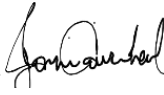




Date: September 30, 2022

To: Potential Clark County Haitian Community Connection Grant Applicants

From: Jamie Carmichael, Chief Health Opportunity Advisor 
Office of Health Opportunity
Ohio Department of Health

Subject: Notice of Availability of Funds - Clark County Haitian Community Connection Grant HC23
December 1, 2022- May 31, 2023

The Ohio Department of Health (ODH) is providing funds to develop and implement the Clark County Haitian Community Connection (CCHCC), a multi-agency resource coordination center to address health inequities affecting the Haitian community.

This funding will build infrastructure and partnerships within Clark County to increase access to health, social, economic, and community resources for the rapidly growing Haitian Community, in Clark Co and surrounding areas. This funding will develop and implement CCHCC that will support coordination, engagement and linkages for the Haitian community. As the first of its kind in Clark County, CCHCC will utilize partnerships and local resources to establish a trusted, culturally and linguistically appropriate central point of coordination to address the social determinants of health for the Haitian population.

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 October 14, 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 October 14, 2022, to the Grants Administration Unit to begin the process to authorize your account.

ODH encourages the immediate submission of the Notice of Intent to Apply for Funding.

Important Date Reminders:

- o Notice of Intent to Apply for Funds (Appendix A)— October 14, 2022, by 4:00 pm
- o ODH GMIS 2.0 Form (Appendix B), if applicable— October 14, 2022, by 4:00 pm
- o Applications Due— November 7, 2022, by 4:00pm

If you have questions, please contact Lei'Ana Riggs at Leiana.Riggs@odh.ohio.gov.

ALL APPLICATIONS MUST BE SUBMITTED VIA THE INTERNET

OHIO DEPARTMENT OF HEALTH

OFFICE OF HEALTH OPPORTUNITY

Clark County Haitian Community Connection
SOLICITATION FOR FISCAL YEAR 2023
December 1, 2022- May 31, 2023

Local Public Applicant Agencies Non-Profit Applicants

COMPETITIVE GRANT APPLICATION INFORMATION

Base + Deliverable Funding

Revised 9/20/2021

For grant starts 7/1/2022 and thereafter

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I. APPLICATION SUMMARY and GUIDANCE

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

This is a competitive solicitation; a Notice of Intent to Apply for Funding (NOIAF – Appendix A) must be submitted by October 14, 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: Clark County Haitian Community Connection Grant HC23

C. Purpose: The Ohio Department of Health's (ODH) mission is advancing the health and well-being of all Ohioans by transforming the state's public health system through unique partnerships and funding streams; addressing the community conditions and inequities that lead to disparities in health outcomes; and implementing data-driven, evidence-based solutions.

The ODH's Office of Health Opportunity's mission is to eliminate population level health disparities by aligning and focusing strategic resources on communities with the highest levels of need. The key objectives of the OHO are to 1) establish equity at the center of public health; 2) improve clinical care and interventions for the most vulnerable; 3) elevate and address the social determinants of health; and 4) ensure an equitable response to COVID-19.

This funding will build infrastructure and partnerships within Clark County to increase access to health, social, economic, and community resources for the rapidly growing Haitian Community. The subrecipient will develop and implement a resource agency that will support coordination, engagement and linkages for the Haitian community. This funding opportunity will enable Clark County to utilize partnerships and local resources establish a trusted, culturally and linguistically appropriate central point of coordination to address the social determinants of health for the Haitian population.

D. Qualified Applicants: All applicants must be a local health department as described by ORC 3709.01 that has experience with successfully serving Clark County and Ohio Health Improvement Zone residents. Applicant agencies must have the capacity to accept an electronic funds transfer (EFT). If an applicant agency needs GMIS access, then a GMIS access form must be submitted (Appendix B).

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

1. Applicant does not owe funds to ODH and has repaid any funds due within 45 days of the invoice date.
2. Applicant has not been certified to the Attorney General's (AG's) office.
3. Applicant has submitted application and all required attachments by **4:00 p.m. on Monday November 7, 2022.**

E. Service Area: The CCHCC will primarily serve Haitian individuals and families regardless of age, who lives in an Ohio Health Improvement Zone or is otherwise eligible for services provided by the Clark County Local Health Department or community partners who provide care coordination or resource navigation within the scope of this funding opportunity.

Ohio Health Improvement Zones (OHIZ) refer to any community with a US Centers for Disease Control, Agency for Toxic Substance and Disease Registry (CDC/ADSTR) Social Vulnerability Index (SVI) Score of .75 or higher. The SVI measures the socioeconomic and demographic factors that affect the resilience of individuals and communities – the ability to prevent human suffering and financial loss in a disaster. The SVI uses the most current data available from the US Census Bureau American Community Survey 5-year estimates (2014-2018) to assign each census tract in the nation a score ranging from 0 – 1, detailing areas of high and areas of low SVI. The SVI is comprised of 15 indicators grouped into 4 themes: socioeconomic status, household composition and disability, minority and language, and housing and transportation. Census tracts with scores of .75 and greater are designated as Ohio's Health Improvement Zones. For more information on Ohio's Health Improvement Zones visit:

<https://odh.ohio.gov/wps/portal/gov/odh/know-our-programs/health-equity/health-improvement-zones>

F. Number of Grants and Funds Available: One subgrant will be awarded for a total amount of up to \$200,000. No

grant award will be issued for less than **\$30,000**. The minimum amount is exclusive of any required matching amounts and represents only ODH funds granted. Applications submitted for less than the minimum amount will not be considered for review.

- G. Due Date:** All parts of the application, including any required attachments, must be completed and received by ODH electronically via GMIS or via ground delivery at The Ohio Department of Health, Office of Health Opportunity, 246 N. High St. Columbus, OH 43215 by **4:00 p.m. by November 7, 2022**. Applications and required attachments received after this deadline will not be considered for review.

Contact LeiAna.Riggs@odh.ohio.gov with any questions.

- H. Authorization:** Authorization of funds for this purpose is contained in the *Catalog of Federal Domestic Assistance (CFDA) Number* (CFDA) Number 93.391.

- I. Goals:** The goals for the Clark County Haitian Community Connection (CCHCC) Project are:

1. Build infrastructure and partnerships within Clark County to increase access to health, social, economic, and community resources for the rapidly growing Haitian Community.
2. Develop and implement a resource agency that will support coordination, engagement and linkages for the Haitian community.
3. Utilize partnerships and local resources to establish a trusted, culturally and linguistically appropriate central point of coordination to address the social determinants of health for the Haitian population.
4. Reduce language barriers by providing information in preferred language.
5. Identify and address resources and barriers to eliminate population level health disparities.
6. Identify and reduce risks of COVID-19 transmission in the Haitian community.
7. Provide training to the Haitian community to build capacity to provide interpretation and translation services.

- J. Program Period and Budget Period:** The program and budget period will begin December 1, 2022 and end on May 31, 2023. If continuation funding or a no-cost extension become available, the subrecipient will be required to submit additional budgets.

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

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

L. 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) Use the Ohio Health Improvement Zones Dashboard to determine or refine 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>.

- 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).
<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.

Agencies should describe their programs' ability to identify and serve those affected by human trafficking. The description should include who will come in to contact with this population, the settings in which the population may be engaged, and what services are available. Please attach this narrative in the application section.

X Applicable ___ Not Applicable to Clark County Haitian Community Connection

- 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 LeiAna.Riggs@odh.ohio.gov.
- 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, November 7, 2022 at 4:00 p.m.**

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

- 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. Workplan and/or logic model demonstrate how activities reduce health disparities and inequities.
 2. Is responsive to policy concerns and program objectives of the initiative/program/activity 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 time-lines and resources;
 5. Estimates reasonable cost to the ODH, considering the anticipated results;
 6. Indicates that program personnel are well qualified by training and/or experience for their roles in the program and the applicant organization has adequate facilities and personnel reflect the communities served through grant funds;
 7. Provides an evaluation plan, including a design for determining program success and demonstrates that the community being served will be meaningfully engaged in formative and outcome evaluations;
 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)

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.

- 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, Office of Health Opportunity, Clark County Haitian Community Connection and as a sub-award of a grant issued by Centers for Disease Control and Prevention’s National Initiative to Address COVID-19 Health Disparities Among Populations at High-Risk and Underserved, Including Racial and Ethnic Minority Populations and Rural Communities grant, grant award number 1NH75OT000070-01-00 and CFDA number 93.391.”

- W. Reporting Requirements:** Successful applicants are required to submit Subrecipient program and expenditure reports. 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. [Additional language is optional]. **Program reports that do not include required attachments will not be approved.** All program report attachments must clearly identify the authorized program name and grant number.

☐ Program Reports Required ☒ No Program Reports Required

Period	Report Due Date

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

- 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
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

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

Period	Report Due Date
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 July 5, 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; (e.g., DJ’s, gift cards for movies, etc.)
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. Construction costs;
17. Vehicle purchase;
18. Furniture;
19. Cash;
20. Food (e.g., food trucks, refreshments, beverages, gift cards for food or beverages);
21. Commemorative or promotional items (e.g., clothing and commemorative items such as pens, mugs/cups, folders/folios, lanyards, and conference bags); and
22. Direct clinical care.

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.

Z. Incentives:

Client incentives are an allowable cost along with any associated purchasing fees. Indirect incentives may be used to encourage community engagement. Please review Section Y above, to ensure cards purchased do not include unallowable costs. An incentive may be discounts, gift cards or other tangible items (e.g., generic gift cards; store vouchers or discounts; fare cards for transportation; and gas cards.)

Recipients of incentives must sign a statement acknowledging the receipt of the incentive and agreeing to the purpose(s) of the incentive. Subrecipients are required to maintain a log of all client incentives purchased and distributed. These files must be readily available for review during your programmatic monitoring visit.

Incentives are not and should not be portrayed as an endorsement by ODH of any company, or its goods, services, or policies, associated or affiliated with the incentive.

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 Narratives should not exceed 10 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 Template – Appendix D**
 - 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 **Only required for an existing agency with tax identification number, name and/or address change(s)).**
9. CCHCC Workplan

- 10. Letters of Support
- 11. Funding Matrix

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, Ohio 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 12 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.

a. 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).

b. Other Direct Costs: Submit a budget for this section and the necessary form(s) to support costs for the period December 1, 2022 to May 31, 2023.

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

c. 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

a. Use the Ohio Department of Health [Ohio Health Improvement Zones](#) and [Social Determinants of Health Dashboards](#) to explicitly describe:

- i. Segments of the prioritized 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.
- ii. The burden of health disparities and health inequities related to this grant funding and the public

health problems this program will address related in terms of disparity, health status, or health system (e.g., accessibility, availability, affordability, appropriateness, quality) indicators. The indicators should be measurable in order to serve as baseline data upon which evaluation will be based.

- iii. Provide **FIPS** codes for communities where CCHCC outreach, engagement and partnerships will be prioritized.

2) Description of Applicant Agency/Documentation of Eligibility/Personnel:

- a. Briefly discuss the applicant agency's eligibility to apply.
- b. Name all staff that will be funded through this project, their titles, annual salary, hourly rates, and the percentage of time that each staff member will allocate to the project activities including the required Community Coordinator position (1.0 FTE) dedicated to this project. The specific work responsibilities of each staff member should be fully described with emphasis on the duties each staff member will assume to support the activities funded through this grant. See Appendix G for Community Coordinator Position Description.
 - i. Position descriptions and resumes (when available) for project staff must be included as an attachment. This must include one person that will be designated as the project manager who will assume responsibility for all project reporting requirements.
 - Staff Name (Note: If an individual has not been identified to occupy this position, indicate "To Be Determined")
 - Position title (e.g., Project Manager, Community Health Worker, Coordinator)
 - Experience or education qualifications including years of experience
 - General responsibilities
 - Hours per week allotted to project
 - FTEs (1.0 FTEs are required to be fully dedicated to this project)
 - ii. Describe the capacity of your organization, its personnel or contractors to communicate effectively and convey information in accordance with National Standards for Culturally and Linguistically Appropriate Services (CLAS) and Americans with disabilities Act (ADA) Standards for Effective Communication in a manner and method that is easily understood by diverse audiences. This includes persons of limited English proficiency, those who are not literate, have low literacy skills, and individuals with disabilities.

3) Methodology:

- a. 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.
 - i. **Agencies are required to submit a workplan to identify program objectives and activities, and the start and completion dates for each.** See Appendix F for the CCHCC Workplan Template.
- b. Clearly describe the services and/or programs to be offered and how they will address health disparities and inequities related to this grant funding.
 - i. Describe the process in which community members will 1) be navigated to each key service areas within the community; 2) consistently access language services; 3) will be linked to services and how CCHC will ensure those linkages occurred; and 4) share information and/or data with referring partners in CCHCC.
 - ii. **Key Service Areas**
 - **Healthcare** (e.g., insurance navigation, Medicaid, behavioral health, dental, hospital services, primary care, COVID-19 testing, vaccination and treatment).
 - **Education** (e.g., continuing workforce development, ensuring culturally and linguistically

- appropriate communication for parents and students).
- **Economic and Social Support** (e.g., health department, Job and Family Services, Social Security benefits, legal aid, employment agencies, food stamps).
- **Community Resources** (e.g., housing, transportation, food pantries, parks and recreation, athletic clubs).
- **Local Government** (e.g., city and county officials, police, fire, EMS).
- c. Describe how you will coordinate with local and regional cross-sector partners and members of the Haitian community to establish a central point of coordination among Key Service Areas for the Clark County Haitian community. You must include a timeline for appropriate activities.
 - i. Submit letters of support an attachment to this application
- d. Describe plans to build local capacity and infrastructure to support the Haitian community beyond the dates and scope of this funding opportunity including how you will:
 - i. Increase access to training to the Haitian community to build the current Haitian-Creole speaking translation and interpreter workforce.
 - ii. Partner with local/regional public and private organizations to create a sustainable network including details on when and how you plan to regularly convene to discuss and evaluate plans established to meet the needs of the Haitian community.
- e. Describe how the agency and its partners will meaningfully engage with Haitian community members to:
 - i. Provide input in development and feedback during implementation regarding services provided by CCHC.
 - ii. Identify what resources currently exist and which are needed to improve community support and resource navigation.
 - iii. Increase awareness of community resources, including CCHCC and community risks (e.g., fraud, scams) and resources.
 - iv. Empower individuals and families to be proactive and engaged members of the community.
- f. Describe your organization's ability to identify and serve those affected by human trafficking.

4) BUDGET NARRATIVE

1. The Budget Narrative should represent the resources needed to accomplish the proposed activities within the proposals for the project period December 1, 2022, to May 31, 2023. If continuation funding or a no-cost extension become available, awarded Applicants will be required to submit additional budgets.
 - a. Complete a ODH Funding Matrix (Appendix J) and include it as an attachment to this proposal. ODH will review this matrix in conjunction with your proposal to ensure that funds awarded by ODH are not being utilized to duplicate existing services.

- 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 November 7, 2022.

III APPENDICES

- A. Notice of Intent to Apply for Funding *(required)*
- B. GMIS Access Request Form
- C. Request C1 Deliverable – Objective Descriptions
C2 Deliverable – Objective Allocations
- D. Budget Justification Template *(required)*
- E. Application Review Form
- F. CCHCC Workplan Template *(required)*
- G. Community Coordinator Position Description
- H. Community Engagement Tools and Resources
- I. Funding Matrix *(required)*

Appendix A

NOTICE OF INTENT TO APPLY FOR FUNDING

Ohio Department of Health

Office of Health Opportunity

ODH Program Title:

CLARK COUNTY HAITIAN COMMUNITY CONNECTION
(HC23)

ALL INFORMATION REQUESTED MUST BE COMPLETED.

Submission Required

See due date below.

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

Reimbursement
Type

Select one of the
options below:

☐ Monthly

OR

☐ Quarterly

County of Applicant Agency _____ Federal Tax Identification Number _____

Geographic Area Applying to Cover _____

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

Type of Applicant Agency
(Check One)

☐

County Agency

☐

Hospital

☐

Local Schools

☐

City Agency

☐

Higher Education

☐

Not-for Profit

Applicant Agency/Organization _____

Applicant Agency Address _____

Agency Contact Person Name and Title _____

Telephone Number _____ E-mail Address _____

Agency Head (Print Name)

Agency Head (Signature)

Please note that the agency head listed above must match the agency head listed in GMIS. Unless 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 LeiAna.Riggs@odh.ohio.gov by October 14, 2022.

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- C1 Deliverable – Objective Descriptions

Name of Subgrant Program: Clark County Haitian Community Connection Project

Budget Period: December 1, 2022 – May 31, 2023

of Deliverables: 5

Use Budget Justification Scenario #: 3

_____ **Base + Deliverables**

Deliverable — Objective 1: Haitian Community Support Meetings

1.1 Due December 10, 2022

Plan, promote and facilitate a community kick off meeting with CCHCC partners and ODH to review scope of work, activities and establishing plans to meaningfully engage with the Haitian community to identify needs and codesign solutions. The deliverable is met when the agenda, meeting materials, and attendance sheet are uploaded into GMIS.

1.2 Due monthly starting January 2023

Facilitate monthly meetings with CCHCC partners and OHO to discuss status of CCHCC, identify and address challenges, coordinate resources, and discuss overall performance of the project. The deliverable is met when the agenda, meeting materials, and attendance sheet are uploaded into GMIS on the 10th of each month.

Deliverable — Objective 2: Submit a Partner Roster

2.1 Due December 10, 2022 & April 10, 2023

Meet with CCHCC partners to develop a plan to coordinate support and data and information sharing and submit partner roster indicating shared mission and commitment for CCHCC with community and cross sector partners who refer to, get referrals from CCHCC or are supporting the mission and/or scope of work for CCHCC. Submit an initial plan December 10, 2022 and an updated Partner Roster April 10, 2023. The deliverable is met when a comprehensive roster representing all key sectors is uploaded in GMIS.

Deliverable — Objective 3: Community Engagement Plan

3.1 Due January 10, 2023

Establish a Community Engagement Plan to engage the Haitian community including how the subrecipients will build trust and seek understanding of community perspectives, tap into the collective intelligence of the community, increase language access and access to interpretation and translation certifications and employment opportunities for the Haitian community, and manage inbound calls and outreach in a culturally and linguistically appropriate manner. The deliverable is met when a complete and accurate Community Engagement Plan is submitted in GMIS. See Appendix I, Community Engagement Tools and Resources for more information.

3.2 Due May 10, 2023

Develop one training to improve cultural competence for local public and private agencies (e.g., courts, schools, hospitals, non-profits, faith organizations) that increase awareness of Haitian

cultural needs and traditions and provides guidance and best practices on how engage and empower the Haitian Community. This deliverable is met with the training materials are submitted in GMIS.

Deliverable — Objective 4: Monthly Status Reports

4.1 Due monthly starting January 2023

Submit monthly status by the 10th day each month reports to ODH and CCHCC partners. Provide status of the project and progress towards performance goals and objectives every month by the 10th of each month. The deliverable is met with the 1) Monthly Status Report Template (Appendix G) and 2) approved documentation demonstrating monthly report was provided to community partners is uploaded in GMIS. ODH will provide a template for this report after the notice of award is issued.

Deliverable — Objective 5: Sustainability Plan

5.1 Due May 30, 2023

Submit a Sustainability Plan identifying short, medium and long-term policy and partnership strategies for sustaining CCHCC in Clark County.

- Use data obtained from the project to establish goals through May 202 and determine what resources are needed.
- Identify what necessary community and organizational infrastructure is needed to meet goals and carry out strategies.
- Obtain input and buy in from CCHCC community partner and key local decision makers.
- Identify policy and partnership solutions for sustaining change in across key systems.

Appendix C2 -Deliverable -Objective Allocation

<u>Clark County Haitian Community Connection</u>					
Deliverable	Description	Due	Unit Cost	Total Number	Total Cost
1.1	Community Kick-Off	12/10/2022	\$20,000	1	\$20,000
1.2	Monthly CCHCC Meetings	Monthly starting 1/10/2023	\$4,000	5	\$20,000
2.1	Partner Roster	12/10/22 and 4/10/23	\$5,000	2	\$10,000
3.1	Community Engagement Plan	1/10/2023	\$5,000	1	\$5,000
3.2	Haitian Community Cultural Competence Training	5/10/23	\$10,000	1	\$10,000
4.1	Monthly Status Reports	Monthly starting 1/10/23	\$5,000	5	\$25,000
5.1	Sustainability Plan	5/10/23	\$10,000	1	\$10,000
Total					\$100,000

Appendix D

BUDGET JUSTIFICATION EXAMPLE (Base and Deliverable Funding) Clark County Haitian Community Connection

NOTES:

1. This justification is an example and may include line items that should not be direct billed to a grant if Sub-recipients are charging indirect. The purpose of the example is to assist Sub-recipients who are charging indirect as well as those who are direct billing. Each line item in the budget must be thoroughly detailed in the budget justification.
2. Budget justification line items **MUST** be in the same order as in the GMIS budget.

PERSONNEL

Notes:

1. The language below in **black** is required to be included in all position descriptions when indirect is being charged to the grant. If language is not included, the budget will be disapproved.
 - (Name of Agency) certifies that this position can be directly attributed to this grant and therefore charging indirect against this position is allowable.
2. Any additional breakout of personnel expenses should only be included in GMIS.
3. If a position title does not exist in GMIS, choose a position title in GMIS that closely mirrors the official title. It should be labeled on the justification as follows: Fiscal Officer (Fiscal Director). Fiscal Officer is the title in GMIS but Fiscal Director is their official title.
4. Any match or in-kind, not required to be budgeted in GMIS, must be reported on a separate document and attached in GMIS labeled "In-Kind/Match document."
5. Subrecipients are only required to include the job responsibilities of the position in the budget justification. The amount charged to the grant should be documented in GMIS.

Community Coordinator – TBD

This position will be responsible for tracking issues of concern within the Haitian community, assisting with the development of programs and the coordination of events. The community coordinator ensures community programs are meeting the diverse needs of the Haitian Creole community. The position will engage local coalitions and public figures who might be interested in partnering with or otherwise supporting CCHCC efforts. The community coordinator will schedule educational meetings or events to assist with outreach.

Program Coordinator – Joe Pope

This position will be responsible for monitoring grants, grant financials, review of budget revisions organizing grant deliverables and uploading the grant deliverables into GMIS.

Nurse— Joyce Brown (Part-Time Employee)

Responsible for providing clinic and metabolic clinic nursing services and case coordination (70%) plus OCCSN case coordination (10%). In support of component #1 provides Newborn Screening case coordination in support of grant component #2 (20%).

Nurse— Janet Coleman

This position is responsible for providing clinic and metabolic clinic nursing services and case coordination and OCCSN case coordination. In support of component #1 provides Newborn Screening case coordination in support of grant component #2. We will not charge any salary cost for this position only travel.

Total Personnel Cost

\$209,005.13

OTHER DIRECT COSTS

Notes:

1. **There is a possibility that any line item listed in Other Direct Costs (ODC) may not be allowed as a direct cost if indirect is being charged to the grant. If the agencies administrative staff and all programs are in one location, then certain line items may have to be charged to the indirect costs collected. Also, if ODC line items cannot be directly attributed to a specific subgrant then the line item should not be direct billed to the grant when charging indirect costs.**
2. **The annual cost and the allowable percentage for a particular program must be included in the justification verbiage if a cost allocation plan is being used to determine costs charged to a grant. Also, the cost allocation plan is required to be submitted with the grant application.**

Advertising

- Billboard Advertising for a 3 month period to promote the WIC program @ \$200.00 per month.
- Cable television advertising for 12 months specific to the WIC program @ \$110.00 per month.
- Advertising to fill vacant budgeted positions will be utilized throughout the year as needed.
- 156 Radio spots @ \$100.00 per spot will be used to raise awareness to parents and community on effects of <purpose or objective to achieve>.
- Bike trail signage 7 @ \$50 each

Client Expenses

- **Client Enablers**
Rent, hotel expenses, utility payment (gas and electric) and groceries will be purchased for those clients infected with TB. (Please refer to solicitation to determine if an allowable cost)
- **Client Incentives**
100 \$10.00 gas cards will be distributed to eligible clients who attend the smoke-free seminar.
(Please refer to solicitation to determine if an allowable cost)

- **Client Transportation**

Agency anticipates providing taxi service to approximately 20 clients at an estimated cost of \$25.00 per taxi service.

Deliverable – Objectives

(Note: Budget leverage cannot be used to move funding into or out of any Deliverables – Objective line item. Also, indirect cannot be charged against this line item.)

Deliverable 1

\$ _____

- 1.1 Plan, promote and facilitate a community kick off meeting with CCHCC partners and ODH to review scope of work, activities and establishing plans to meaningfully engage with the Haitian community to identify needs and codesign solutions. The deliverable is met when the agenda, meeting materials, and attendance sheet are uploaded into GMIS.
- 1.2 Facilitate monthly meetings with CCHCC partners and OHO to discuss status of CCHC, identify and address challenges, coordinate resources, and discuss overall performance of the project. The deliverable is met when the agenda, meeting materials, and attendance sheet are uploaded into GMIS on the 10th of each month.

Deliverable 2

\$ _____

- 2.1 Meet with CCHCC partners to develop a plan to coordinate support and data and information sharing and submit partner roster indicating shared mission and commitment for CCHCC with community and cross sector partners who refer to, get referrals from CCHCC or are supporting the mission and/or scope of work for CCHCC. The deliverable is met when a comprehensive roster representing all key sectors is uploaded in GMIS.

Deliverable 3

\$ _____

- 3.1 Establish a Community Engagement Plan to engage the Haitian community including how the subrecipients will build trust and seek understanding of community perspectives, tap into the collective intelligence of the community, increase language access and access to interpretation and translation certifications and employment opportunities for the Haitian community, and manage inbound calls and outreach in a culturally and linguistically appropriate manner. The deliverable is met when a complete and accurate Community Engagement Plan is submitted in GMIS. See Appendix I, Community Engagement Tools and Resources for more information.
- 3.2 Develop one training to improve cultural competence training to local public and private agencies (e.g., courts, schools, hospitals, non-profits, faith organizations) that increase awareness of Haitian cultural needs and traditions and provides guidance and best practices on how engage and empower the Haitian Community. This deliverable is met with the training materials are submitted in GMIS.

Deliverable 4

\$ _____

- 4.2 Submit monthly status reports to ODH and CCHCC partners. Provide status of the project and progress towards performance goals and objectives every month by the 10th of each month. The deliverable is met with the 1) Monthly Status Report Template (Appendix G) and 2) approved documentation demonstrating monthly report was provided to community partners is uploaded in GMIS. ODH will provide a template for this report after the notice of award is issued.

Deliverable 5

\$_____

5.1 Submit a Sustainability Plan identifying short, medium and long-term policy and partnership strategies for sustaining CCHCC in Clark County.

- Use data obtained from the project to establish goals through May 202 and determine what resources are needed.
- Identify what necessary community and organizational infrastructure is needed to meet goals and carry out strategies.
- Obtain input and buy in from CCHCC community partner and key local decision makers.
- Identify policy and partnership solutions for sustaining change in across key systems.

Notes:

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

Subrecipient's authorized representative certifies the foregoing:

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

[Signature]

[Print Name & Title]

[Date]

Appendix E

Application Review Form Clark County Haitian Community Connection (HC23) Program/Budget Period: December 1, 2022- May 31, 2023

Agency: _____

Reviewer: _____

Total Score: _____

SCORE TABLE: Use the following table as a guide in completing the review sheet.

Point Value	Criterion Unmet	Criterion Partially Met	Criterion met
1	0	----	1
2	0	1	2
3	0	1, 2	3
4	0, 1	2, 3	4
5	0, 1	2, 3	4, 5
6	0, 1	2, 3, 4	5, 6

Criterion Unmet Does not answer the question nor address any of the required issues.

Criterion Partially Met Attempts to answer the question but does not offer specific information. Answers the question and offers some concrete information.

Criterion Met Offers substantive information, a complete answer in a clear manner. An exemplary answer uses quantitative measure and is concise and to the point.

NOTE: The total maximum score is 100 points. The maximum point value is shown in each section. The minimum score to be eligible for funding is 70 points. Please score each section using the score table as a guide. Your comments are important and provide clarification when necessary.

- ☐ Approval (funding) of proposal as submitted (no conditions)
- ☐ Approval (funding) of proposal with special conditions
- ☐ Disapproval of proposal

COMPONENT OF PROPOSAL	Points possible	Score	Strengths & Weaknesses
-----------------------	-----------------	-------	------------------------

PROJECT NARRATIVE			
Executive Summary			
1. Summarizes entire proposal - should include problem/need, priority population, services and programs to be offered and what agency(ies) will provide those services.	3		
Total	3		
Problem/Need			
2. Identifies and describes the local health concern that will be addressed by the project. Describes problem with measurable indicators that can serve as baseline data upon which the evaluation will be based.	5		
3. Description of geographic priority areas, including Ohio Health Improvement Zones is clear, and application includes data specific to that area where possible.	6		
4. Clearly identifies the priority population for the project.	3		
6. Discusses the role of social determinants of health in population or community of interest. Describes the impact these have on health outcomes. Indicates how intervention may address them.	4		
Total	18		
Description of Agency			
7. Details how applicant agency is well-positioned to serve priority population	3		
8. Describes how applicant agency is well-positioned to provide culturally competent programming to the priority population	4		
Total	7		
Methodology			
9. Clearly describes a program that will increase access for the Haitian Community.	6		
10. Indicates how program strategies will be evaluated to determine the level of success of the program.	6		
11. Describes how the program has or will incorporate community input and feedback into their programming. Describes the process for gathering feedback, whether it will be ongoing process, and how community voices will specifically impact the proposed activities.	6		

12. Describes how program will be sustained after the grant period or how the knowledge, skills, or equipment obtained via the initiative will continue to impact the Haitian Community after the grant period.	4		
13. Acknowledges potential barriers to success and describes planned strategies for overcoming barriers.	3		
14. Describes how the program will coordinate with local and regional cross-sector partners.	5		
15. Health Equity Strategies are clearly demonstrated in project methodology.	4		
Total	34		
Additional Solicitation Requirements			
Budget Narrative			
16. Includes a budget justification consistent with the format provided in Appendix D for base + deliverables-based grant.	4		
17. Attached a separate high-level, categorical estimate of actual anticipated spending	4		
18. Budget justification total matches the budget submitted in GMIS 2.0.	3		
19. Proposed budget is reasonable for project scope and anticipated outcomes.	3		
Total	14		
Workplan Template			
20. Workplan includes all activities the agency is proposing and is consistent with the program narrative.	5		
21. All activities are SMART (specific, measurable, achievable, relevant, and time-bound) and it is clear from the workplan how program success will be measured.	4		
22. Timeline presented via the workplan is feasible and demonstrates a good understanding of project needs.	4		
23. Utilizes provided workplan template	3		
Total	16		
Overall Quality			
24. Clarity / completeness	5		
25. Adherence to all RFP guidelines	2		
26. Formatting requirements met			

- Properly labeled
- 1.5 spacing with 1-inch margins
- All pages numbered
- Project Narrative meets page limit requirement
- 12-point font

1

Total

8

Total Score of Review

100

Appendix F – CCHCC Workplan Template

The CCHCC Workplan Template may be modified to meet your needs (e.g., add rows and copy additional tables for goals) and will be provided as an excel template to sub-recipients upon notice of award. If there is no data is available, please do not leave blanks. Indicate N/A if not applicable or enter “0” if the number is zero. A justification must be provided for any N/A or zeros reported.

Program Objectives and Activities	Timeline	Expected Outcome	Data Source and Evaluation Methodology	Project Person and/or Partner Responsible	Comments
<i>Example: Describe each objective and activity on its own row. Provide as many action steps as necessary by adding rows to the table.</i>	<i>Example: Start Date (MM/YY) End Date (MM/YY)</i>	<i>Example: An expected outcome must be defined for each action step.</i>	<i>Example: An evaluative measure and data source must be defined for each action step.</i>	<i>Example: A responsible person and/or partner must be identified for each action step.</i>	<i>Comments are optional.</i>

Appendix G-Monthly Status Report Template

Ohio Department of Health Clark County Haitian Community Connection Monthly Status Report		
Date:		
Subrecipient Name:		
Contact Name:		
Contact Email:		
Describe progress toward workplan objectives.		
Describe Successes		
Describe Challenges		
Percent of workplan objectives complete	<input type="checkbox"/> <u>0-25%</u> <input type="checkbox"/> <u>26-50%</u> <input type="checkbox"/> <u>51-75%</u> <input type="checkbox"/> <u>76-100%</u>	
Metric	Cumulative Totals for Current Reporting Period	Comments/Notes
Number of community members engaged in an OHIZ		
Number of Haitian community members engaged		
Number of intake referrals		
Number who completed intake		
Number referred to community resources		
Number of linkages to community resources		
Number referred to clinical resources		
Number of linkages to community resources		
Number of language access services requests received		
Number linked to language access services		
Number of organizations referring to CCHCC		
Number of community members engaged		

Appendix H – CCHCC Position Requirements

Community Coordinator Position Requirements

Under indirect supervision, works closely with the local health department, healthcare providers, social and community-based organizations to provide a trusted connection to resources and support programs to Haitian residents to improve their health and general well-being through education and provision of coordination of care and services.

Duties and Responsibilities

- Assists with accessing health, economic and social services, including but not limited to: obtaining a medical home, providing instruction on appropriate use of the medical home, overcoming barriers to obtaining needed medical care and /or economic or social services.
- Provide support and advocacy for Haitian community.
- Facilitates communication and coordinates services between local and community-based organizations and Haitian residents.
- Documents intakes and referrals.
- Plan and facilitate community educational meetings or events.
- Engage local coalitions and public figures.
- Travels to outreach destinations and engages with residents and community-based organizations.

Knowledge Skills and Abilities

- Bilingual (English/Haitian Creole)
- Strong interpersonal and communication skills and the ability to work effectively with a wide range of constituencies in a diverse community.
- Knowledge of community agencies and resources.
- Working knowledge of multi-system outreach programs related to health care delivery, clinical education, and health-related services.
- Ability to plan, implement, and evaluate individual client care plans.
- Knowledge of transportation and other barriers to care that may be encountered by client.
- Ability to communicate medical information to health care professionals and care coordinators over the telephone.
- Skill in use of personal computers and related software applications, including e-mail.
- Skill in organizing resources and establishing priorities.
- Creative and analytical thinking.

Appendix I – Community Engagement Tools and Resources

What is Community Engagement?

The process of community engagement helps organizations implement a process to better understand the strengths, challenges, and barriers of an OHIZ community and lead to transformative change and achieve long-term and sustainable outcomes, processes, relationships, discourse and decision-making. Impactful community engagement requires elevating the voice of OHIZ residents through meaningful bidirectional interaction throughout the grant cycle and is sensitive to the community context in which it occurs.

Why is Community Engagement Important?

- Increases the likelihood that projects or solutions will be widely accepted. Residents who participate in these processes show significant commitment to help make the projects happen.
- Leverages local knowledge from within the OHIZ Community and provides opportunity to co-develop solutions that are practical and effective.
- Improve residents' knowledge and skills on navigating and transforming systems within the community.
- Increase inclusivity and community ownership in communities where residents often feel ignored.

Community Engagement Tools and Resources

- Community Toolbox <https://ctb.ku.edu/en/get-started>
- Community Engagement Planning Guide, City of Golden, CO <https://www.cityofgolden.net/media/CommunityEngagementPlan.pdf>
- Community Engagement Assessment Tool, Nexus Community Partners <https://www.nexuscp.org/wp-content/uploads/2017/05/05-CE-Assessment-Tool.pdf>
- Community Engagement Toolkit <https://ruralhealth.und.edu/assets/375-1008/community-engagement-toolkit.pdf>
- Community Engagement Toolkit [Center for Wellness and Nutrition's Community Engagement Toolkit](#)
- Resident Engagement Toolkit [ReThink Health's Resident Engagement Strategy Toolkit](#)
- Community Engagement Guide for Sustainable Communities [The Community Engagement Guide for Sustainable Communities](#)
- Association of American Medical Colleges Community Engagement Toolkits: <https://www.aamchealthjustice.org/resources/community-engagement-toolkits>.

Appendix J – Funding Matrix

Enter information in the table below relating to any active grants or contracts awarded by ODH to Applicant.

☐ Check this box if you do not currently have any active grants or contracts awarded by ODH.

Project Name	ODH Grant Program Name	<u>Start – End Dates</u> (Format: MM/DD/YY)	Funding Amount	ODH Program Contact