handouts, flyers, and brochures; and technical assistance as needed. Women enter the program during pregnancy and their support partners, who are smokers and live in the home, are eligible to also participate in the program.

The participating agency conducts four (4) individual prenatal smoking cessation sessions (10 minutes each minimum) and tests each participant using carbon monoxide (CO) testing at each smoking cessation session to ensure client smoke free status. Participants may receive up to two supplemental visits per participant/partner as needed. Participants are eligible to receive one \$25 voucher for purchase of diapers/wipes or in combination if tobacco free and at the completion of the third and fourth prenatal counseling session. After the baby is born, the participant receives twelve (12) individual monthly smoking cessation sessions (10 minutes each minimum) with CO monitoring. If the participant/support partners remain tobacco free, the participant/support partners receive a \$25 voucher each month up to twelve (12) months postpartum. The program implements the clinical practice guidelines of providing brief interventions for smoking cessation including the 5A's and motivational interviewing. The 5As (Ask, Advise, Assess, Assist, Arrange) summarize all the activities that a provider can do to help a tobacco user within 3–5 minutes.

D. Qualified Applicants:

Agencies must collaborate with existing smoking cessation programs to avoid duplication of services and to maximize the spread of interventions, specifically partnering with maternal and child health programs implementing the 5A's brief counseling intervention and Baby & Me Tobacco Free Program BMTFP. Letters of support from referring agencies must be obtained.

To ensure collaboration among key statewide partners, entities shall connect the following projects:

- Applicants in Butler, Cuyahoga, Franklin, Hamilton, Lorain, Lucas, Mahoning, Montgomery, Stark or Summit counties must connect with your local Ohio Equity Institute (OEI) lead agency. The OEI was created in 2012 to address racial disparities in birth outcomes, population data is used to target areas for outreach and services in the counties with the largest disparities. OEI 2.0 launched in 2018 with a targeted structure to ensure the program addresses the biggest drivers of infant mortality and the population most at risk for poor birth outcomes. Entities implement strategies to connect women to needed clinical and social services and work to adopt policy and practice changes to impact social determinants of health.
- Applicants must develop partnerships with Help Me Grow Home Visiting program to ensure referrals are being made between the programs. Help Me Grow is Ohio's evidence-based parent support program that encourages early prenatal and well – baby care, as well as parenting education to promote the comprehensive health and development of children. For information on current providers, please visit <https://www.helpmegrow.org/Directories.aspx>.
- Applicants must develop partnerships with Women Infant Children Program (WIC) to ensure referrals are being made between the programs. WIC is the Special Supplemental Nutrition Program for Women, Infants, and Children. WIC helps income eligible pregnant and breastfeeding women, women who recently had a baby, infants, and children up to five years of age who are at health risk due to inadequate nutrition. Agencies are encourages to utilize the [WIC Clinic Directory](#) to locate providers in their community.
- WIC is Ohio's evidence-based parent support program that encourages early prenatal and well – baby care, as well as parenting education to promote the comprehensive health and development of children. For information on current providers, please visit <https://www.helpmegrow.org/Directories.aspx>.
- Applicants in a county with an ODH Infant Safe Sleep Program (Cribs for Kids © (CK) or) or other Safe Sleep program must connect with your local Safe Sleep program to ensure that families in this program, without a safe sleep environment for their baby, has a local resource and support. The ODH CK Program provides safe sleep environment

education, assessment, educational resources, and safe sleep training for families of infants less than one years old and stakeholders.

- Tobacco Free Ohio Alliance (TFOA)-TFOA is an association of Ohio agencies, organizations, groups, and individuals with a commitment to work to prevent the use of tobacco products and to educate Ohioans about the harmful effects of tobacco use and second-hand smoke exposure on all citizens. Alliance members share information on policy, funding, legal and educational issues relating to tobacco use prevention and cessation. ODH encourages all participants to join and participate to effectively coordinate a statewide presence of tobacco cessation.

<http://www.healthy.ohio.gov/healthylife/tobc2/tprevention/alliance.aspx>

Offeror must describe knowledge/experience in or of:

- Health research -Maternal and Child Health
- Addressing disparities
- 5A's smoking cessation intervention and motivational interviewing
- Smoking cessation billing (Medicaid and private insurance)
- Program evaluation
- Public/private perinatal health care programs and systems
- Community partnership/development
- Utilizing referral systems
- Collaboration
- Recruiting populations to be enrolled and served (when referencing served, we expect them to also be enrolled).
- The target number of women served should be at least 21 and no more than 269, keeping in mind the program requirements and deliverable expectations. The total number of women served by each county is based on rates of smoking for pregnant women and can be referenced by county, in Appendix F. As a general guideline, the proposed number of new clients/support partners served should not be greater than approximately 20% of the total number of women smoking during their pregnancies as shown in Appendix F for all counties in the service area.

If an applicant agency needs GMIS access, then a GMIS access form must be submitted (Appendix B) no later than 4:00 p.m. on Friday, February 25, 2022.

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, March 21, 2022.**

E. Service Area:

During the grant year ODH will provide smoking data and technical assistance to strengthen providers' awareness and efforts to identify and serve women from neighborhoods most vulnerable to experience smoking by mothers and support partners.

Consider using the Ohio Health Improvement Zones Dashboard to determine your priority service areas. The dashboard was created to support and aid efforts to reach Ohioans living in communities that may experience barriers to health. The dashboard quantifies specific factors that affect the resilience of individuals and communities to achieve optimal health and overcome a disaster like COVID-19.

By understanding where these populations are located and what factors contribute to their levels of risk and overall health outcomes, subrecipients can collectively and holistically develop strategies to improve health in the communities that need it most. Interactive maps, census tract information and more can be found on the Ohio Health

Improvement Zones Dashboard, here: <https://odh.ohio.gov/wps/portal/gov/odh/know-our-programs/health-equity/health-improvement-zones>.

F. Number of Grants and Funds Available:

The sources of funds supporting the Moms Quit 2 Program are both state and federal funds.

Up to 40 applicants will be awarded for a total amount of \$1,374,573.38. The number of awards available will be determined based on the number of applications received.

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 by **4:00 p.m. by Monday, March 21, 2022**. Applications and required attachments received after this deadline will not be considered for review.

Contact *Craig Gallagher*, by phone at (614) 728-8371 or e mail Craig.gallagher@odh.ohio.gov with any questions.

H. Authorization: Authorization of funds for this purpose is contained in Amended Substitute House Bill 166.

I. Goals:

- Decrease smoking rates of pregnant moms and support partners in Ohio.
- Improve birth outcomes and reducing disparities in poor birth outcomes.
- Improve maternal health outcomes.
- Achieve patient satisfaction with smoking cessation services. Example below:
 - What percent of smoking moms/support partners showed an improvement in skills since enrolling in Baby and Me Tobacco Free®?
 - What percent of smoking moms/support partners showed a gain in knowledge since enrolling in Baby and Me Tobacco Free®?
 - What percent of smoking moms/support partners showed a behavior change since enrolling in Baby and Me Tobacco Free®?

J. Program Period and Budget Period: The program period will begin July 1, 2022 and end on June 30th, 2023. The budget period for this application is July 1, 2022 through June 30, 2023.

K. Public Health Accreditation Board (PHAB) Standard(s): Identify the PHAB Standard(s) that will be addressed by grant activities. (An example is: 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.) The PHAB standards are available at the following website:

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

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

1. Public Health Impact Statement Summary — 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:

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

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

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

2. *Public Health Impact Statement of Support* — Include with the grant application a statement of support from the local health districts, if available. If a statement of support from the local health districts is not obtained, 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.
3. *Evidence of Health Equity Strategies*

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

- 1) Identify specific groups who experience a disproportionate burden of disease, health condition or health outcome targeted by this solicitation See Ohio's State Health Assessment Ohio's health data. <https://odh.ohio.gov/wps/portal/gov/odh/explore-data-and-stats/interactive-applications/2019-online-state-health-assessment>
- 2) Identify geographic reference points (i.e., census tracts, census block groups or zip codes) to specify where program activities are focused.
- 3) Use direct or indirect feedback from the prioritized population, community, group, or community agency to identify specific social and environmental conditions (social determinants of health) associated with health disparities and health inequities.
- 4) Identify measurable health equity targets that demonstrate reducing disparities and improving health equity

are critical goals to be achieved through program activities. This information must also be supported by data. For guidance on methodology to establish equity targets, review [2030 Target Setting Methodologies for Objectives in Healthy People 2030](#).

<https://www.healthypeople.gov/sites/default/files/TargetSettingReport-8-6-18%20FINAL.pdf>

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

The following are best practices toward eliminating disparities and achieving health equity and are not required, but highly encouraged.

- 1) Link proposed activities to health equity strategies identified in local, state, or national planning documents. These documents include, but are not limited to strategies, goals and objectives outlined in [Healthy People 2030](#), the [State Health Improvement Plan \(SHIP\)](#) and local Community Health Assessments .
 - State Health Improvement Plan - <https://odh.ohio.gov/wps/portal/gov/odh/about-us/sha-ship>
 - Healthy People 2030 - <https://health.gov/healthypeople>
- 2) Develop staffing plans where board members, leadership and program staff reflect the race, ethnicity, background, and/or culture of the population being served.
- 3) Identify up- and downstream approaches to address social determinants of health and reduce disparities. Upstream factors like food, housing and income insecurity that focus on addressing social determinants of health decrease barriers and improve supports that provide opportunity for people to achieve their full health potential. Downstream approaches focus on providing equitable access to care and services to reduce the negative impact of social determinants on health outcomes.
- 4) Establish non-traditional partnerships among different sectors of the community (e.g., faith-based organizations, local industries, businesses, universities, businesses, healthcare) that can provide valuable insight, new perspective, and more effective ways to achieve program goals. Non-traditional partners create opportunity to collaborate across sectors and may serve as a new source of support for the program.

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

Racial and ethnic minorities, those living in rural communities, people with disabilities, the LGBTQ community and Ohio's economically disadvantaged residents do not have the same opportunities as other groups to achieve and sustain optimal health. Health disparities occur when these groups experience more 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, learn, work, play, and age. Health disparities are unnatural and occur because of low socioeconomic status, race/ethnicity, sexual orientation, gender, disability status, geographic location, or some combination of these factors. Those most impacted by health disparities also tend to have less access to resources like healthy food, safe housing, quality education, safe neighborhoods and freedom from racism and other forms of discrimination. These are referred to as **social determinants of health (SDOH)**. SDOH are a root cause of health disparities. The systematic nature of health disparities is considered unjust and is referred to as **health inequities**. The ability of everyone to have the same opportunity to achieve the best health possible is referred to as **health equity**.

Programs that incorporate social determinants into the planning and implementation of interventions will greatly contribute to advancing health equity.

M. Human Trafficking: 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 ☐ Not Applicable to Moms Quit for Two: Competitive

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

O. Programmatic, Technical Assistance and Authorization for Internet Submission: 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 Craig.gallaugh@odh.ohio.gov, for questions regarding this Solicitation.

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

Q. Late Applications: GMIS automatically provides a time and date system for grant application submissions. Required attachments and/or forms 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, March 21, 2022, at 4:00 p.m.**

Fax attachments will not be accepted. **GMIS applications and required application attachments received late will not be considered for review.**

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

S. 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.

T. 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, Measurable, Attainable, Realistic & Time-Phased (S.M.A.R.T.) objectives, activities, milestones, and outcomes with respect to timelines 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 G) 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.**

- U. **Freedom of Information Act:** The Freedom of Information Act (5 U.S.C.552) and the associated Public Information Regulations require the release of certain information regarding grants requested by any member of the public. The intended use of the information will not be a criterion for release. Grant applications and grant-related reports are generally available for inspection and copying except that information considered being an unwarranted invasion of personal privacy will not be disclosed. For guidance regarding specific funding sources, refer to: 45 CFR Part 5 for funds from the U.S. Department of Health and Human Service; 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. [Select only the appropriate reference.]
- V. **Ownership Copyright:** Any work produced under this grant, including any documents, data, photographs and negatives, electronic reports, records, software, source code, or other media, shall become the property of ODH, which shall have an unrestricted right to reproduce, distribute, modify, maintain, and use the work produced. If this grant is funded in whole, or in part, by the federal government, unless otherwise provided by the terms of that grant or by federal law, the federal funder also shall have an unrestricted right to reproduce, distribute, modify, maintain, and use the work produced. No work produced under this grant shall include copyrighted matter without the prior written consent of the owner, except as may otherwise be allowed under federal law.

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

"This work is funded either in whole or in part by a grant awarded by the Ohio Department of Health, Bureau of Maternal, Child and Family Health, Program Moms Quit for Two: Competitive."

- W. **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:

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

☒ Program Reports Required ☐ No Program Reports Required

Subrecipients are required to submit monthly program reports, in addition to the solicitation.

Monthly Program Reports

Period	Report Due Date
July 1 – 31, 2022	August 10, 2022
August 1 – 31, 2022	September 10, 2022
September 1 – 30, 2022	October 10, 2022
October 1 – 31, 2022	November 10, 2022
November 1 – 30, 2022	December 10, 2022
December 1-31, 2022	January 10, 2023
January 1 – 31, 2023	February 10, 2023
February 1 – 28, 2023	March 10, 2023
March 1 – 31, 2023	April 10, 2023
April 1 – 30, 2023	May 10, 2023
May 1 – 31, 2023	June 10, 2023
June 1-30, 2023	July 10, 2023

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

Mandatory meeting requirements include quarterly calls with ODH and Learning Collaboratives. Quarterly calls include mid- and end-of-year monitoring results.

- b. **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:

Period	Report Due Date
July 1 – 31, 2022	August 10, 2022
August 1 – 31, 2022	September 10, 2022
September 1 – 30, 2022	October 10, 2022
October 1 – 31, 2022	November 10, 2022
November 1 – 30, 2022	December 10, 2022
December 1-31, 2022	January 10, 2023
January 1 – 31, 2023	February 10, 2023
February 1 – 28, 2023	March 10, 2023
March 1 – 31, 2023	April 10, 2023
April 1 – 30, 2023	May 10, 2023

May 1 – 31, 2023	June 10, 2023
June 1-30, 2023	July 10, 2023

Subrecipient Quarterly Reimbursement Expenditure Reports **must** be completed and submitted **via GMIS** by the following dates:

Period	Report Due Date
July 1 – September 30, 2022	October 10, 2022
October 1 – December 31, 2022	January 10, 2023
January 1 – March 31, 2023	April 10, 2023
April 1 – June 30, 2023	July 10, 2023

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

- a. **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 Friday August 5th, 2023**. 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.

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

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

1. To advance political or religious points of view or for fund raising or lobbying.
2. To disseminate factually incorrect or deceitful information.
3. Consulting fees for salaried program personnel to perform activities related to grant objectives.
4. Bad debts of any kind.
5. Contributions to a contingency fund.
6. Entertainment.
7. Fines and penalties.
8. Membership fees — unless related to the program and approved by ODH.
9. Interest or other financial payments (including but not limited to bank fees).
10. Contributions made by program personnel.
11. Costs to rent equipment or space owned by the funded agency.
12. Inpatient services.
13. The purchase or improvement of land; the purchase, construction, or permanent improvement of any building.
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. Providing clinical prenatal care services.

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 15 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
 - Primary Reason
 - Funding
 - Justification
 - Personnel
 - Other Direct Costs
 - Equipment
 - Contracts
 - Compliance Section
 - Summary
5. Civil Rights Review Questionnaire
6. Assurances Certification
7. Federal Funding Accountability and Transparency Act (FFATA) reporting form
8. Change request in writing on agency letterhead (**Existing agency with tax identification number, name and/or address change(s)**).
9. Health Equity Module. Please note that there is an issue with GMIS that does not allow agencies to submit this piece. However, this still needs to be completed.
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
 - Workplan
 - If applicable, letter(s) of support from participating partners clearly describing each partner's role in achieving qualification status.

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, 4th Floor 35
E. Chestnut Street Columbus,
43215

II. APPLICATION REQUIREMENTS AND FORMAT

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

All applications must be submitted via GMIS. Submission of all parts of the grant application via the ODH's GMIS system indicates acceptance of OGAPP. Submission of the application 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 13-14 of the Solicitation for unallowable costs.

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.

- 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 July 1, 2022 – June 30, 2023.

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:** Validate organization's capacity to meet qualified applicant criteria outlined in Section D.
 - Identify the target population, services, and programs to be offered and what agency or agencies will provide those services, burden of health disparities and health inequities. Describe the public health problem(s) that the program will address.
 - 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.
- 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.
- Methodology: In narrative form, identify the program goals, SMART process, impact, or outcome objectives and activities. Indicate how they will be evaluated to determine the level of success of the program. If health disparities and/or health inequities have been identified, describe how program activities are designed to address these issues. Complete a program activities timeline to identify program objectives and activities and the start and completion dates for each. Provide a work plan, including a timeline, that demonstrates the understanding of the requirements of the project and detail how the entity proposes to accomplish this project and what resources are necessary to meet the deliverables. Describe follow-up activities in detail to address enrollment and retention. This includes using data to specify how much of the target audience will be reached based on data provided by ODH on smoking and smoking cessation behaviors (Market Potential Report for Tobacco). Describe the methodologies, processes and procedures that will be utilized to implement and produce the Scope of Work. Describe personnel, facilities, equipment, materials, incentives, and services that enable participation. Provide a staffing plan that includes a matrix matching each key staff with the staffing requirements for the project. Develop appropriate, cost effective, and sustainable use of workforce. A Certified Tobacco Treatment Specialist (TTS) is preferred to provide the individual counseling but is not required. Plan for sustaining positive outcomes beyond the funding period (such as cost savings, alternate funding sources, systems change).

Awarded entities must partner with local health care systems, physicians, clinics, maternal and child health programs, health departments and community health centers to facilitate referrals to the program. Awardees will need develop a plan describing how they will accomplish this partnership. The following are requirements of entities that wish to participate. Each item requires documentation that affirms compliance:

- Implement the Baby & Me-Tobacco Free Program per training guidelines.
- Have the space to provide smoking cessation counseling and monitoring sessions
- Purchase materials and technical assistance
- Provide In-kind resources including existing medical staff
- Prenatal patients should come from multiple partners providing services to pregnant women
- Provide follow-up to ensure participant enrollment and retention
- Provide detailed marketing plan
- Describe ODH funded or Bureau of Maternal Child and Family Health grants you receive (including tobacco and home visiting) and the collaborative work with project directors and or community partners. Develop and submit an outreach plan based on the datasets provided by ODH. This should include where activities will occur and the number of the target population to be reached based on the propensity of households that smoke.

2. Objectives and Work Plan: In workplan form, identify the program goals, **SMART** process, impact, or outcome objectives and activities. Indicate how they will be evaluated to determine the level of success of the program. If health disparities and/or health inequities have been identified, identify measures for how program activities are designed to address these issues. Include due dates and responsible parties. Grant must clearly indicate new versus currently enrolled women/support partners the grant proposes to serv.

- 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 www.dnb.com. For information about System for Award Management (SAM) go to <https://beta.sam.gov/>.

Information on Federal Spending Transparency can be located at www.usaspending.gov or the Office of Management and Budget's website for Federal Spending Transparency at <https://www.whitehouse.gov/>.

(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. 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 March 21, 2022.**
- Work plan with application. If funded a more detailed work plan will be required for Deliverable 1 for funded agencies. The application workplan should include:
 - Indicates entity's capacity to complete the project by the deliverable due dates.
 - Clearly identifies SMART objectives and activities designed to accomplish program goals. Objectives should include:
 - # Of pregnant women to be impacted by proposal
 - Strategies to reduce smoking in moms and partners
 - Describes plan for accomplishing objectives, including timelines and staff responsible for activities.
 - Clearly indicates Baby and Me Tobacco Program® Free Framework
 - Activities in the workplan are reflective of applicant's proposed scope of work and women and partners to be served, including SMART objectives.
 - Indicates how objectives will be evaluated to determine the program's success.

- Applicant identifies metrics to measure impact. Metrics are based on data elements that can be measured for the duration of the project.
 - Indicative of organization's overall project plan to meet deliverables including project objectives.
 - Work plan is reflective of deliverables and objectives listed in the budget justification.
 - Activities address barriers and/or reflect the cultural needs of the target population.
 - Outreach Plan in Workplan
 - Follow-up plan in workplan
 - Marketing Plan in Workplan
 - Billing Plan in workplan
- If applicable, Acknowledgment and Acceptance from partner indicating partnership in serving program participants.

III APPENDICES

- A. Notice of Intent to Apply For Funding
- B. GMIS Access Request Form
- C. Deliverable – Objective Descriptions
- D. Deliverable – Objective Allocations
- E. ODH Policy Acknowledgement and Acceptance
- F. Number of Pregnant Women Smoking During 2020
- G. Scoring Rubric
- H. Workplan Template
- I. Sample Monitoring Tool
- J. Monthly MQ2 FY23: Reporting Template

Appendix A

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

NOTICE OF INTENT TO APPLY FOR FUNDING

Ohio Department of Health Bureau
of Maternal, Child and Family Health

ODH Program Title:
Moms Quit for Two (MQ23) : Competitive

Submission Required

See due date below.

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

ALL INFORMATION REQUESTED MUST BE COMPLETED.

County of Applicant Agency _____ Federal Tax Identification Number _____

Geographic Area Applying to Cover _____

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

Type of Applicant Agency
(Check One)

<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 currently have access to the ODH GMIS system? YES ☐ NO ☐

If yes, no further action is needed. If no, ODH Grants Services Unit staff will email the GMIS reference guide to the email addresses listed on the GMIS Access Request form.

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

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

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

Forms are only required for NEW AGENCIES or if UPDATES are needed for current agencies. **THE NOIAF AND REQUIRED FORMS MUST BE EMAILED TO Craig.gallaugh@odh.ohio.gov BY February 25, 2022.** Include in your email if what scope you will be applying for.

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.

Appendix B

If new applicant, this form must be submitted with the Notice of Intent to Apply for Funding Form.

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. *Refresher guides can be found on the ODH web site: <https://odh.ohio.gov/wps/portal/gov/odh/about-us/funding-opportunities/ODH-Grants/>. ODH Grants Page – “GMIS Training Resource” Section.*

Date: _____

Check the type of access and complete the information requested:

☐ Employee — needs 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., 4th Floor, Columbus, Ohio 43215 Or

Scan & Email: karen.tinsley@odh.ohio.gov

Appendix C

Objective Descriptions

Name of Subgrant Program: Mom's Quit for Two

Budget Period: July 1, 2022 – June 30, 2023

of Deliverables: 7

Use Budget Justification Scenario#: 1

Deliverable 100% only

When considering proposed costs of the work, applicants should take into consideration ODH's guidance "Subgrant Deliverable Guidance" as posted on the GMIS Bulletin Board August 25, 2021.

REQUIRED BY ALL SUBGRANTEES (Del. 1-7)

Deliverable 1: Workplan/BMFTP Data Portal

- A. Provide a comprehensive workplan for implementation of all scopes of work for which funding is requested. The plan must include the specific strategies and activities to be undertaken, staff responsible, timeframe for implementation and how the activity/strategy will be measured for success. ODH will provide a new templet to funded agencies at the Kickoff meeting.
Reimbursement: \$1,000

A sample workplan template can be found in Appendix H.

- B. BABY & ME – Tobacco Free Program® – Online Referral System
Reimbursement: \$1,920

- Performance and Quality Improvement Process Reporting, Data Collection, and participation. Identified staff for this deliverable will participate in quarterly webinars and performance improvement project. Attend all ODH scheduled conference calls and webinars (quarterly and as necessary), receive monthly performance updates from ODH.
- Provide data monthly to Baby & Me- Tobacco Free and ODH, as directed by ODH, including program outputs: program engagement (enrollment and attendance data, gestational age, birth weight, and smoking free status). Ensure that all information is up to date and accurate. Utilize Tableau to pull reports, review recruitment and retention, enrollment, and progress with sessions and CO monitoring.
- Utilize the Tableau business intelligence and data visualization to complete monthly progress reports to monitor progress toward meeting performance guidelines. Provide data monthly to Baby & Me, Tobacco Free and ODH, as directed by ODH, including program outputs: program engagement (enrollment and attendance data, gestational age, birth weight, and smoking free status). Submit monthly report of activities and challenges in Program Progress Report in GMIS. Payment will be made based on moms enrolled as reported in BMFTP. In addition, utilize Tableau to pull reports, review recruitment and retention, enrollment, and progress with sessions and CO monitoring.
- Complete and submit Service Agreement with Baby & Me-Tobacco Free Program and WELCOLKA, Inc. by 8/31/22

- Provide monthly reports (template provided by ODH) ensure all information is complete and accurate.
- Provide expense reports based on choice of monthly or quarterly.
- Participate in quarterly technical assistance call (Hosted by BMTFP) to discuss aggregate data, review lessons learned and highlight success.

Validation: BMTFP Tableau Update and MQ2 Report in GMIS. If there is a discrepancy between BMTFP and GMIS data BMTFP will be the validation tool.

Validation: Workplan submitted/ BMTFP Tableau Database. If there is a discrepancy between BMTFP and GMIS data BMTFP will be the validation tool.

Due date: 8/10/22

Total reimbursable amount: \$2,920

Deliverable 2: Recruitment and enrollment of clients

By June 30, 2023, enroll moms in the BABY & ME - Tobacco Free Program BMTFP® and provide education to eligible families (up to 20% of smoking moms and partners in the county). Moms Quit for Two messages should follow the BABY & ME - Tobacco Free Program BMTFP® recommendations. Any publications must adhere to BMTFP National guidelines and receive approval from the National BMTFP. All BMTFP promotional materials will require review. Agencies can expect a reply within 3-5 business days.

Subrecipients may choose to distribute subgrant funding to potential community partners. Community partners who could assist MQ2 agencies with recruitment may include home visitors, neighborhood navigators, community health workers, social service agencies, crisis centers, health clinics, WIC clinics, and haven locations (ex. Hospitals, fire departments, law enforcement). Reimbursement for this deliverable is \$150.00 per client/partner recruited and enrolled. Women/partner carried over from previous ODH grants are not eligible for this reimbursement.

Total reimbursement new clients enrolled for this deliverable is not to exceed the county amounts in Appendix F*. Multiple County applicants are encouraged for agencies who alone do not meet the minimum goal to serve 21-269 mom/partners. Support partners can make up no more the 8% of the agencies overall goal to serve. Submit plan for recruitment, outlining details and execution. Include in the plan how you will target communities of color as well as ensure the retention of clients. * Agencies that based on Appendix F serve less than the 21 program participants should collaborate with boarder counties (Using Appendix E) and submit a combined application that incorporates a multi count approach to serve at least 21 participants. ODH will utilize the Budget Revision process to initiate an increase in grant funding to ensure all women/partners receive up to 18 sessions per SFY in alignment with the BMTFP module.

*Agencies who identify a need in their county that exceeds appendix F must provide a justification for increased capacity beyond appendix F. Justification could include deliveries outside of agency county, and/or program history of BMTFP current enrollment at higher-level than 20% of smoking moms etc.

Identification & Education

Maintain a network to identify and conduct assessment and educate families on smoking.

- Train staff on smoke free guidelines, and the importance of not smoking in the home.
- Provide culturally and linguistically appropriate educational resources and information to parents on the importance of smoking cessation during pregnancy and after.

- Educate on secondhand smoke.

Follow Up

- Women/Support partners who have been enrolled and attended (1) session should receive a minimum of three attempts to contact participant prior to disenrollment. The goal is to increase retention of MQ2 program participants.

Validation: MQ2 Reporting Excel and BMTFP Tableau System.

Due date: 10th of every month, starting 8/10/22

Reimbursable amount: \$150.00 Per mom/partner enrolled

Deliverable 3: BABY & ME - Tobacco Free Program BMTFP® Orientation & Certified Tobacco Treatment Specialist (CTTS) Training

- *Complete the BMTFP Program Orientation* for new subgrants. (Up to 2 people per agency)
- Complete the New Facilitator or Recertification *BMTFP Training*.
- Order a BMTFP new facilitator manual if needed. BMTFP manual was last updated in 2020 older versions should be replaced in accordance with BMTFP.
- Become a Certified Tobacco Treatment Specialist (CTTS) – ODH will host twice a year for new staff should be completed within 6 months of hire.

BMTFP Facilitator Training	For New Facilitators Per person - virtual 2 days/4 hours each	1	\$145.00
BMTFP Facilitator Manual(s)	For New Facilitators - 62.50 per attendee/Facilitator	1	\$62.50
BMTFP Re-certification Training	For Currently Certificated Facilitators - virtual 1 day/5 hours	1	\$95.00

Validation: BMTFP will send ODH a excel file with all participant names who attend the meeting. Agencies will need to sign in based on BMTFP® guidance during the meeting. Subrecipients will notify ODH in the GMIS reporting excel sheet.

Due date: 10th of every month, starting 8/10/22

Reimbursable amount: Maximum Reimbursement amount: \$415.00

Deliverable 4: Purchase Participant Materials:

When making supply orders such as vouchers, CO monitoring supplies, the sub grantee can only order those supplies for the number of clients/partners they have determined to serve proposed number of women/partners.

*According to BMTFP CO minitours are good for 5 years and should be replaced. (The newer manual is in a blue binder.)

Purchase training materials, monitoring materials, and CO monitoring materials. Itemized prices below. (Agencies should project to purchase supplies to cover their proposed number of mom/partners. Up to \$2,933.50 per agency)

Reimbursement for this deliverable is a copy of the BMTFP invoice uploaded to GMIS either quarterly or monthly based on reimbursement.

Item	Description	Quantity	Cost ¹
CoVita Carbon Monoxide (CO) Monitor	CO monitor per agency/site,	1	\$558.00

SteriBreath Mouthpieces	Box of 250 mouthpieces—dispose after every use	1	\$43.50
D-pieces	Pack of 12 D-pieces—one-year supply per monitor. Change monthly	1	\$94.00
Cleansing & Antimicrobial (alcohol-free) Wipes	Package of 50 wipes to clean CO monitor	1	\$18.00
20 ppm CO Calibration Kit	Includes: Regulator, calibration adaptor, can of CO gas—calibrates CO monitor every 6 months or when prompted by the monitor	1	\$195.00
CO Calibration replacement tank	Replacement tank for recalibration kit	1	\$95.00
SmokerCOnfirm Oral Fluid Cotinine Test for Nicotine Users	Individual oral test—used for back up testing, if applicable 25 individually sealed tests	1	\$130.00
Recruitment Tools	Print costs, brochures, and advertising	Vendor Cost	Up to \$1,800

Validation: MQ2 Monthly Reporting templet & BMTFP Invoice of supplies ordered.

Due date: 10th of every month, starting 8/10/22

Reimbursable amount up to \$2,933.50 based on number of moms/partners enrolled.

Deliverable 5: Counseling

Moms could receive up to (18) Sessions:

Partners could receive up to (14) Sessions:

- Provide up to (4) Prenatal Smoking Cessation to identified and monitoring sessions to participant mom during pregnancy.
- Provide up to (12) Postnatal smoking cessation counseling and monitoring sessions.
- Provide (2) Supplemental visits for smoking cessation counseling and monitoring sessions.
*Partner
- All participants should also be referred to the Ohio QuitLine.

Counseling sessions for each Women/Partners should not exceed 18 for an SFY.

For budgets agencies should budget 12 sessions for a new client since this is the average sessions of BMTFP.

ODH will utilize the Budget Revision process to initiate an increase in grant funding to ensure all women/partners receive up to 18 sessions per SFY in alignment with the BMTFP module.

Validation: MQ & BMTFP Monthly Report and MQ2 Report in GMIS. If there is a discrepancy between BMTFP and GMIS data BMTFP will be the validation tool.

Due date: 10th of every month, starting 8/10/22

Reimbursable amount up to :\$100.00 per face to face, Counseling Sessions attended by mom and partner.

Deliverables 6: Vouchers

- Provide up to (2) Prenatal Vouchers
- Provide up to (12) Postpartum Vouchers

Enrolled pregnant women are eligible for 2 prenatal vouchers in the prenatal period (Session 3 & 4) and 12 postpartum vouchers (1 per month). No more than 14 vouchers

Partners enrolled are only eligible for 12 postpartum vouchers (1 per month for 12 months). No more than 12 vouchers

To receive the voucher the mom/partner should be tobacco free. Tobacco free status is determined by pre-defined CO level ranges, as provided and taught within BMTFP program protocols.

For budgets agencies should budget 10 vouchers for new clients since this is the average distribution of BMTFP.

If a multiple pregnancy agency will be approved additional vouchers. ODH will utilize the Budget Revision process to initiate an increase in grant funding to ensure all women/partners receive up to 14 vouchers per SFY in alignment with the BMTFP module.

Vouchers ²	Restrictive gift cards for diapers/wipes. \$25.00 face value, printing, and processing fee	1	\$30.23
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Reimbursement for this deliverable is based on the BMTFP Monthly Report in GMIS. If there is a discrepancy between BMTFP and GMIS data BMTFP will be the validation tool.

Validation: Monthly BMTFP Tableau Update and MQ2 Report in GMIS. If there is a discrepancy between BMTFP and GMIS data BMTFP will be the validation tool.

Due date: 10th of every month, starting 8/10/22

Reimbursable amount up to :\$30.23 per face to face, Voucher distributor to mom or partner.

Deliverables – Objective 7: Monthly Data Collection, Reporting and Technical Assistance

- Provide monthly reports (template provided by ODH) ensure all information is complete and accurate.
- Provide expense reports based on choice of monthly or quarterly.
- Participate in bi -monthly technical assistance call (Hosted by ODH) to discuss recruitment, retention, and community engagement.
- Participate in quarterly technical assistance call (Hosted by BMTFP) to cross collaborate across agencies efforts of BMTFP.

Quarterly Technical Assistance BMTFP®

Identified staff will participate in quarterly TA as provided by BMTFP®.

Bi -Monthly Technical Assistance

- Identified staff will participate in Bi-monthly technical assistance calls with ODH staff to discuss aggregate data, recruitment and retention efforts, review lessons learned, and highlight success or other areas identified by either party.

Validation: MQ2 Report in GMIS. Agencies BMTFP will host Quarterly calls for Technical Assistance. ODH will host bi-monthly technical assistance calls. BMTFP meetings will be validated by BMTFP. Agencies will need to sign in based on BMTFP® guidance during the meeting.

Due date: 10th of every month, starting 8/10/22

Reimbursable amount up to :\$1000.00 monthly, \$12,000.00

Appendix D- Objective Allocations

Name of Subgrant Program: Mom's Quit for Two

Budget Period: July 1, 2022 – June 30, 2023

of Deliverables: 7

Use Budget Justification Scenario#: 1

Deliverable 100% only

	Deliverable 1: Work Plan	Deliverable 2: Recruitment and enrollment of client deliverables	Deliverable 3: Orientation	Deliverable 4: Purchase participant Materials	Deliverable 5: Counseling
Subrecipient (Number of subrecipients TBD)	Provide a comprehensive workplan for implementation of all scopes of work for which funding is requested. BMTFP Tableau Data.	By June 30 th , 2023, enroll from 21 to 269 clients depending on % of county. * (Agencies that based on Appendix F serve less than the 21 new program participants should collaborate with boarder counties (Using Appendix E) and submit a combined application that incorporates a multi count approach to serve at least 21 participants.)	New sub grantees must attend training up to two persons and those prior who need refresher training if needed.	Purchase training materials, monitoring materials, and CO monitoring materials	Provide all counseling
Total	\$2,920	\$150 per client and partner	\$415.00	Up to \$2,933.50 per agency	\$100.00 Per Session (On average since people enroll at different times based on pregnancy most people will not need 18 counseling sessions in a 12-month timeframe. Since on average

					BMTFP participants) receive no more than 12 sessions per SFY. Returning clients have different rules see guidance in Budget Justification Scenario#: 1.
	Deliverables 6: Vouchers	Deliverable 7: Monthly Reporting and Data Collection			
Subrecipient (Number of subrecipients TBD)	At up to 14 Counseling Session provide a Voucher. Voucher distribution should occur during the monthly counseling session. Returning clients have different rules see guidance in Budget Justification Scenario#: 1.	Provide monthly reports, data to ODH, expense reports will be monthly or quarterly.			
Total	Restrictive gift cards for diapers/wipes. \$25.00 face value, printing, and processing fee: \$30.23	\$1,000 per month (\$12,000.00 yearly)			

Appendix E

ODH Policy Acknowledgement and Acceptance

Moms Quit for Two ODH Acknowledgment and Acceptance

This form must be completed, signed, and returned by the applicant entity. If the applicant entity is applying on behalf of a multi-county service area, a completed and signed form must also be returned for the identified lead entity within each county, if applicable.

By signing and dating this acknowledgment (this “Acknowledgement”),
_____ (“Organization”) confirms it has read, understands, and
agrees to be bound by the [Baby & Me Tobacco Free Program](#), and that the information
contained therein will be shared with each partner site providing education and/or Tobacco
Cessation. The organization further represents and warrants that the person executing this
Acknowledgment on behalf of the Organization (including but not limited to its officers,
directors, parents, subsidiaries, affiliates, employees, providers, and agents) has the right,
power, legal capacity, and appropriate authority to execute on behalf of such parties for
which he/she signs.

IN WITNESS WHEREOF, Organization has duly executed this Acknowledgment by its
authorized representative on the date set forth below.

(Signature)

(Title)

(Date)

Appendix F: Number of Pregnant Women Smoking During 2020

County	Smoking Rates during pregnancy	New enrolled 20% (Target number of women to serve)	New enrolled 8% (Target number of partners to serve)
Adams	78	15	1
Allen	176	35	3
Ashland	66	13	1
Ashtabula	216	43	3
Athens	92	18	1
Auglaize	70	14	1
Belmont	120	24	2
Brown	95	19	2
Butler	472	94	8
Carroll	39	7	1
Champaign	67	13	1
Clark	269	54	4
Clermont	291	58	5
Clinton	83	16	1
Columbiana	198	40	3
Coshocton	59	11	1
Crawford	109	22	2
Cuyahoga	790	158	13
Darke	71	14	1
Defiance	69	13	1
Delaware	63	12	1
Erie	115	23	2
Fairfield	188	37	3
Fayette	71	14	1
Franklin	1346	269	22
Fulton	54	10	3

Gallia	75	15	1
Geauga	47	9	1
Greene	154	30	2
Guernsey	83	16	1
Hamilton	820	164	13
Hancock	107	21	2
Hardin	70	14	1
Harrison	39	7	1
Henry	33	6	1
Highland	78	15	1
Hocking	70	14	1
Holmes	36	7	1
Huron	130	26	2
Jackson	76	15	1
Jefferson	162	32	3
Knox	83	16	1
Lake	192	38	3
Lawrence	120	24	2
Licking	233	47	4
Logan	90	18	1
Lorain	393	78	6
Lucas	565	113	9
Madison	56	11	1
Mahoning	456	91	7
Marion	145	29	2
Medina	109	22	2
Meigs	44	8	1
Mercer	52	10	1
Miami	132	26	2
Monroe	24	4	1
Montgomery	465	93	8

Morgan	34	6	1
Morrow	60	12	1
Muskingum	172	34	3
Noble	19	3	1
Ottawa	39	7	1
Paulding	42	8	1
Perry	73	14	1
Pickaway	92	18	1
Pike	92	18	1
Portage	172	34	3
Preble	73	14	1
Putnam	23	4	1
Richland	234	47	4
Ross	171	34	3
Sandusky	91	18	1
Scioto	162	32	3
Seneca	101	20	2
Shelby	89	17	1
Stark	575	115	9
Summit	599	120	10
Trumbull	429	86	7
Tuscarawas	115	23	2
Union	55	11	1
Van Wert	48	9	1
Vinton	26	5	1
Warren	146	29	2
Washington	89	17	1
Wayne	144	29	2
Williams	63	12	1
Wood	91	18	1
Wyandot	32	6	1

Appendix G - Scoring Rubric

Applicant Information	
Applicant Agency: GMIS #:	Amount Requested:
	Scope 1 - Planning
	Scope 2- Establishment/Expansion:
	Scope 3 - Enhancements:
	Total:

Required Components	Provided	Comments
Budget Justification	<input type="checkbox"/>	
GMIS Budget	<input type="checkbox"/>	
Workplan	<input type="checkbox"/>	
Executive Summary		
Attachments (if applicable)		<ul style="list-style-type: none"> Work plan

Criteria	Max Review Score	Reviewer Score	Comments
Executive Summary			
Demonstrate to qualified applicant requirements: <ul style="list-style-type: none"> Must demonstrate: <ul style="list-style-type: none"> Ability to provide BABY & ME - Tobacco Free Program BMTFP®. Has the space to hold counseling session for pregnant women and partners. Has adequate in-kind resources. Experience with health assessments, education, and support into a unified program in which pregnant women learn the importance of not smoking during pregnancy. 	Meets or Does Not Meet		
Identify the target population to be offered the BABY & ME - Tobacco Free Program BMTFP® and what agency or agencies partners will provide those services.	5		
Workplan			
Indicates entity's capacity to complete the project by the deliverable due dates.	5		
Clearly identifies SMART objectives and	10		

activities designed to accomplish program goals. Objectives should include: <ul style="list-style-type: none"> # of pregnant women to be impacted by proposal Strategies to reduce smoking in moms and partners 			
Describes plan for accomplishing objectives, including timelines and staff responsible for activities.	5		
Clearly indicates Baby and Me Tobacco Program® Free Framework	10		
Activities in the workplan are reflective of applicant's proposed scope of work and women and partners to be served, including SMART objectives.	5		
Indicates how objectives will be evaluated to determine the program's success.	5		
Applicant identifies metrics to measure impact. Metrics are based on data elements that can be measured for the duration of the project.	5		
Indicative of organization's overall project plan to meet deliverables including project objectives.	2		
Work plan is reflective of deliverables and objectives listed in the budget justification.	5		
Activities address barriers and/or reflect the cultural needs of the target population.	2		
Outreach Plan in Workplan	5		
Follow-up plan in workplan	5		
Marketing Plan in Workplan	5		
Billing Plan in workplan	5		
Budget			
Budget elements are consistent with other information in application (e.g., workplan, GMIS budget and budget justification).	5		
Deliverable objective descriptions and allocations are consistent with Appendices C1 and C2 in the Solicitation.	5		
Applicant includes the required certification language on the budget justification narrative. Budget justification is signed.	2		
BONUS			
Identified target area and/or population by using local or program data.	3		
Validation that staff is trained in cultural competency and/or is a cultural peer of the target audience.	3		
Staff experienced in serving priority	3		

populations.			
TOTAL	100		

**An application review score of less than 60% may result in a determination not to fund.*

Final Recommendation for Funding

- ☐ Approval and funding of application as submitted (no program special conditions)
- ☐ Approval and funding of application with special conditions:

- ☐ Disapproval of application as submitted.

Comments:

Appendix H- Workplan Template:

The workplan template may be modified to meet your needs. (Ex. add rows and copy additional tables for additional goals). Workplan should include at a minimum: Outreach plan for identification, participant and enrollment, Follow-up plan to ensure participant retention, Marketing plan to ensure county wide education of BABY & ME - Tobacco Free Program BMTFP® and Billing plan to ensure sustainability within one year of program implementation.

Moms Quit for Two Work Plan FY2023

Agency Name: ABC County Health Department GMIS # Date: July 1, 2022- June 30, 2023

Moms Quit for Two Program Work Plan and Timeline

Expected Outcomes: Ex: Increase tobacco quit rates in women during pregnancy and first twelve months of pregnancy.
Improve birth outcomes by reducing tobacco use among prenatal/postpartum women.

Deliverables (written as SMART objectives)	Activities	Person Responsible	Timeline	Benchmarks & Evaluation Measures	Deliverable Budget Amount
Deliverable 1: A. Work Plan/BMTFP Tableau Data Provide a comprehensive workplan for implementation of all scopes of work for which funding is requested. The plan must include the specific strategies and activities to be undertaken, staff responsible, timeframe for implementation and how the activity/strategy will be measured for success. . BMTFP Tableau Data. One time submission by 8/30/2023 B. BABY & ME – Tobacco Free Program® – Online Referral System Annual Contract - Monthly Payment			.		Total: \$2,920

Moms Quit for Two Work Plan FY2023

Agency Name: ABC County Health Department GMIS # Date: July 1, 2022- June 30, 2023

Moms Quit for Two Program Work Plan and Timeline

Deliverables (written as SMART objectives)	Activities	Person Responsible	Timeline	Benchmarks & Evaluation Measures	Deliverable Budget Amount
<p>Deliverable 2: Recruitment and Enrollment of Clients</p> <p>By June 30, 2023, enroll moms in the BABY & ME - Tobacco Free Program BMTFP (R) ® and education to eligible families up to 20% of smoking moms and partners in the county. * Moms Quit 2 messages should follow the BABY & ME - Tobacco Free Program BMTFP (R) ® recommendations. Any publications should adhere to the smoking cessation image guidelines as established by BABY & ME - Tobacco Free Program BMTFP®. Subrecipients may choose to distribute subgrant funding to potential partners. Community partners may include home visitors, Neighborhood navigators, Community health workers, social service agencies, crisis centers, health clinics, WIC clinics, and haven locations (ex. Hospitals, fire departments, law enforcement). Reimbursement for this deliverable is \$150.00 per mom/partner recruited and enrolled. Multiple county applicants are encouraged for agencies who alone do not meet the minimum goal to serve 21-269 mom/partners. Partners can make up not more the 8% of the agencies overall goal to serve.</p> <p>* Agencies who identify a need in their county that exceeds appendix F must provide a justification for increased capacity beyond appendix F. Justification could include deliveries outside of agency county, and/or program history of BMTFP current enrollment at higher-level than 20% of smoking moms etc.</p>				.	Total:

Moms Quit for Two Work Plan FY2023

Agency Name: ABC County Health Department GMIS # Date: July 1, 2022- June 30, 2023

Moms Quit for Two Program Work Plan and Timeline					
Deliverables (written as SMART objectives)	Activities	Person Responsible	Timeline	Benchmarks & Evaluation Measures	Deliverable Budget Amount
Deliverable 3: Orientation Complete the Baby & Me- Tobacco Free Program Orientation for new subgrants. (Up to 2 people per agency) Complete the Baby & Me- Tobacco Free Program Training, for new sub grantees or attend update training if required for prior sub grantees. *Order a new facilitator manual if needed.					Total:

Moms Quit for Two Work Plan FY2023

Agency Name: ABC County Health Department GMIS # Date: July 1, 2022- June 30, 2023

Moms Quit for Two Program Work Plan and Timeline					
Deliverables (written as SMART objectives)	Activities	Person Responsible	Timeline	Benchmarks & Evaluation Measures	Deliverable Budget Amount
Deliverable 4: Purchase participant Materials: When making supply orders such as vouchers, CO monitoring supplies, the sub grantee can only order those supplies for the number of clients/partners they have determined to serve proposed number of women/partners. Objective 1: Purchase training materials, monitoring materials, and CO monitoring materials. Itemized prices below. (Agencies should project to purchase supplies to cover their proposed number of mom/partners. Up to \$2,933.50 per agency) Reimbursement for this deliverable is a copy of the BMTFP invoice uploaded to GMIS either quarterly or monthly based on reimbursement.					Total:

Moms Quit for Two Work Plan FY2023

Agency Name: ABC County Health Department GMIS # Date: July 1, 2022- June 30, 2023

Moms Quit for Two Program Work Plan and Timeline

Deliverables (written as SMART objectives)	Activities	Person Responsible	Timeline	Benchmarks & Evaluation Measures	Deliverable Budget Amount
Deliverable 5: Counseling Provide: Moms could receive up to (18) Sessions Within a 21-month period: Partners could receive up to (14) Sessions Within a 21-month period: Provide up to (4) Prenatal Smoking Cessation to identified and monitoring sessions to participant mom during pregnancy. Provide up to (12) Postnatal smoking cessation counseling and monitoring sessions. Provide (2) two supplemental visits for smoking cessation counseling and monitoring sessions. Please indicate the number of returning clients/support partners and the number of sessions remaining.					Total:

Moms Quit for Two Work Plan FY2023

Agency Name: ABC County Health Department GMIS # Date: July 1, 2022- June 30, 2023

Moms Quit for Two Program Work Plan and Timeline

Deliverables (written as SMART objectives)	Activities	Person Responsible	Timeline	Benchmarks & Evaluation Measures	Deliverable Budget Amount
Deliverable 6: Vouchers Provide up to (2) Prenatal Vouchers Provide up to (12) Postpartum Vouchers To receive the voucher the mom/partner should be tobacco free. Tobacco free status is determined by pre-defined CO level ranges, as provided and taught within BMTFP program protocols Please indicate the number of returning clients/support partners. Indicate the number of vouchers remaining to be purchased in SFY 2023.					Total:

Moms Quit for Two Work Plan FY2023

Agency Name: ABC County Health Department GMIS # Date: July 1, 2022- June 30, 2023

Moms Quit for Two Program Work Plan and Timeline

Deliverables (written as SMART objectives)	Activities	Person Responsible	Timeline	Benchmarks & Evaluation Measures	Deliverable Budget Amount
Deliverables 7: Monthly Reporting and Data Collection Performance and Quality Improvement Process Reporting, Data Collection, and participation. Identified staff for this deliverable will participate in quarterly webinars and performance improvement project. Attend all ODH scheduled conference calls and webinars (quarterly and as necessary), receive monthly performance updates from ODH. Provide data monthly to Baby & Me- Tobacco Free and ODH, as directed by ODH, including program outputs: program engagement (enrollment and attendance data, gestational age, birth weight, and smoking free status). Ensure that all information is up to date and accurate. Utilize Tableau to pull reports, review recruitment and retention, enrollment, and progress with sessions and CO monitoring. Submit plan for recruitment, outlining details and execution. Included in the plan how you will target diversity as well as retention of clients. Complete and submit Service Agreement with Baby & Me- Tobacco Free Program and WELCO LKA, Inc. Provide monthly reports (template provided by ODH) ensure all information is complete and accurate. Provide expense reports based on choice of monthly or Quarterly. Participate in monthly technical assistance call (Hosted by BMTFP) to discuss aggregate data, review lessons learned and highlight success.					Total:

Appendix I- Sample Monitoring Tool

<p style="text-align: center;">Ohio Department of Health</p> <p style="text-align: center;">Moms Quit for Two: Competitive (MQ23) Monitoring Review</p> <p>Date _____</p> <p>Subrecipient _____</p> <p>GMIS Project Number _____</p> <p>Program Consultant _____</p>							<p>Total</p> <p>number of</p> <p>indicators:</p> <p>Met:</p> <p>Partially</p> <p>Met:</p> <p>Not Met:</p> <p>N/A:</p>
Standard/Criterion	Reference	Benchmarks	Standard/Criterion Status				Comments
			Met	Partially Met	Not Met	N/A N/R	
Administrative							
Special conditions	GMIS	Timeliness and completeness of responses.					
Quarterly and monthly program reports submitted in GMIS by deadlines.	MQ23	Completed quarterly and monthly program reports submitted in GMIS by deadlines.					
Expenditure reports submitted in GMIS by deadlines.	MQ23, BMTFP	Completed expenditure reports submitted in GMIS by deadlines.					
Expenditure reports submitted are accurate and reflective of deliverable(s) met.	GMIS	Expenditure reports submitted include payment requests reflective of deliverables met.					
Program							

Agency demonstrated progress towards work plan goals and objectives.	MQ23, GMIS, BMTFP Data Tableau	<p>Documentation and communications with ODH demonstrated progress towards work plan objectives, including data to support progress.</p> <p>Activities of work plan were completed by proposed timeline end date. If not completed, barriers or challenges were communicated, or a change in strategy was communicated to ODH and updated on work plan.</p> <p>Activities of MQ23 work plan due to be completed (by date of monitoring) were completed.</p>					
Grant deliverable(s) met by deadlines.	GMIS	Appropriate documentation demonstrating deliverable requirement(s) submitted in GMIS by deadline(s).					

Deliverable 1: Workplan/BMTFP Data Portal Due: 8/10/22 Submitted:	MQ23	Provide a comprehensive workplan for implementation of all scopes of work for which funding was received. The plan must include the specific strategies and activities to be undertaken, staff responsible, timeframe for implementation and how the activity/strategy will be measured for success. BMTFP Tableau Data Agreement.					
Deliverable 2: Recruitment and enrollment of client	GMIS, BMTFP, MQ23	By June 30 th , 2023, enroll from 21 to 269 clients depending on % of county.					

Deliverable 3: Orientation	MQ23	New sub grantees must attend training up to two persons and those prior who need refresher training if needed.					
Deliverable 4: Purchase Participant Materials	GMIS, BMTFP MQ23	Purchase training materials, monitoring materials, and CO monitoring materials					

Deliverable 5: Counseling	MQ23	Provide all counseling					
Deliverables 6: Vouchers	GMIS,MQ23	Distribute Vouchers.					

Deliverable 7: Monthly Reporting and Data Collection	GMIS, MQ23	Submit complete and accurate required reporting template provided (Scope 2) or approved (Scope 3) by the 10th of each month. Reporting requirements will include project progress (narrative); project challenges (narrative); and data variables identified in the data collection section applicable to your funded scope(s) of work appropriate for monthly reporting.					
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Appendix J- Monthly MQ2 FY23: Reporting Template

Excel template will be provided to funded entities prior to start of the grant year.

**This reporting template is subject to change.*

FY23 Moms Quit for Two— Monthly Progress Report	Project #	Submission date:	Reporting month:
Deliverable(s)	Progress on Activities to achieve deliverable(s) (Per month)	Deliverable Reimbursement requested (reporting month only)	Deliverable Reimbursement requested (year to date)
Deliverable 1: Work Plan/BMTFP Data Portal			
Provide a comprehensive workplan for implementation of all scopes of work for which funding is requested. The plan must include the specific strategies and activities to be undertaken, staff responsible, timeframe for implementation and how the activity/strategy will be measured for success. BMTFP Tableau Data. ODH will provide a new templet to funded agencies at the Kickoff meeting. One time submission by 8/30/2023			
Deliverable 2: Recruitment and Enrollment of Clients			
By June 30, 2023, enroll women in the BABY & ME - Tobacco Free Program BMTFP (R) ® and education to eligible families up to 20% of smoking women and partners in the county. * Moms Quit 2 messages should follow the BABY & ME - Tobacco Free Program BMTFP (R) ® recommendations. Agencies need to adhere to BMTFP National guidelines, but agencies also need approval from the National BMTFP. All BMTFP promotional materials will require review. Agencies can expect a reply within 3-5 business days. Subrecipients may choose to distribute subgrant funding to potential community partners. Potential community partners may include home visitors, Neighborhood navigators, Community health workers, social service agencies, crisis centers, health clinics, WIC clinics, and safe haven locations (ex. Hospitals, fire departments, law enforcement). Reimbursement for this deliverable is \$150.00 per mom/partner recruited and new enrolled. Multiple county applicants are encouraged for agencies who alone do not meet the minimum goal to serve 21-269 mom/partners. Partners can make up not more the 8% of the agencies overall goal to serve. *Agencies who identify a need in their county that exceeds appendix F must provide a justification for increased capacity beyond appendix F. Justification could include deliveries outside of agency county, and/or program history of BMTFP current enrollment at higher-level than 20% of smoking moms etc.			
Deliverable 3: Orientation			

Complete the Baby & Me- Tobacco Free Program Orientation for new subgrants. (Up to 2 people per agency) Complete the Baby & Me- Tobacco Free Program Training, for new sub grantees or attend update training if required for prior sub grantees. Order a New facilitator manual if needed. 2020 was the last version released by BMTFP only replace older versions.			
Deliverable 4: Purchase Participant Materials:			
When making supply orders such as vouchers, CO monitoring supplies, the sub grantee can only order those supplies for the number of clients/partners they have determined to serve proposed number of women/partners. Objective 1: Purchase training materials, monitoring materials, and CO monitoring materials. CO monitors should be replaced after 5 years per the BMTFP guidance. Itemized prices below. (Agencies should project to purchase supplies to cover their proposed number of mom/partners. Up to \$2,933.50 per agency) Reimbursement for this deliverable is a copy of the BMTFP invoice uploaded to GMIS either quarterly or monthly based on reimbursement.			
Deliverable 5: Counseling			
<p>Counseling</p> <p><u>Moms could receive up to (18) Sessions Within a 21-month period:</u></p> <p><u>Partners could receive up to (14) Sessions Within a 21-month period:</u></p> <ul style="list-style-type: none"> • Provide up to (4) Prenatal Smoking Cessation to identified and monitoring sessions to participant mom during pregnancy. • Provide up to (12) Postnatal smoking cessation counseling and monitoring sessions. • Optionally - Provide (2) Supplemental visits for smoking cessation counseling and monitoring sessions. <p>• All participants should also be referred to the Ohio Quitline.</p>			
Deliverables 6: Vouchers			
<p>Distribute up to 14 vouchers. Voucher distribution should occur during the counseling session. If at the postpartum visit the participant and/or partners remains smoke free via CO levels, they are eligible for a voucher.</p> <p>Reimbursement is based on # of moms and partners who remain smoke free. Smoke free smoking is identified by the CO levels decreasing at the patient visit.</p>			
Deliverables 7: Monthly Reporting and Data Collection			

<p>Performance and Quality Improvement Process Reporting, Data Collection, and participation. Identified staff for this deliverable will participate in quarterly webinars and performance improvement project. Attend all ODH scheduled conference calls and webinars (quarterly and as necessary), receive monthly performance updates from ODH. Provide data monthly to Baby & Me- Tobacco Free and ODH, as directed by ODH, including program outputs: program engagement (enrollment and attendance data, gestational age, birth weight, and smoking free status). Ensure that all information is up to date and accurate. Utilize Tableau to pull reports, review recruitment and retention, enrollment, and progress with sessions and CO monitoring. Submit plan for recruitment, outlining details and execution. Included in the plan how you will target diversity as well as retention of clients. Complete and submit Service Agreement with Baby & Me-Tobacco Free Program and WELCO LKA, Inc. Provide monthly reports (template provided by ODH) ensure all information is complete and accurate. Provide expense reports based on choice of monthly or Quarterly. Participate in quarterly technical assistance call (Hosted by BMTFP) to discuss aggregate data, review lessons learned and highlight success. Participate in bi-monthly ODH technical assistance calls.</p>			
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