



## MEMORANDUM

Date: January 17, 2024

To: Subrecipient agencies

From: Dyane Gogan Turner, MPH, RD/LD, IBCLC *DGT/AS*  
Chief, Bureau of Child and Family Health  
Ohio Department of Health

Subject: Services for Homeless Youths and Homelessness Pregnant Youths HY25 (July 1, 2024-June 30, 2025).

The Ohio Department of Health (ODH), Medical Director's Office, Bureau of Child and Family Health announces the availability of grant funds.

All electronic applications and attachments are due by 4:00 p.m., Monday, March 4<sup>th</sup>, 2024. 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](#).

If you have questions, please contact Jen Casertano at 614.561.9445 or e-mail at [Jennifer.casertano@odh.ohio.gov](mailto:Jennifer.casertano@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: July 1, 2024-June 30, 2025. of the total project period, July 1, 2023-June 30, 2025. Reference the competitive Solicitation for more information.

Subrecipient personnel paid using the deliverable funding must complete daily timesheets. Time and Effort reporting must be completed if staff are charged to multiple funding sources.

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 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:**

Zepf Center	\$149,298
CAA Columbiana	\$170,250
CAA Lancaster Fairfield	\$225,000
A Place For Me/ YWCA	\$225,000
Hospital Council of NW Ohio	\$99,750
Trumbull County Health Dept	\$110,250
Summit County Public Health	\$225,000

The Center for Healthy Families	\$225,000
Family and Community Services	\$75,000
Home for Families	\$225,000
Sojourners	\$225,000
Marion Goodwill	\$83,250
Kaleidoscope Youth Center	\$113,623

*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 ½ 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 Calibri 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. The Applicant does not owe funds to ODH and has repaid any funds due with 45 days of the invoice date.
2. Applicant has not been certified to the Attorney General's (AG's) office.
3. Applicant has submitted an application and all required attachments by **4:00 p.m. on Monday March 4<sup>th</sup>, 2024.**

**II. PROGRAM UPDATES:**

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

- A. Program Progress Report:** 1) **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 (do not exceed 10 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.
- C. Objectives and Work Plan:** Complete and submit a short summary of any changes in the Specific, Measurable, Achievable, Results-Oriented, Time-Based, Inclusive, Equitable. (SMARTIE) 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. The attached appendix E will serve as a workplan template. <https://www.managementcenter.org/resources/smart-to-smartie-embed-inclusion-equity-goals/>
- 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 completion of the budget section, reference the competitive Solicitation for unallowable costs and review criteria.

- 1. Budget Narrative:** Provide a budget justification narrative outlining how the deliverable will be met. (A budget justification example can be found on GMIS).

For your convenience, a budget justification narrative example is available on GMIS bulletin board.

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. 2025 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 7/1/2024 to 6/30/2025.

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

- **Compliance:** Answer each question on this form. Completion of the form ensured 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 (unless allowable by the grant).
14. Satisfying any requirement for the expenditure of non-federal funds as a condition for the receipt of federal funds.
15. Payments to any person for influencing or attempting to influence members of Congress or the Ohio General Assembly in connection with awarding of grants.

**Subrecipients will not receive payment from ODH grant funds used for prohibited purposes. ODH has the right to recover funds paid to subrecipients for purposes later discovered to be prohibited. Please refer to the OGAPP manual for additional information.**

**F. Other Application Requirements:**

**Program Specific Attachments:** Complete and submit the following attachments.

- Program assurance (appendix D)
- Workplan template (appendix E)
- Letter of support or letter of agreement from HMIS administrator.
- Letter of support or letter of agreement from local partners or planned subcontractors.

All attachments must be completed and submitted electronically. All attachments must clearly identify the authorized program name and GMIS project number.

**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](mailto:audits@odh.ohio.gov). Reference the GMIS Bulletin Board for more information.

- **Civil Rights Review Questionnaire — EEO Survey:** The Civil Rights Review Questionnaire (EEO) Survey is a part of the Application Section of GMIS. Subrecipients must complete the questionnaire as part of the application process. This questionnaire is submitted online automatically with each application.
- **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 new 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 register in SAM.gov and submit the information in the grant application. 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](http://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 lesbian-gay-bisexual-transgender-questioning individuals, individuals with disabilities, undocumented immigrants, runaway and homeless youth, temporary guest-workers, and low-income individuals.

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

- a. Victims of human trafficking are included in your agency's target population that may include, but are not limited to the following:
  - 1. Populations at increased risk
  - 2. Mental health population
  - 3. Homeless population
- b. Agencies that promote the expansion of services to identify and serve those affected by human trafficking.

☒ Applicable to Services for Homeless Youths and Homelessness Pregnant Youths.

**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. The attached appendix E will serve as a workplan template. This template will be updated monthly or quarterly and will be submitted as the program report. **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

Program report submission will match the expenditure report submission and will serve as documentation of deliverable activities. If a subrecipient elects to be reimbursed quarterly, they also must submit quarterly program reports with the same due dates. If a subrecipient elects to be reimbursed monthly, they must also submit monthly program reports with the same due dates.

*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 NOI AF). Please note that no changes can be made to the reimbursement type during the fiscal year once the project numbers have been established in GMIS. Subrecipient Monthly Reimbursement Expenditure Reports **must** be completed and submitted **via GMIS** by the following dates:

Period	Report Due Date
July 1 – 31, 2024	August 10, 2024
August 1 – 31, 2024	September 10, 2024
September 1 – 30, 2024	October 10, 2024
October 1 – 31, 2024	November 10, 2024
November 1 – 30, 2024	December 10, 2024
December 1 – 31, 2024	January 10, 2025
January 1 – 31, 2025	February 10, 2025
February 1-28, 2025	March 10, 2025
March 1-31, 2025	April 10, 2025
April 1-30, 2025	May 10, 2025
May 1-31, 2025	June 10, 2025
June 1-30, 2025	July 10, 2025

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

Period	Report Due Date
July 1, - September 30, 2024	October 10, 2024
October 1 – December 31, 2025	January 10, 2025
January 1 – March 31, 2025	April 10, 2025
April 1 – June 30, 2025	July 10, 2025

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

- c. **Final Expenditure Reports:** A Subrecipient final expenditure report reflecting total expenditures for the fiscal year must be completed and submitted **via GMIS** by 4:00 p.m. on or before August 5<sup>th</sup>, 2025. — 5<sup>th</sup> day of 2<sup>nd</sup> month after a 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, which 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 constitutes your authorization of the submission as an agency official and serves as your electronic acknowledgment and acceptance of OGAPP rules and regulations.***

## APPENDICES

- A. Continuation Solicitation Reimbursement Type Form
- B. B1 Deliverable — Objective Descriptions
- C. Evidence of Health Equity Strategies Checklist
- D. Program Assurance
- E. Work plan template/ sample program report
- F. Quarterly Data Reports-required elements

## Appendix A

### Submission Required

CONTINUATION SOLICITATION  
REIMBURSEMENT TYPE FORM

See due date below

Ohio Department of Health  
Bureau of Child and Family Health

*ODH Program Title:*  
SERVICES FOR HOMELESS YOUTHS  
AND HOMELESS PREGNANT YOUTHS  
(HY25)

**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 January 24, 2024

Please email completed form to Maria Kapenda ([Maria.Kapenda@odh.ohio.gov](mailto:Maria.Kapenda@odh.ohio.gov)).

## Appendix B1

**Name of Subgrant Program: Services for Homelessness Youths and Homeless Pregnant Youths**

**Budget Period: July 1, 2023-June 30, 2025**

**# of Deliverables: 6**

**Use Budget Justification Scenario #: 1**

### 100% Deliverables

***Deliverables 1-5 are required. Deliverable 6 is optional. ODH has determined a maximum cost for deliverable 1. The remaining deliverable costs should be included within the budget justification. It is required that the applicant include details on how cost was determined, including an estimate of how many youths will be served. The maximum award amount per year is \$300,000.***

#### **Deliverable — Objective 1: ODH Project Director Meetings and Community of Practice**

Subrecipients will be required to attend four in-person or virtual Project Director Meetings per year. The meeting dates and format will be determined at the beginning of the project period. Youth with lived experience will be invited to participate in two of the four project director meetings. In addition, ODH will host a bi-monthly Community of Practice. 2-4 staff from each agency should attend the monthly CoP and should include frontline staff, when appropriate. The CoP will be used as a way for subrecipients to review program data, share best practices and network with other providers across the state.

Cost: up to \$7,000; up to \$1,000 per Project Director meeting and up to \$500 per Community of Practice session. Youth incentives in the form of gift cards (not cash) should be given if youth with lived experience are participating in Project Director Meetings.

#### **Deliverable — Objective 2: Housing**

For provision of housing by the applicant, include housing project type and any associated costs (staff time, supportive services, agency costs) associated with the provision of housing. The application narrative should include project type, estimated number of youth served throughout the project, including historical data. If the agency does not plan to provide housing, but will be coordinating housing services with another agency (or multiple), a letter of commitment should be included with the application and the information below should be included with the application.

Housing: The description of the deliverable should include the housing project type(s) that will be offered. The cost for the deliverable should include costs per project type. If rental assistance is being offered through the housing deliverable, the costs should be calculated on the workplan template using projected number of youth served and market pricing in the community. Applicants may utilize multiple project types to provide housing.

#### **Project Types:**

- a. **Transitional Housing/ Transitional Living:** housing and accompanying supportive services to homeless individuals or families for up to 24 months to assist with stability and support to successfully move to and maintain permanent housing.
- b. **Rapid Re-housing:** provides housing relocation and stabilization services and short-and/or medium-term rental assistance as necessary to help a homeless individual or family move as quickly as possible into permanent housing and achieve stability in that housing.

- c. **Emergency housing/shelter:** A project that offers temporary shelter for youth.
- d. **Drop-in center\*:** A project that offers daytime facilities and services for youth (no lodging).
- e. **Street Outreach\*:** Community based services for unsheltered youth with clearly defined housing-based outcomes.
- f. **Homelessness prevention:** A project that offers services and/or financial assistance necessary to prevent a person from moving into an emergency shelter or place not meant for human habitation.
- g. **Supportive Services only:** Community based services for youth with clearly defined housing-based outcomes.
- h. **Other pilot programs:** a project that does not fit within any other project type, with an ultimate goal of stable housing for youth.

\*Some of the project types, such as street outreach, supportive services only or drop-in centers, do not directly provide housing. These project types are included within this deliverable, as the ultimate end goal for all of the project types listed is the procurement of stable housing for young people. These project types should be included within this deliverable on the workplan and within the budget and budget narrative.

#### **Deliverable — Objective 3: Supportive Services.**

The supportive services deliverable should include any costs associated with supportive services (outside of those included in deliverable 2). These may include providing services or increasing access to services by removing barriers. These services may be related to physical and mental health, education or employment, support with connection with community. Costs can include staff time, travel or transportation costs, costs associated with assisting youth access identification documents such as birth certificates, social security cards or identification cards or related costs.

#### **Deliverable – Objective 4: Outreach to identify youth experiencing homelessness.**

Applicants should include detailed plans to identify and connect with youth experiencing homelessness in their communities. Efforts can include outreach to the community to raise awareness for youth homelessness. In addition to community outreach, efforts should ensure that the most vulnerable youth in the community are connected to resources. Description of this work should include data around youth served related to certain data elements, such as those whose prior residence was unsheltered or for youth who had no income prior to entry. Street outreach project type from deliverable 2 should also be considered.

#### **Deliverable — Objective 5: Data collection Through HMIS**

Funded agencies are required to use Homeless Management Information Systems (HMIS) for data collection through this grant. Exceptions include agencies who were funded through the previous ODH HY or TH grants and were approved to use a comparable database\*. Quarterly data reports will be due to ODH. A list of required data elements and quarterly report due dates are attached in appendix F. A letter of support or formal MOU with regional HMIS administrator is required.

Costs associated may include staff time, office supplies or materials associated with data collection needs, training costs, and contracts with HMIS administrator. **Quarterly program report must be submitted before agency can request reimbursement for data collection costs. If an agency chooses to be reimbursed monthly, they will not be able to request reimbursement for this deliverable until after the first quarterly data report is submitted.**

\*For agencies who have previously been approved to use a comparable database by ODH, applicant must include a letter of support from the contracted data vendor that they are able to comply with the updated data elements and can meet the deadlines for data quarterly reports.

#### **Deliverable — Objective 6: Youth Advisory Committee (optional)**

While engaging with youth with lived experience in programming is not optional, there is also a recognition that a formal

youth action board or advisory committee can require extensive time commitment and/or resources. In addition, ODH recognizes that many agencies or communities already have strong youth action boards. This optional deliverable is to support the creation or enhancing of a youth action board or youth advisory committee. These funds can be used for staff time or other resources to support the work, including incentives for youth in the form of gift cards. Cash payment to youth cannot be used within this deliverable.

## 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, 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.

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

- 1) Identify specific groups who experience a disproportionate burden of disease, health condition or health outcome targeted by this solicitation. See Ohio's State Health Assessment Ohio's health data. <https://odh.ohio.gov/wps/portal/gov/odh/explore-data-and-stats/interactive-applications/2019-online-state-health-assessment>
- 2) Identify geographic reference points (i.e., census tracts, census block groups or zip codes) to specify where program activities are focused. Ohio Health Improvement Zones (OHIZ) refers to the socioeconomic and demographic factors that affect the resilience of individuals and communities – the ability to prevent human suffering and financial loss in a disaster. By understanding where these populations are located and what factors contribute to their levels of risk, Ohio Health Improvement Zones can aid in all phases of improving health in communities. Interactive maps, census tract information and more can be found on the OHIZ Dashboard, here: <https://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 aimed at eliminating disparities and achieving health equity. They are not required, but highly encouraged to use.

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

Appendix D

ORC 3701.034 Assurance

If funded for the Services for Homeless Youths and Homelessness Pregnant Youths (HY) grant, agency certifies it will comply with Ohio Revised Code 3701.034, which prohibits state funding to be used to perform or promote nontherapeutic abortions.

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(signature)

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(title)

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(date)

## Appendix E- Workplan/ Monthly Report Template

Deliverable 1: Project Director Meetings and Community of Practice				
Example SMARTIE Goal: By 6/30/24, ABC agency staff will attend all 4 project director meetings and all monthly CoP sessions.				
Date	Event	Who attended	Cost	
Deliverable 2: Housing				
example SMARTIE goal: By 6/30/24, ABC agency will provide housing services through rapid rehousing, street outreach and emergency housing to XXX youth				
Project type	Monthly Activities:	Number served:	Total Cost:	
Deliverable 3: Supportive Services				
SMARTIE Goal:				
Type of services	Example Monthly Activities:	Number Served:	Total Costs:	
Health Services	Direct health services, referrals, transportation, linkage to resources			
Behavioral Health Services	Direct behavioral health services, referrals, transportation, linkage to resources			
Education or employment services	Assistance with employment resources or training, transportation, clothing, books/supplies			
Access to identification documents	Fees, access to services, transportation			
Deliverable 4: Outreach to identify youth experiencing homelessness				
SMARTIE Goal:				

Type of outreach (examples):	Monthly activities	Number served:	Total cost
street outreach			
community events			

Deliverable 5: Data Collection in HMIS			
SMARTIE Goal:			
Monthly Activities:			Cost:

Deliverable 6: Youth Advisory Board (optional)				
SMARTIE Goal:				
Monthly activities:				

Appendix F  
Required Data Elements

Data Element Type (HUD)	Element Number	Data Element
Universal	3.01	Name
Universal	3.02	Social Security Number
Universal	3.03	Date of Birth
Universal	3.04	Race
Universal	3.05	Ethnicity
Universal	3.06	Gender
Universal	3.07	Veteran Status
Universal	3.08	Disabling Condition
Universal	3.10	Project Start Date
Universal	3.11	Project Exit Date
Universal	3.12	Destination
Universal	3.15	Relationship to Head of Household
Universal	3.16	Client Location
Universal	3.20	Housing Move-In Date
Universal	3.917	Prior Living Situation
Project Specific	4.02	Income and sources
Project Specific	4.03	Non-cash benefits
Project Specific	4.04	Health insurance
Project Specific	4.05	Physical Disability
Project Specific	4.06	Developmental Disability
Project Specific	4.07	Chronic Health Condition
Project Specific	4.08	HIV/AIDS
Project Specific	4.09	Mental Health Problem
Project Specific	4.10	Substance Abuse
Project Specific	4.11	Domestic violence
Project Specific	4.12	Current living situation – For SO,SSO and CE Projects Only
Federal Partner Program – RHY	R1	Referral source
Federal Partner Program – RHY	R3	Sexual orientation
Federal Partner Program – RHY	R4	Last grade completed
Federal Partner Program – RHY	R5	School status
Federal Partner Program – RHY	R6	Employment status
Federal Partner Program – RHY	R7	General health status
Federal Partner Program – RHY	R8	Dental health status
Federal Partner Program – RHY	R9	Mental health status
Federal Partner Program – RHY	R10	Pregnancy status
Federal Partner Program – RHY	R11	Formerly ward of child welfare/foster care agency

Federal Partner Program – RHY	R12	Formerly ward of juvenile justice system
Federal Partner Program – RHY	R14	RHY Service Connections
Federal Partner Program – RHY	R15	Commercial exploitation/sex trafficking
Federal Partner Program – RHY	R16	Labor exploitation/ trafficking
Federal Partner Program – RHY	R17	Project completion status
Federal Partner Program – RHY	R18	Counseling
Federal Partner Program – RHY	R19	Safe and appropriate exit

<b>RHY Service Connections Detail (Element R14)</b>	
<b>Response Category</b>	<b>Description</b>
Community Service/Service Learning	Activities that involve youth in helping others or the community.
Criminal Justice/Legal Services	Legal services or guidance provided through an attorney or an attorney-supervised paralegal.
Education	Includes learning disability assessment, tutoring, GED preparation, local school enrollment, vocational education, etc.
Employment and/or Training Services	Includes services related to helping young people obtain and retain employment, such as assessment, coaching, filling out applications, interviewing, practicing and conducting job searches, referrals, and job maintenance skills.
Health/Medical Care	Provision of general health care or surgical services by licensed medical practitioners.
Home-based Services	Includes any range of services offered at home, usually aimed at keeping a youth from running away or the family stabilized.
Life Skills Training	Includes formal and informal coaching and training in communications skills, health promotion, conflict/anger management, assertiveness, goal setting, budgeting, life planning, nutrition, hygiene, etc.
Parenting Education for Youth with Children	Services designed to build improved parenting skills for RHY clients with children.
Post-natal Newborn Care	Services and healthcare provided to the baby after birth, including wellness exams and immunizations.
Post-natal Care for Mother	Services and healthcare provided to the mother after birth, including wellness exams and immunizations.
Pre-natal Care	Services and healthcare provided to expectant clients to ensure a healthy pregnancy, labor, and delivery.
STD Testing	Procedures to test for a range of Sexually Transmitted Infections
Street-based Services	Services provided to youth on the street, including gateway services, assessment, harm reduction, crisis stabilization, and continuum service linkages.
Substance Abuse Treatment	Any research-based youth treatment service aimed at stopping substance use disorders and related problems.
Substance Abuse Ed/Prevention Services	Comprehensive assessment of an individual's current or past involvement with alcohol and/or drugs and/or provision of treatment, including screening, aimed at stopping their substance abuse.