



MEMORANDUM

Date: June 27, 2023

To: Cribs for Kids® and Safe Sleep Subrecipients

From: Alicia Leatherman, Chief *AL*
Bureau of Maternal and Infant Vitality
Ohio Department of Health

Subject: CK24, October 1, 2023- September 30, 2024

The Ohio Department of Health (ODH), Bureau of Maternal and Infant Vitality has announced the availability of grant funds for statewide coverage.

All electronic applications and attachments are due by 4:00 p.m., July 24, 2023. Applications received after the due date will not be considered for funding. Faxed, hand-delivered or mailed applications will not be accepted.

Electronic application components must be submitted via the on-line Grants Management Information System (GMIS). For new staff requiring GMIS access, you must successfully complete GMIS training offered by ODH.

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

Submission of the **continuation application** constitutes acknowledgment and acceptance of ODH Grants Administration Policies and Procedures (OGAPP) Manual rules, policy and procedure updates posted on the GMIS Bulletin Board, and any other program-specific requirements as outlined in the competitive Solicitation. Reference the competitive Solicitation for more information. The competitive Solicitation for this grant program can be found on the ODH website at <https://odh.ohio.gov/about-us/funding-opportunities/sfy-23/ck-23-cribs-for-kids-and-safe-sleep>. Allotments will be established in GMIS by ODH. Please refer to the GMIS bulletin board for current allotment percentage.

If you have questions, please contact Kira Bryant at 614-728-9120 or e-mail at Kira.Bryant@odh.ohio.gov.

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I. CONTINUATION FUNDING APPLICATION GUIDANCE

100% Deliverable Funding

A. Policy and Procedures: The Continuation Funding Application consists of three parts: Program Updates(if applicable), Program Budget and Budget Narrative, and Other Required Attachments.

Submission of the continuation application constitutes acknowledgment and acceptance of ODH GAPP(OGAPP) manual rules, and any other program-specific requirements as outlined in the competitive Solicitation. This Solicitation pertains to budget period: Oct. 1, 2023-Sept. 30, 2024, of the total project period, Oct. 1, 2023-Sept. 30, 2024. Reference the competitive Solicitation for more information.

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

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

B. Number of Grants and Funds Available: The sources of funds supporting the Cribs for Kids® Safe Sleep Program are both state and federal funds. Up to 30 grants will be awarded a total amount of \$2,351,850. Only organizations that were funded through the CK23 competitive process will be eligible to apply. Funded organizations may subcontract with other entities to provide programs and services. Eligible continuation agencies may apply for up to \$250,000, depending on the number of families to be served (see Appendix I). Budgets should be based on the deliverable objectives compensation amounts in Appendix B-2 and the number of families to be served. Continuation funding amounts will be based on available funds, assessment of need, past performance as applicable, and the quality of the workplan.

The workplan must clearly describe the proposed number of families to be served within the service area, **with an anticipated breakdown by county for multi-county service areas**. The proposed number should be included in bold and be easy to find. The target number of families served should be at least 50 and less than 2,000, keeping in mind the program requirements, deliverable expectations, and past community needs.

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.

C. Formatting Requirements for Attachments:

- Properly label each item of the application packet (ex. 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 and fit on 8.5 x 11 paper when printed.
- Number all pages (print on one side only). Place agency name and GMIS number on each page.
- Use a 12-point font.
- Forms must be completed and submitted in the format provided by ODH.

D. Qualified Applicants:

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

1. Applicant does not owe funds in excess of \$1,000 to the ODH.
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, July 24, 2023.**

Additionally, the following is a list of subgrantees that facilitated the CK23 grant and are eligible to apply for the CK24 continuation:

Adams/Brown Counties Economic Opportunities, Inc.; Allen County Health Department; Butler County General Health District; Children's Hospital Medical Center – Akron; Cincinnati Health Department; Clark County Combined Health District; Columbus Public Health; Community Action Organization of Scioto County; Cuyahoga County Health Department; Delaware County General Health District; Erie County Health Department; Fairfield County Health Department; Gallia County General Health District; Henry County Health Department; Highland County Community Action Organization; Jefferson County General Health District; Licking County Health Department; Lorain County General Health District; Lucas County Regional Health District; Mahoning County District Board of Health; Miami County Health District; Ohio University; Perry County General Health District; Pickaway County General Health District; Public Health-Dayton & Montgomery County; Ross County Health District; Sandusky County General Health District; Shelby County-Sidney Health District; Stark County Health Department; and Trumbull County Health Department.

All applicants must be a local public or non-profit agency. Applicants should document a high need for safe sleep resources based on county Child Fatality Review and/or other data related to infant safe sleep.

- Applicants in Butler, Cuyahoga, Franklin, Hamilton, Lorain, Lucas, Mahoning, Montgomery, Stark, or Summit Counties must ensure they are connected with the local [Ohio Equity Initiative](#) (OEI) lead agency. OEI 2.0 was launched in 2018 with a target structure to ensure the program addresses the biggest drivers of inequities in poor birth outcomes and infant mortality in the 10 counties with the greatest racial disparities. Entities implement strategies to connect women to needed clinical or social services, work to adopt policy and practice changes to impact social determinants of health, increase capacity of local health departments to conduct racial equity work, and serve as local data experts for projects related to maternal and child health.
- Applicants must have partnerships with ODH Help Me Grow Home Visiting providers (Healthy Families America, Moms and Babies First, Nurse Family Partnership and Parents As Teachers) to ensure eligible families are served and referrals are 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. To identify partners, please visit <https://www.helpmegrow.org/Directories>.

- Applicants must connect with the Moms Quit for Two Program. The goal of the Moms Quit for Two subsidy program 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 and has experienced success supporting the implementation of the Baby & Me, Tobacco Free® model. To refer eligible individuals, submit a referral to www.babyandmetaboccofree.org (once there, click on the “Referral Submission” tab, select “Ohio,” and follow the steps to complete the referral).
- ODH will continue to provide an allotment of safe sleep kits that can be requested from Cribs for Kids® by each agency receiving a grant award, to serve families residing in the service area. These kits include a safety-approved portable crib, as well as supplemental items such as a fitted sheet and infant sleep sack. Safe sleep kits will be available to order *at no cost* to the subgrantee for delivery and must be utilized to serve eligible families for the grant program. (As a result, subgrantees will not be reimbursed for the safe sleep kits obtained from the provided allotment.) Safe sleep kits obtained through the allotment must be tracked and distributed to serve families for the grant program, with monthly reporting provided to ODH on all families served, including follow-ups.
 - Safe sleep kits must be provided to families at no cost. Sites distributing ODH funded safe sleep kits and cribs may not solicit nor accept payment, donations, or gifts in exchange for the cribs or safe sleep kits provided to families.
 - Instruction on how to set up the crib must be provided with the safe sleep kits.
 - Safe sleep programming, including education and messages, must adhere to the American Academy of Pediatrics (AAP) Policy Statement, *SIDS and Other Sleep-Related Infant Deaths: Updated 2022 Recommendations for a Safe Infant Sleeping Environment*.
 - ODH subgrantees and contractors working in maternal and infant health programs must utilize the [ODH Safe Sleep Policy](#).
- The target number of families served should be at least 50 and no more than 2,000, keeping in mind the program requirements and deliverable expectations. The total number of Medicaid births by county, based on Vital Statistics data, can be referenced (Appendix I) as an *approximate* estimate of the number of low-income births by county. As a general guideline, the proposed number of families to serve should not be greater than approximately 25% of the total number of Medicaid births as shown in Appendix I for all counties in the service area.

II. PROGRAM UPDATES:

Programs should review the Evidence of Health Equity Strategies Checklist in Appendix C of the competitive solicitation when drafting the program narrative, objectives, and workplan.

- A. Program Progress Report:** Attach the program progress report for the current grant period. If the program progress report is not scheduled to be submitted before the application due date, then it must be submitted with the application.
- B. Program Narrative:** Complete and submit a narrative statement (not to exceed five pages) which explains any changes to program scope, personnel, partnerships with agencies or organizations, or other information the subrecipient wishes to share for continuation funding. Additionally, please respond to the following:
 1. Indicate your family goal for grant year 2023 (10.0.2022-9.30.2023), the number served year to date, and if you and /or your partner agencies have a waitlist, including the total number of families on the waitlist.
 2. If you are proposing to serve more families than 25% of the total number of Medicaid births (as shown in Appendix I) for all counties in the service area, provide a justification. Justification may include information on

your current waitlist.

3. Describe your efforts for grant year 2023 (10.0.2022-9.30.2023), and plans for grant year 2024 (10.1.2023-9.30.2024), to reach the target population, including agencies for whom you collaborate, outreach efforts, and marketing strategies.
4. Describe any challenges and/or barriers you encountered toward reaching your family goal in grant year 2023 (10.0.2022-9.30.2023), including strategies you implemented to overcome the challenges and/or barriers.

C. Objectives and Work Plan: Complete and submit a short summary of any changes in the Specific, Measurable, Achievable, Results-Oriented, and Time-Based (SMART) objectives and submit an updated work plan. Reference the competitive Solicitation for information. This should be based on a review of the Progress Plans submitted to date. Provide a brief report addressing elements of each objective and activity, including current status (met, ongoing or unmet); major findings; and barriers and how barriers were addressed. Consider expanding to SMARTIE (Strategic, Measurable, Ambitious, Realistic, Time-bound, Inclusive, and Equitable) goals by describing the program activities and SMARTIE process, impact, or outcome objectives. You may maintain your activities, processes and objectives from previous years, but are encouraged to outline your intentional plans for inclusivity and equity. For information on SMARTIE objectives, please visit: The Management Center's From SMART to SMARTIE: How to Embed Inclusion and Equity in Your Goals: <https://www.managementcenter.org/resource>.



Workplan.docx



CK23
Solicitation.pdf

D. Documentation and Progress on Health Equity and Disparity Reduction Activities: Please provide detailed updates on the goals, objectives, and deliverables specified in the Competitive Solicitation relating to health equity. This information must be supported by data. Continuation Solicitations should prepare a summary of activities completed during the previous funding period to outreach to the priority populations and / or neighborhoods specified in their plan.

E. Program Budget: Prior to completing the budget section, reference the Competitive Solicitation for unallowable costs or Item 3 below and review criteria.

1. **Budget Narrative:** Provide a detailed budget justification narrative outlining how deliverables will be met. (A budget justification example can be found on the GMIS bulletin board posted on March 13, 2020. Use the budget justification document/template labeled "Budget Justification Deliverable Example Effective March 13, 2020.")

Bulletin Message		
Posted	3/13/2020	
Subject	Updated Budget Justification Templates	
Message	Attached are 3 budget justification template examples. One is for base funding only, one is for base and deliverable funding and the other is for signed by the agency head listed in GMIS for that subgrant program. Thanks	
Attachments	Description	File Name
	Uploaded File	Budget Justification Base Example Effective March 13 2020.doc
	Uploaded File	Budget Justification Base and Deliverable Example Effective March 13 2020.doc
	Uploaded File	Budget Justification Deliverable Example Effective March 13 2020.doc

For your convenience, a budget justification narrative example is available at <https://odhgateway.odh.ohio.gov/gmis/forms/BulletinForm.aspx>.

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.

2. 2024 Budget via GMIS: Complete requested budget information as follows:

- **Other Direct Costs:** Submit a budget for this section and the necessary form(s) to support costs for the period of Sunday, Oct. 1, 2023 to Monday, Sept. 30, 2024.

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

- **Compliance:** Answer each question on this form. Completion of the form ensures your agency's compliance with the administrative standards of ODH and federal grants.

3. 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.

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. Please refer to the OGAPP manual for additional information.

F. Other Application Requirements:

There are no additional application requirements.

a. Other Required Documentation:

- 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.

- **Audit:** Subrecipient agencies are responsible for submitting an audit report. Once an audit is completed, a copy must be sent to ODH via audits@odh.ohio.gov. Reference the GMIS Bulletin Board for more information.
- **Civil Rights Review Questionnaire — EEO Survey:** The Civil Rights Review Questionnaire (Equal Employment Opportunity) Survey is a part of the Application Section of GMIS. Subrecipients must complete the questionnaires as part of the application process. This questionnaire is submitted automatically with each application via the Internet.
- **Assurances Certification:** Each subrecipient must acknowledge the Assurances (Federal and State Assurances for Sub-grantees) form in 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.
- **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.)

- **For Non-Profit Organizations Only:**
 1. **Liability Coverage:** Liability coverage is required for all non-profit agencies. Non-profit organizations must submit documentation validating current liability coverage. Attach the current Certificate of Insurance Liability in GMIS.
 2. **Non-Profit Organization Status:** Non-profit organizations must submit documentation validating current status. If changed, attach in GMIS the Internal Revenue Services (IRS) letter approving non-tax exempt status.

G. Human Trafficking:

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

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

- a. Victims of human trafficking are included in your agency's target population that may include, but are not limited to the following:
 1. Populations at increased risk.
 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 Cribs for Kids® and Safe Sleep Subrecipients

H. Post Submission Requirements: Continuation applicants are required to submit subrecipient program and expenditure reports.

Note: Failure to assure quality of reporting such as 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: Subrecipient Program Reports must be completed and submitted via GMIS by the following dates. Program reports that do not include required attachments (non-Internet submitted) 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
Oct. 1 – 31, 2023	Nov. 10, 2023
Nov. 1 – 30, 2023	Dec. 10, 2023
Dec. 1 – 31, 2023	Jan. 10, 2024
Jan. 1-31, 2024	Feb. 10, 2024
Feb. 1-29, 2024	March 10, 2024
March 1-31, 2024	April 10, 2024
April 1-30, 2024	May 10, 2024
May 1-31, 2024	June 10, 2024
June 1-30, 2024	July 10, 2024
July 1-31, 2024	Aug. 10, 2024
Aug. 1-31, 2024	Sept. 10, 2024
Sept. 1-30, 2024	Oct. 10, 2024

- b. Subrecipient Reimbursement Expenditure Reports:** Subrecipient Monthly Expenditure Reports **must** be completed and submitted **via GMIS** by the following dates:

Period	Report Due Date
Oct. 1 – 31, 2023	Nov. 10, 2023
Nov. 1 – 30, 2023	Dec. 10, 2023
Dec. 1 – 31, 2023	Jan. 10, 2024
Jan. 1-31, 2024	Feb. 10, 2024
Feb. 1-29, 2024	March 10, 2024
March 1-31, 2024	April 10, 2024
April 1-30, 2024	May 10, 2024
May 1-31, 2024	June 10, 2024
June 1-30, 2024	July 10, 2024
July 1-31, 2024	Aug. 10, 2024
Aug. 1-31, 2024	Sept. 10, 2024
Sept. 1-30, 2024	Oct. 10, 2024

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

Period	Report Due Date
Oct. 1 – Dec. 31, 2024	Jan. 10, 2024
Jan. 1 – March 31, 2024	April 10, 2024
April 1 – June 30, 2024	July 10, 2024
July 1 – Sept. 30, 2024	Oct. 10, 2024

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

- c. Final Expenditure Reports:** A Subrecipient Final Expenditure Report reflecting total expenditures for the fiscal year must be completed and submitted **via GMIS** by 4:00 p.m. on or before Nov. 5, 2024 – fifth day of second month after grant period ends. 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 ALL Subrecipient Program and Expenditure Reports via the ODH’s GMIS system indicates acceptance of OGAPP. Clicking the “Submit” or “Approve” button signifies your authorization of the submission as an agency official and constitutes your electronic acknowledgment and acceptance of OGAPP rules and regulations.

III APPENDICES

- A. Continuation Solicitation ReimbursementType Form
- B. B1 Deliverable Descriptions:
 - B2 Deliverable Allocations
- C. ODH Evidence of Health Equity Strategies Checklist
- D. Funding Deliverable Scenario
- E. Grant Program Requirements and Guidance
- F. Infant Safe Sleep Grant Workplan
- G. Infant Safe Sleep County Rankings Top Quartile
- H. ODH Policy Acknowledgement and Acceptance
- I. Medicaid Birth Numbers by County

Appendix A

Submission
Required

CONTINUATION SOLICITATION
REIMBURSEMENT TYPE FORM

See due date below

Ohio Department of Health Office of
[Insert Office Name] Bureau of
[Insert Bureau Name]

ODH Program Title:
[Insert Program Name]

Reimbursement Type (check one)

Monthly

☐

OR Quarterly

☐

(Please note that no changes to the reimbursement type can be made after the project number is created in GMIS. No waivers/appeals will be accepted.)

Please print:

Current Project Number: _____

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.

Due to ODH by July 10, 2023.

Please email completed form to Maria Kapenda at Maria.Kapenda@odh.ohio.gov, copying Kira Bryant at Kira.Bryant@odh.ohio.gov.

Appendix B1 – Deliverable Descriptions

Name of Subgrant Program: Cribs for Kids®

Budget Period: October 1, 2023 September 30, 2024

of Deliverables: 6

Use Budget Justification Scenario #: 1

100% Deliverables

Deliverable — Objective 1: Serve Families.

Identification of Families: Distribute safe sleep environments to eligible families and provide education on safe sleep practices. Provide follow-up on education, tools, and resources provided to families.

Reimbursement for this deliverable is \$150.00 per family served.

Deliverable — Objective 2: Monthly Reporting.

Reporting: By the 10th of every month enter, track and report data in the ODH data system, GMIS. Provide a brief narrative describing efforts towards accomplishing deliverables by meeting the goals, objectives and strategies of the Cribs for Kids Grant using the monthly reporting template. Information for SFY24 will include information on the families receiving the crib and safe sleep education.

Reimbursement for this deliverable is \$1,000.00 monthly. Total reimbursement for this deliverable is \$12,000.00.

Deliverable — Objective 3: OIPP CIAG Participation.

Participate in at least 75% of Ohio Injury Prevention Partnership (OIPP) Community Injury Action Group (CIAG) Statewide Safe Sleep Subcommittee Calls and provide documentation by September 30, 2024 for one payment.

Reimbursement for this deliverable is \$1,000.00.

Deliverable — Objective 4: ODH Technical Assistance Participation.

Participate in 75% of the Ohio Department of Health technical assistance (TA) sessions. The TA sessions will be used to share best practices. Examples of topics include recruitment strategies, collaboration, partnership agreements, and current safe sleep data. Provide documentation by September 30, 2024, for one payment.

Reimbursement for this deliverable is \$1,000.

Deliverable — Objective 5: Conference and Training (Optional).

Attend conference(s) or training(s) pre-approved by ODH (in-state, out-of-state, and virtual may be considered for approval) related to the grant program, such as infant safe sleep and/or messaging (e.g., cultural competency for diverse audiences, health literacy) by September 20, 2024.

Reimbursement for this deliverable is up to \$1,500.

Deliverable — Objective 6: Stakeholder Engagement (Optional).

Convene a local collaborative, stakeholder or advisory group that includes multiple members and stakeholders (such as local hospitals, health care providers, local office of minority health, home visitors, community members, other partners etc.) to focus on the topic of infant safe sleep and related health disparities, barriers, and/or needs; to address cultural-specific messaging related to the AAP infant safe sleep recommendations; and to assess local referral processes. The group should meet at least four times per year and report progress and documentation (agenda and sign-in sheet) to ODH for reimbursement no more than quarterly for payments of \$1,000 per meeting.

Reimbursement up to \$4,000.

Appendix B2 – Deliverable Allocations

Appendix B2									
Cribs for Kids									
Budget Period: 10/1/2023-9/30/2024									
# of Deliverables: 6									
Deliverables Only									
Name of Subgrantee	Target to Serve	Per Family	Deliverable 1- (Identification, Education and Follow up) \$150 per family	Deliverable 2- (Reporting)	Deliverable 3- (Participate in ODH TA)	Deliverable 4- (Participate in CIAG Subcommittee Meeting)	Deliverable 5- (Training)	Deliverable 6- (Convene a local collaborative)	Total
Adams/Brown Counties Economic Opportunities, Inc.	214	\$150	\$32,100.00	\$12,000	\$1,000	\$1,000	\$1,500	\$4,000	\$51,600.00
Allen County Health Department	263	\$150	\$39,450.00	\$12,000	\$1,000	\$1,000	\$1,500	\$4,000	\$58,950.00
Butler County General Health District-	421	\$150	\$63,150.00	\$12,000	\$1,000	\$1,000	\$1,500	\$4,000	\$82,650.00
Ohio University	104	\$150	\$15,600.00	\$12,000	\$1,000	\$1,000	\$1,500	\$4,000	\$35,100.00
Clark County Combined Health District	219	\$150	\$32,850.00	\$12,000	\$1,000	\$1,000	\$1,500	\$4,000	\$52,350.00
Cuyahoga County Health Department	1488	\$150	\$223,200.00	\$12,000	\$1,000	\$1,000	\$1,500	\$4,000	\$242,700.00
Delaware County General Health District	70	\$150	\$10,500.00	\$12,000	\$1,000	\$1,000	\$1,500	\$4,000	\$30,000.00
Erie County Health Department	72	\$150	\$10,800.00	\$12,000	\$1,000	\$1,000	\$1,500	\$4,000	\$30,300.00
Fairfield County Health Department	153	\$150	\$22,950.00	\$12,000	\$1,000	\$1,000	\$1,500	\$4,000	\$42,450.00
Columbus City Health Department	1867	\$150	\$280,050.00	\$12,000	\$1,000	\$1,000	\$1,500	\$4,000	\$299,550.00
Gallia County General Health District	126	\$150	\$18,900.00	\$12,000	\$1,000	\$1,000	\$1,500	\$4,000	\$38,400.00
Cincinnati Health Department	1141	\$150	\$171,150.00	\$12,000	\$1,000	\$1,000	\$1,500	\$4,000	\$190,650.00
Henry County Health Department	151	\$150	\$22,650.00	\$12,000	\$1,000	\$1,000	\$1,500	\$4,000	\$42,150.00
Highland County Community Action Organization	155	\$150	\$23,250.00	\$12,000	\$1,000	\$1,000	\$1,500	\$4,000	\$42,750.00
Jefferson County General Health District	171	\$150	\$25,650.00	\$12,000	\$1,000	\$1,000	\$1,500	\$4,000	\$45,150.00
Licking County Health Department	394	\$150	\$59,100.00	\$12,000	\$1,000	\$1,000	\$1,500	\$4,000	\$78,600.00
Lorain County General Health District	334	\$150	\$50,100.00	\$12,000	\$1,000	\$1,000	\$1,500	\$4,000	\$69,600.00
Lucas County Regional Health District	760	\$150	\$114,000.00	\$12,000	\$1,000	\$1,000	\$1,500	\$4,000	\$133,500.00
Mahoning County District Board of Health	326	\$150	\$48,900.00	\$12,000	\$1,000	\$1,000	\$1,500	\$4,000	\$68,400.00
Miami County Health District	101	\$150	\$15,150.00	\$12,000	\$1,000	\$1,000	\$1,500	\$4,000	\$34,650.00
Public Health-Dayton & Montgomery County	860	\$150	\$129,000.00	\$12,000	\$1,000	\$1,000	\$1,500	\$4,000	\$148,500.00
Perry County General Health District	134	\$150	\$20,100.00	\$12,000	\$1,000	\$1,000	\$1,500	\$4,000	\$39,600.00
Pickaway County General Health District	57	\$150	\$8,550.00	\$12,000	\$1,000	\$1,000	\$1,500	\$4,000	\$28,050.00
Ross County Health District	158	\$150	\$23,700.00	\$12,000	\$1,000	\$1,000	\$1,500	\$4,000	\$43,200.00
Sandusky County General Health District	147	\$150	\$22,050.00	\$12,000	\$1,000	\$1,000	\$1,500	\$4,000	\$41,550.00
Community Action Organization of Scioto County	111	\$150	\$16,650.00	\$12,000	\$1,000	\$1,000	\$1,500	\$4,000	\$36,150.00
Shelby County-Sidney Health District	127	\$150	\$19,050.00	\$12,000	\$1,000	\$1,000	\$1,500	\$4,000	\$38,550.00
Stark County Health Department	536	\$150	\$80,400.00	\$12,000	\$1,000	\$1,000	\$1,500	\$4,000	\$99,900.00
Children's Hospital Medical Center - Akron	867	\$150	\$130,050.00	\$12,000	\$1,000	\$1,000	\$1,500	\$4,000	\$149,550.00
Trumbull County Health Department	252	\$150	\$37,800.00	\$12,000	\$1,000	\$1,000	\$1,500	\$4,000	\$57,300.00
Total	11779		\$1,766,850.00	\$360,000	\$30,000	\$30,000	\$45,000	\$120,000	\$2,351,850.00

Appendix C

ODH Evidence of Health Equity Strategies Checklist

This checklist should be used to support planning, implementation, and evaluation of equitable strategies to reduce disparities and overcome social determinants of health. This checklist is a guide to establish a baseline criterion that all projects funded by ODH to support alignment with established priorities to achieve optimal health for all Ohioans.

Health Disparities, Health Inequities, and Social Determinants of Health & Health Equity

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.

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>
Consider using the Community Wellbeing: Social Determinants of Health Dashboard. The Social Determinants of Health dashboard provides greater insight into the condition that impact Ohioans' ability to live a healthy lifestyle. The dashboard can be filtered by five (5) domains and over 100 attributes/metrics that impact health, including Economic Vitality, Neighborhood and Physical Environment, Healthcare Access and Quality, Education Access and Quality, and Social and Community Environment. Data is utilized from the Census Bureau, the Centers for Disease Control and Prevention, and American Community Survey at the census tract level which helps to understand which programing can most benefit specific communities. <https://data.ohio.gov/wps/portal/gov/data/view/social-determinants-of-health>
- 2) Identify geographic reference points (i.e., census tracts, census block groups, or zip codes) to specify where program activities are focused.
Consider using 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.

<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](#).
- 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.

Appendix D – Funding Deliverable Scenario

Reference CK23 Appendix C Deliverables of the Competitive Solicitation.

Appendix E – CK24 Grant Program Requirements and Guidance

Reference CK23 Appendix E Grant Program Requirements & Guidance of the Competitive Solicitation.

Appendix F - Infant Safe Sleep Grant Workplan

Infant Safe Sleep Grant Program (CK 24_____) Workplan

Agency Name: _____

GMIS # _____

October 1, 2023– September 30, 2024

Objective 1: Ensure infants have a safe sleep environment by providing identification & education of safe sleep environment; distribute; and follow-up on education, tools, and resources provided to family.

Deliverables (written as SMARTIE objectives)	Activity	Timeline & Number of Families Served	Benchmarks & Evaluation Measures	Staff Person	Partners
	Identification & Education				
	Distribute - List by county if serving multiple counties.				
	Follow-up				
	Provide # of ODH Cribs on Hand				

*Complete workplan for objectives 2-5.

Appendix G - Infant Safe Sleep County Rankings Top Quartile

Infant Safe Sleep County Risk Ranking – Top Quartile*

Cuyahoga
Franklin
Hamilton
Lucas
Summit
Butler
Mahoning
Stark
Lorain
Clark
Clermont
Montgomery
Scioto
Miami
Muskingum
Wayne
Clinton
Ross
Guernsey
Lake
Pickaway
Erie

**Alphabetical listing of counties ranked in the top quartile, compiled using data sources below: Overall rank from an average risk rank determined based on rankings for both 1) the number of Infant Sleep-Related Death Reviews from Ohio Child Fatality Review (CFR) data 2017-2021 and 2) IM Rate 2017-2021 ODH Bureau of Vital Statistics, 2021 Infant Mortality Report.*

Appendix H - ODH Policy Acknowledgement and Acceptance

Cribs for Kids &
Safe Sleep Grant
ODH Policy

Acknowledgment and Acceptance

*Drop shipping cribs directly requires partners to submit
this form.

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 [Ohio Department of Health \(ODH\) Safe Sleep Policy](#), and that the information contained therein will be shared with each partner site providing education and/or safe sleep environments/cribs. 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)

Appendix I - Medicaid Birth Numbers by County

County	Number of Medicaid Births (2021)	25% of Medicaid Births,(2021)
Adams	138	35
Allen	509	127
Ashland	147	37
Ashtabula	471	118
Athens	225	56
Auglaize	124	31
Belmont	272	68
Brown	167	42
Butler	1684	421
Carroll	85	21
Champaign	126	32
Clark	748	187
Clermont	656	164
Clinton	211	53
Columbiana	491	123
Coshocton	168	42
Crawford	197	49
Cuyahoga	5951	1488
Darke	169	42
Defiance	144	36
Delaware	278	70
Erie	286	72
Fairfield	613	153
Fayette	160	40
Franklin	7469	1867
Fulton	124	31
Gallia	171	43
Geauga	158	40
Greene	493	123
Guernsey	174	44
Hamilton	4563	1141
Hancock	248	62
Hardin	136	34
Harrison	79	20

Henry	84	21
Highland	248	62
Hocking	144	36
Holmes	45	11
Huron	254	64

Jackson	198	50
Jefferson	330	83
Knox	225	56
Lake	608	152
Lawrence	333	83
Licking	712	178
Logan	177	44
Lorain	1336	334
Lucas	2450	613
Madison	129	32
Mahoning	1303	326
Marion	68	17
Medina	344	86
Meigs	124	31
Mercer	98	25
Miami	405	101
Monroe	35	9
Montgomery	2946	737
Morgan	52	13
Morrow	89	22
Muskingum	473	118
Noble	48	12
Ottawa	99	25
Paulding	87	22
Perry	178	45
Pickaway	229	57
Pike	182	46
Portage	431	108
Preble	136	34
Putnam	61	15
Richland	637	159
Ross	448	112
Sandusky	232	58
Scioto	442	111
Seneca	234	59
Shelby	205	51
Stark	1717	429
Summit	2377	594

Trumbull	1009	252
Tuscarawas	344	86
Union	117	29
Van Wert	123	31
Vinton	77	19
Warren	481	120
Washington	69	17
Wayne	317	79
Williams	162	41
Wood	340	85
Wyandot	61	15

* Medicaid births defined by Medicaid listed as payor on the birth certificate.

Source: Ohio Department of Health Bureau of Vital Statistics, 2021.