




MEMORANDUM

Date: March 28, 2022

To: Ohio Health Improvement Zones Pilot Project: Competitive Applicants

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

Subject: Notice of Availability of Funds
July 1, 2022- May 31, 2023

The Ohio Department of Health's (ODH) Office of Health Opportunity (OHO) announces the availability of funds to support the Ohio Health Improvement Zones Pilot Project.

All applications and attachments are due by 4:00 p.m. on Monday, May 9, 2022. Electronic applications received after Monday, May 9, 2022, will not be considered for funding. Faxed, hand-delivered or mailed applications will not be accepted.

All potential applicants are encouraged to attend a Bidders' Conference that will be held via webinar on **Monday, April 4, 2022 from 9:30 am to 10:30 am.** The Bidders' Conference will provide an opportunity for interested parties to learn more about the Request for Solicitation.

Microsoft Teams Meeting Link

[Click here to join the meeting](#)

Call-in Information

(614) 721-2972, Meeting ID: 678690411

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

The Bidders' Conference will attempt to be recorded, but we cannot guarantee the availability of a recording.

This is a competitive solicitation; all interested parties must submit a Notice of Intent to Apply for Funding (NOIAF—Appendix A), no later than 4:00 p.m. on Friday, April 08, 2022 to be eligible for these funds.

All grant applications must be submitted via the Internet, using the Grants Management Information System (GMIS 2.0). Applicants must attend or must document, in writing, prior attendance at GMIS 2.0 training in order to receive authorization for Internet submission. **Please complete and submit the ODH GMIS 2.0 Form (Appendix B) no later than 4:00 p.m. on Friday, April 08, 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. If you have questions, please contact Lei'Ana Riggs at Leiana.Riggs@odh.ohio.gov.

Important Date Reminders:

- Bidders' Conference— Monday April 4, 2022, from 9:30 am to 10:30 am
- Notice of Intent to Apply for Funds (Appendix A)—Friday, April 08, 2022, by 4:00 pm
- ODH GMIS 2.0 Form (Appendix B), *if applicable*—Friday, April 08, 2022, by 4:00 pm
- Applications Due—Monday, May 9, 2022, by 4:00pm

ALL APPLICATIONS MUST BE SUBMITTED VIA THE INTERNET

OHIO DEPARTMENT OF HEALTH

OFFICE OF HEALTH OPPORTUNITY

Ohio Health Improvement Zones Pilot Project OI23
SOLICITATION FOR FISCAL YEAR 2022
(7/1/2022- 5/31/2023)

Local Public Applicant Agencies

Non-Profit Applicants

COMPETITIVE GRANT APPLICATION INFORMATION
100% Deliverable Funding

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

TABLE OF CONTENTS

I. APPLICATION SUMMARY and GUIDANCE	
A. Policy and Procedure	2
B. Application Name	3
C. Purpose	3
D. Qualified Applicants	3
E. Service Area	4
F. Number of Grants and Funds Available	4
G. Due Date	6
H. Authorization	6
I. Goals	6
J. Program Period and Budget Period	6
K. Public Health Accreditation Board Standards	6
L. Public Health Impact Statement	6
M. Human Trafficking	8
N. Appropriation Contingency	9
O. Programmatic, Technical Assistance and Authorization for Internet Submission	9
P. Acknowledgment	9
Q. Late Applications	9
R. Successful Applicants	9
S. Unsuccessful Applicants	9
T. Review Criteria	9
U. Freedom of Information Act	10
V. Ownership Copyright	10
W. Reporting Requirements	10
X. Special Condition(s)	12
Y. Unallowable Costs	12
AA. Audit	13
AB. Submission of Application	14
II. APPLICATION REQUIREMENTS AND FORMAT	
A. Application Information	15
B. Budget	15
C. Assurances Certification	15
D. Project Narrative	15
E. Civil Rights Review Questionnaire – EEO Survey	19
F. Federal Funding Accountability and Transparency Act (FFATA) Requirement	19
G. Attachment(s)	20
III. APPENDICES	
A. Notice of Intent to Apply for Funding	
B. GMIS Access Request Form	
C. C1. Deliverable – Objective Descriptions C2. Deliverable – Objective Allocations	
D. Application Review Form	
E. OHIZ Framework	

- F. Rural Counties List
- G. Community Engagement Tools and Resources
- H. Workplan Template
- I. Funding Matrix
- J. Health Improvement Partner Engagement Worksheet
- K. Monthly Status Report Template
- L. Health Improvement Partners Log Template

I. APPLICATION SUMMARY and GUIDANCE

An application for an Ohio Department of Health (ODH) grant consists of a number of required components including an electronic portion submitted via the Internet website “ODH Application Gateway” 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, [insert date] 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: Ohio Health Improvement Zones Pilot Project OI23

C. Purpose: The Project will provide flexible funding to establish or expand place-based initiatives seeking to address social determinants of health (SDoH) and improve healthy behaviors of residents through meaningful community engagement and cross sector collaboration in Ohio Health Improvement Zones.

Successful OHIZ Pilot Projects will:

- Be community- and resident-centered and focused on achieving community engagement that is meaningful, transformational, and seeks to positively change the dynamics between community residents and public health or other public and private community systems, such as public safety, public recreation or local businesses.
- Identify an engagement and assessment process with community residents and grassroots organizations to support development, implementation, and evaluation of projects that build local capacity to remove barriers to health in Ohio's most socially vulnerable neighborhoods.
- Marshal and align resources and efforts from cross-sector community partners to implement community-developed interventions aimed at achieving clear goals as identified through an engagement and assessment process.
- Address the social determinants of poor health, including personal choices, options for making positive health decisions, and systems that shape the conditions of daily life. These forces and systems include economic stability and vitality, education access and quality, health care access and quality, neighborhood and built environment, and social and community context. For more information on Social Determinants of Health please visit US Department of Health and Human Services, Healthy People 2030 goals: <https://health.gov/healthypeople/objectives-and-data/social-determinants-health>.
- Seek to develop community-led, sustainable infrastructures and systems that ensure equitable and just access
- of resources and supports.
- Create a model for scalable and lasting change in the lives of the people with the greatest barriers to health.

D. Qualified Applicants: All applicants must be a local public or non-profit agency including local government entities, hospital systems, colleges and universities who can demonstrate existing ties or relationships to the OHIZ eligible community or grassroots organizations serving the OHIZ eligible community they intend target.

Non-Local Health District (LHD) applicants must include a letter of support from the LHD responsible for the jurisdiction in which of the selected OHIZ eligible community is located.

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, May 9, 2022.**

- E. Service Area:** Social factors like poverty, unemployment, housing, education, and the food system collectively exert an impact on health. Even life expectancy can now be predicted by zip code. Current data tells us that often social determinants of poor health and threats to resilience coexist in communities. For example, the same communities that lack access to healthy food are also likely to face other barriers, such as large numbers of single-parent households, lack of access to high-performing schools, or lack of access to safe and affordable housing and transportation. Many of these communities were also disproportionately impacted by the COVID-19 pandemic, which had its earliest and most severe impacts on communities who experience many social determinants of poor health. This pilot will prioritize Ohio's most vulnerable communities for effective interventions that go upstream to address the systemic social determinants of health (SDoH).

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>.

Applicant agencies will identify one singular, or multiple contiguous, census tracts identified by ODH as Ohio Health Improvement Zones for focus of this grant activity. The OHIZ Pilot Grant Project will develop or build on existing place-based initiatives in OHIZ communities that bring multiple partners together to develop a shared vision and goals for improving community conditions that impact health. Through the creation and implementation of sustainable, community-led plans of action the OHIZ Pilot Grants will help ensure a fair and just opportunity for all Ohioans to be as healthy as possible and to mitigate factors that contributed to the severity of the COVID-19 outbreak on Ohioans in Health Improvement Zones.

- F. Number of Grants and Funds Available:** Subgrants will be awarded to up to forty (40) of the highest scoring qualified applicants until available funds are exhausted. The total amount available for the OHIZ Pilot Grant Project is \$6,890,000 total.

G.

The Ohio Health Improvement Zone funds are intended to provide flexible funding to support community engagement, partnership development and project implementation costs that address and elevate the SDoH within the three Key Activities listed below.

1. Key Activity 1: Engage and Assess – max award \$100,000

- Conduct meaningful, transformational community engagement and partnership development in the OHIZ eligible area that seeks to positively change the dynamics between community residents and public health or other systems.
- Engage individuals in the community to determine perceptions of the highest priority issues facing the community that threaten or limit optimal health of residents.

- Review and synthesize data from any existing community assessments. Through community engagement and evaluation of recent data, create a new assessment specific to the OHIZ census tract(s) of focus.
- During implementation of the project, the recipient must produce one community assessment and one asset map of the OHIZ Community and solidify formal relationships with a variety of key public and private partners who have existing relationships and interests in the OHIZ community of focus.

2. Key Activity 2: Engage and Implement -max award \$200,000

- Working with residents of the OHIZ communities and key public and private partners, develop strategies (including specific and measurable goals) for addressing social determinants of health specific to the OHIZ of focus.
- Leverage cross sector partnerships and community assets to implement the defined strategies and address the SDoH key activity identified as the highest priority in the community needs assessment that includes feedback from community residents.
- Any submitted needs assessments or community maps must have been completed within the past four calendar years (2018, 2019, 2020, 2021).

3. Key Activity 3: Expand or Sustain – max award \$150,000

- Expand or sustain a previous investment or intervention which is ongoing to address SDoH in an OHIZ eligible community.
- These entities must demonstrate previous community needs assessment, meaningful community engagement efforts and cross sector public and private community partnerships.

Applicants may select more than one Key Activity, serve more than one OHIZ eligible census tract, or contiguous eligible census tracts, and implement more than one OHIZ Key Activity in the same proposal. Staffing plans must support the scope and size of the OHIZ Key Activities. **The maximum award per applicant is \$500,000.**

Applicant proposals must include a plan to achieve each of the following activities for each OHIZ eligible census tract, or contiguous eligible census tracts in the proposal:

1. A community needs and assets assessment informed by OHIZ Community residents.
2. An intervention or activity developed with the input and ongoing engagement of OHIZ community residents.
3. Serve a one singular or multiple contiguous Ohio Health Improvement Zone census tracts.

Example 1: An Applicant may propose two OHIZ Projects in two, non-contiguous, OHIZ Communities.

On the westside of a city, partners are very engaged and have a project already ongoing. Applicants can submit evidence of engagement of OHIZ Community and an ongoing project as attachments and propose an Activity 3 intervention or activity that would continue to expand current activities. On the eastside of town, partners are engaged, and they want to implement a new project. Applicants can submit evidence of the required community engagement, commitment from cross sector public and private partners, the community needs and assets assessment and/or asset map and propose an Activity 2 strategy.

Example 2: An Applicant may choose to propose two OHIZ Projects in one OHIZ Community.

Partners in one OHIZ Community conducted a needs assessment and needs were identified for increased access to healthy food options and for safe places for children to play. Applicants can submit evidence of the required community engagement, commitment from cross sector public and private partners, and the community needs and assets assessment along with two proposed Activity 2 strategies: one targeting increased access healthy food options and another to invest in safe places of play.

OHIZ Projects may not serve non-contiguous census tracts in the same project or be implemented without a community needs and asset assessment informed by the OHIZ Community and appropriate cross sector partnerships.

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.

- H. Due Date:** All parts of the application, including any required attachments, must be completed and received by ODH electronically via GMIS or by mail to the Office of Health Opportunity, Ohio Department of Health, 246 N. High St. Columbus, OH 43215 by **4:00 p.m. by Monday, May 9, 2022**. Applications and required attachments received after this deadline will not be considered for review.

Please contact Lei'Ana Riggs at (614) 980-4253 or LeiAna.Riggs@odh.ohio.gov in the Office of Health Opportunity with any questions.

- I. Authorization:** Authorization of funds for this purpose is contained in the Catalog of Federal Domestic Assistance (CFDA) Number 93.391.
- J. Goals:** The OHIZ model is based on a theory of change that community driven solutions supported with diverse and comprehensive investments can create meaningful and lasting change needed to improve health of the community. Change in communities can include changes in knowledge, skills, behaviors, resources, and conditions of the individuals who live in the communities. While these individual-level changes are critical building blocks to community improvement, there must also be a change in the institutions, service systems, partnerships, business practices, public policies and public will that create opportunities for individuals to thrive.

The goals for the OHIZ Pilot Project are to:

- Support strategies for both individual and community level change through community engagement and activation.
- Support systems change through alignment of resources around specific communities with multiple barriers to health.

- K. Program Period and Budget Period:** The project period dates are July 1, 2022 to May 31, 2023.

- L. Public Health Accreditation Board (PHAB) Standard(s):** Identify the PHAB Standard(s) that will be addressed by grant activities. [(An example is: This grant program will address PHAB standard 3.1: Provide Health Education and Health Promotion Policies, Programs, Processes, and Interventions to Support Prevention and Wellness.)] The PHAB standards are available at the following website:

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

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

1. Public Health Impact Statement Summary — Applicant agencies are required to submit a summary of the proposal to local health districts prior to submitting the grant application to ODH. The program summary, not to exceed one page, must include:

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

- **Standard 1.3:** Analyze Public Health Data to Identify Trends in Health Problems, Environmental Public Health

Hazards, and Social and Economic Factors that Affect the Public's Health.

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

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

2. *Public Health Impact Statement of Support* —If applicant is not a local health department, they must include a letter of support from each local health district(s) responsible for the jurisdiction in which an OHIZ Project is implemented.

3. *Evidence of Health Equity Strategies*

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

- Identify specific groups who experience a disproportionate burden of disease, health condition or health outcome targeted by this solicitation.
- Identify geographic reference points (i.e., census tract FIPS codes) to specify where program activities are focused.
- 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.
- 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.
 - 2030 Target Setting Methodologies for Objectives in Healthy People 2030:
<https://www.healthypeople.gov/sites/default/files/TargetSettingReport-8-6-18%20FINAL.pdf>
- 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.

- a. 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. Local Health Departments may provide their Community Health Improvement Plans on their websites.
 - Healthy People 2030: <https://health.gov/healthypeople>
 - State Health Improvement Plan (SHIP): <https://odh.ohio.gov/wps/portal/gov/odh/about-us/sha-ship>
 - Local County Health Assessments: <https://odh.ohio.gov/about-us/Local-Health-Departments/Population-Health-Plans-Assessments>
 - Ohio Public Health Information Warehouse: <https://publicapps.odh.ohio.gov/EDW/DataCatalog>
- b. Develop staffing plans where board members, leadership and program staff reflect the race, ethnicity, background, and/or culture of the population being served.
- c. 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.
- d. Establish non-traditional partnerships among different sectors of the community (e.g., faith-based organizations, local businesses, universities, healthcare, parks and recreation) 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.

Health is largely determined by where people live, learn, work, play, and age. 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 of diseases or health conditions, and/or mortality rates.

Health disparities are unnatural and can be attributed to life circumstances such as, socioeconomic status, race or 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 health 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 are 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:

1. Victims of human trafficking are included in your agency's target population.
 - a. At-risk population
 - b. Mental health population
 - c. Homeless population
2. Agency promotes the expansion of services to identify and serve those affected by human trafficking.

☐ Applicable ☒ Not Applicable to Ohio Health Improvement Zones Pilot Project

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 NOI AF. Please contact Lei'Ana Riggs at (614) 980-4253 or LeiAna.Riggs@odh.ohio.gov in the Office of Health Opportunity for questions regarding this Solicitation.

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

Q. Late Applications: GMIS automatically provides a time and date system for grant application submissions. Required attachments and/or forms sent electronically must be transmitted by the application due date. Required attachments and/or forms mailed that are non-Internet compatible must be postmarked or received on or before the application due date of **Monday, May 9 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 objectives of the Ohio Health Improvement Zones Pilot Project for which grant dollars are being made available;
3. Is well-executed and demonstrates Applicant capacity and capability of attaining program objectives;
4. Describes Specific, Measurable, Attainable, Realistic & Time-Phased (S.M.A.R.T.) objectives, activities, milestones and outcomes with respect to timelines and resources;
5. Estimates reasonable cost to the ODH, considering the anticipated results;
6. Indicates that program personnel are well qualified by training and/or experience for their roles in the program and the applicant organization has adequate facilities and personnel that reflect the communities served through grant funds;
7. Provides plans for evaluation, 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 Ohio Grants Administrative Policies and Procedures (OGAPP);
11. Explicitly identifies specific OHIZ Communities who experience a disproportionate burden of diseases; health condition(s); and describes how the Applicant will engage with those in the OHIZ Community.
12. Describe activities which support the requirements outlined in sections I. thru M. of this Solicitation; and
13. Review the Application Review Form (Appendix D) for further details of scoring.

The ODH will make the final determination and selection of successful/unsuccessful applicants and reserves the right to reject any or all applications for any given Solicitations. **There will be no appeal of the Department's decision.**

U. Freedom of Information Act: The Freedom of Information Act (5 U.S.C.552) and the associated Public Information Regulations require the release of certain information regarding grants requested by any member of the public. The intended use of the information will not be a criterion for release. Grant applications and grant-related reports are generally available for inspection and copying except that information considered being an unwarranted invasion of personal privacy will not be disclosed. For guidance regarding specific funding sources, refer to: 45 CFR Part 5 for funds from the U.S. Department of Health and Human Service.

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, Ohio Health Improvement Zones Pilot Program 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 adhere to the requirements of the OGAPP manual. Reports must be received in accordance with the requirements of the OGAPP manual and this Solicitation; before the department will release any additional funds.

Note: Failure to ensure the quality of reporting by submitting incomplete and/or late program or expenditure reports will jeopardize the receipt of future agency payments.

Reports shall be submitted as follows:

1. **Program Reports:** Subrecipients Program Reports must be completed and submitted via GMIS, as required by the subgrant program by the following dates. **Program reports that do not include required attachments will not be approved.** All program report attachments must clearly identify the authorized program name (OI23) and grant number.

☒ Program Reports Required

☐ No Program Reports Required

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

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

2. Required Meetings

Dates for the required meeting listed below will be provided after a notice of award is issued.

- a. OHIZ Kickoff Meeting
- b. OHIZ Quarterly Collaborative Calls
- c. Monthly Technical Assistance Calls
- d. OHIZ Evaluation Team Meetings

3. 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, 2022	August 10, 2022
August 1 – 31, 2022	September 10, 2022
September 1 – 30, 2022	October 10, 2022
October 1 – 31, 2022	November 10, 2022
November 1 – 30, 2022	December 10, 2022

December 1 – 31, 2022	January 10, 2023
January 1 – January 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: **(please see example below)**.

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

AA. Audit: Subrecipients currently receiving funding from the ODH are responsible for submitting an independent audit report. Every subrecipient will fall into one of two categories which determine the type of audit documentation required.

Subrecipients that expend \$750,000 or more in federal awards per fiscal year are required to have a single audit which meets OMB's Federal Uniform Administrative Requirements. The subrecipient must submit, a copy of the auditor's management letter, a corrective action plan (if applicable) and a data collection form (for single audits) within 30 days of the receipt of the auditor's report, but no later than nine months after the end of the Subrecipient's fiscal year. The fair share of the cost of the single audit is an allowable cost to federal awards provided that the audit was conducted in accordance with the requirements of OMB's Federal Uniform Administrative Requirements.

Subrecipients that expend less than the \$750,000 threshold require a financial audit conducted in accordance with Generally Accepted Government Auditing Standards. The Subrecipient must submit a copy of the audit report, the auditor's management letter, and a corrective action plan (if applicable) within 30 days of the receipt of the auditor's report, but no later than nine months after the end of the Subrecipient's fiscal year. **The financial audit is not an allowable cost to the program.**

Once an audit is completed, a copy must be sent to <https://harvester.census.gov/facweb/> or to the ODH, Grants Services Unit, (GSU) within 30 days. Reference: OGAPP and OMB's Omni Circular Federal Uniform Administrative Requirements regarding Audits of States, Local Governments, and Non-Profit Organizations for additional audit requirements.

Subrecipient audit reports (finalized and published, and including the audit Management Letters, if applicable) **which include internal control findings, questioned costs or any other serious findings, must include a cover letter which:**

- Lists and highlights the applicable findings;
- Discloses the potential connection or effect (direct or indirect) of the findings on subgrants passed through the ODH; and,
- Summarizes a Corrective Action Plan (CAP) to address the findings. A copy of the CAP should be attached to the cover letter.

AB. Submission of Application:
Formatting Requirements:

- Properly label each item of the application packet (e.g., Budget Narrative, Program Narrative).
- Each section should use 1.5 spacing with one-inch margins.

- Program and Budget Narratives must be submitted in portrait orientation on 8 ½ by 11 paper.
- Number all pages (print on one side only).
- Program Narrative should not exceed 15 pages (**excludes** appendices, attachments, budgets, and budget narrative).
- Use a 12-point font.
- Forms must be completed and submitted in the format provided by ODH.

The GMIS application submission must consist of the following:

**Complete &
Submit Via
Internet**

1. Application Information
2. Project Narrative
3. Project Contacts
4. Budget
 - Primary Reason
 - Funding
 - Justification
 - Personnel
 - Other Direct Costs
 - Equipment
 - Contracts
 - Compliance Section
 - Summary
5. Civil Rights Review Questionnaire
6. Assurances Certification
7. Federal Funding Accountability and Transparency Act (FFATA) reporting form
8. Change request in writing on agency letterhead (**Existing agency with tax identification number, name and/or address change(s)**).
9. Health Equity Module
10. Public Health Impact Statement Summary (non-health department only)
11. Statement of Support from the Local Health Districts (non-health department only)
12. Proposal Checklist and Coversheet
13. Workplan
14. 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, however funds can be matched with other private and public partner funds that are not federal in origin. 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.

Primary Reason and Justification Pages: Provide a budget justification narrative outlining how the deliverable will be met. A budget justification narrative example is available at [Budget Justification Base and Deliverable Example Effective March 13 2020.doc](#)

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

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

2. 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 summary must be submitted for each proposed OHIZ project consisting of a single OHIZ Community, or more than one contiguous OHIZ Communities.

- i. Identify the census tract(s) for your OHIZ project.
- ii. Use the [Ohio Health Improvement Zones Dashboard](#) or CDC/ADSTR's SVI and other local data to describe the OHIZ Community. Describe the OHIZ Community impacted by the proposal including the demographic characteristics of residents, and the inequities, issues, challenges, and assets identified for each OHIZ Project.

- iii. Use the Rural Counties List (Appendix F) to indicate what rural counties the OHIZ Project will serve, if applicable.
 - Proposals will receive 10 priority points if their proposal serves an Appalachian County identified on the Rural Counties List. The maximum amount of priority points awarded is 10 per Applicant Organization.
- iv. Identify which OHIZ Key Activity was selected for each OHIZ Project e.g., 1) Engage and Assess 2) Engage and Implement or 3) Expand and Sustain.

2. APPLICANT DESCRIPTION

In this section, the Applicant should explain why their organization is an appropriate choice as a lead and coordinating agency for the OHIZ Project and provide a detailed description of the Applicant Organization, which will serve as the fiduciary agent for the grant.

- i. Include details associated with the Applicant Organization as follows: type (e.g., public/not-for-profit); governing structure (e.g., Boards, Advisory Committees, etc.); history (date established, major accomplishments etc.); mission and vision; staffing; current activities and services; track record in serving vulnerable populations such as racial and ethnic minority, low-income, and/or special needs populations.
- ii. Include a statement regarding the agency's understanding of the social determinants of health; policy, systems; and health equity. Describe how these key concepts fit with the mission and work of the organization.
- iii. Describe any community mobilization efforts the Applicant Organization has been involved in. Indicate if the Applicant Organization has experience facilitating or leading groups, coalitions or collaboratives.
- iv. Describe how the Applicant Organization has involved residents, the public and stakeholders in making decisions that impact the community.

3. METHODOLOGY in this section should constitute the bulk of the project proposal. The requested information should address the entire contract period beginning July 1, 2022, but not to exceed May 31, 2023.

a. PROBLEM STATEMENT AND PRIORITIZED OHIZ COMMUNITY

This section must describe the following as it relates to each OHIZ Project.

- i. Describe plans to gather additional information to augment existing qualitative and quantitative data.
- ii. Describe the extent to which specific gaps in partnerships, environmental and system policies, service delivery or need for improvements have been identified and how they will be addressed by the proposal.
- iii. **FOR KEY ACTIVITIES 2 OR 3:** Describe existing community assessment efforts to date and how community residents were actively engaged in assessment efforts. Please include a description of:
 - The assessment tool used
 - The assessment processes, including data sources used
 - How community residents were involved
 - How priorities were identified
 - Key results

b. COMMUNITY READINESS

If the Applicant is applying for more than one OHIZ Project proposals must clearly describe community readiness activities for each project.

- i. Describe any previous work in the community that this project will leverage.
 - **FOR KEY ACTIVITY 3 APPLICANTS ONLY**—You are required to describe the previous investment or intervention which is ongoing to address SDoH in each OHIZ Community, detailing previous community needs assessment efforts and relevant cross sector or community partnerships. Submit any relevant documents as attachments to this application.

- ii. Describe the political and economic climate in the community and how that may positively or negatively affect this project. Discuss how you will overcome or navigate these challenges.
- iii. Describe what preparatory work has already been done that positions the Applicant Organization for success (e.g.; do you have the partners, commitments, prior assessments, political buy-in and/or a good climate)?
- iv. Identify barriers to OHIZ Project implementation (e.g., community buy-in, hiring staff), and how barriers will be addressed.

c. COMMUNITY ENGAGEMENT AND HEALTH IMPROVEMENT PARTNERS

If the Applicant is applying for more than one OHIZ Project with different Health Improvement Partners, including residents and the Community Action Team, proposals must clearly describe how this will occur.

- i. Provide a summary of proposed community engagement strategies for each OHIZ Community. Submit any reports from community forums, key informant interviews, health risk assessments, or community scans and plans the Applicant or Health Improvement Partners have conducted within the past three calendar years as an attachment to this proposal.
- ii. **FOR KEY ACTIVITIES 2 OR 3 -Health Improvement Partners** - Provide a description of the collaborative of Health Improvement Partners (HIP) on behalf of which the Applicant is applying, its membership, engagement process, and statement of purpose. Describe the role of each HIP and what resources (staff, expertise, physical space and equipment, connections with residents) each HIP will contribute. Include Letters of Commitment from each partner named as an attachment to this proposal. Letters should outline partners' roles and their contributions and any benefits they receive from participating. If the Applicant is applying for more than one OHIZ Project and different HIPs will be engaged, please clearly describe how this will occur in the proposal.
- iii. **HIP Community Action Team** - Describe your "Community Action Team" – key partners that are matching funding for or will be funded by the Applicant Organization with clearly-defined work specifications in carrying out this project. This section should be used to identify community-based organizations, healthcare providers, and other partners who are committed to implementing one or more specific project activities. Applicants should describe the mission or specific expertise of each Community Action Team member and how this mission or expertise will contribute to successful program implementation. Include Letters of Commitment or Memoranda of Agreement as an attachment to this proposal that describes their involvement in this project, what time and resources they will dedicate, and how this work fits with their mission.
- iv. **FOR KEY ACTIVITIES 1, 2, AND 3: Additional Partners** - Identify new or additional partners you anticipate will be needed for this initiative and how you plan to engage them. Partners could include local leaders, municipal staff such as city planners and transportation officials, law enforcement, neighborhood groups, community development corporations, businesses, parks and recreation staff, faith-based groups, advocacy organizations, and schools, among others. Residents, including youth, must be engaged in the collaborative. If you are proposing a project that will require city/town approval, you must provide a Letter of Support from your city/town government stating that they approve the project.
- v. Describe plans to engage residents of the OHIZ Community including how the Applicant Organization will build trust and seek understanding of community perspectives and tap into the collective intelligence of the community. The plan should also focus on how subrecipients will ensure transparency in the decision-making process, equip staff to engage with the community effectively and enhance collaboration, communication and cohesiveness among all Health Improvement Partners, including community residents. See Appendix G, Community Engagement Tools and Resources for more information.

- vi. Describe plans to communicate with Health Improvement Partners and community residents about the OHIZ project and any applicable recruitment or outreach strategies. Any communications to the public, must be provided in easily accessible formats, be culturally and linguistically appropriate, and consider those with limited literacy skills and disabilities. Awarded Applicants will be required to submit a Communications Plan within 60 days of award. Guidance will be provided by ODH after the notice of award.
- vii. Identify how the Applicant will engage Health Improvement Partners for the OHIZ Project, including community residents to identify or address the highest priority issues facing the community and threatening or limiting optimal health.
- viii. Identify the organization's willingness to work with the OHIZ ODH external evaluation team to implement a Community Engagement Assessment Survey that will gather feedback from OHIZ Health Improvement Partners to identify successes and opportunities related to community engagement strategies and how partners will be engaged in development of a plan to address identified needs.

d. WORKPLAN

Describe specific, measurable, attainable, realistic, and time-specific (SMART) goals, objectives, and activities and milestones for each OHIZ Project for the Project Period 7/1/2022 – 5/31/2023. Applicants must also submit a workplan using the template provided in Appendix H and submit it as attachment to this proposal. Applicants should address the following in their narrative:

- i. Focus goals and objectives around how Health Improvement Partners and/or Community Action Team members will support implementation of the OHIZ Project.
- ii. Support systems change through alignment of resources around specific communities with multiple barriers to health.
- iii. Support strategies for both individual and community level change through community engagement and activation.
- iv. Describe the connection between assessment results, public input, and the final selection of goals, objectives and activities.
- v. Describe how the project will be managed in relation to COVID-19 including how goals and objectives will be met with consideration of staff illness and shortages, maintaining the safety of staff and Health Improvement Partners and providing opportunities for meaningful community engagement when in-person activities are not safe or feasible.

e. PROJECT ADMINISTRATION AND STAFFING PLAN

This section should describe the Applicant's capacity to perform proposed activities and how each OHIZ Project will be supervised and managed. Applicants should address the following in their proposals:

- i. Delineate the organization's ability to fully implement upon notification of the grant award and describe how the proposed project will be integrated into the existing organizational structure and previously established programs.
- ii. Describe the management, oversight and decision-making process for the implementation of the project activities, role of the Applicant Organization with regard to Health Improvement Partners.
- iii. Describe how the demographic composition of the target population will be given consideration in the recruitment and selection of administrative and service delivery staff.
- iv. Describes specific work responsibilities of each staff member with an emphasis on the duties each staff member will assume (e.g., name, role, key responsibilities, duties).
- v. Submit CVs for all staff provided in the staffing plan as an attachment to this proposal.

f. EVALUATION

Applicants must describe their evaluation plans for each OHIZ Project. Awarded Applicants will be required to work with an external evaluation team provided by the Ohio Department of Health to establish a formal evaluation for the OHIZ Pilot. Applicants should address the following in their proposals.

- i. Indicate each OHIZ Project's structural, process, and outcome objectives.
- ii. Describe how the Applicant Organization will monitor local and program data collection to assure completeness, accuracy and timeliness of data reporting.
- iii. Provide the indicators or measures of program activity that will be used to document achievement of OHIZ Project objectives.
- iv. **For KEY ACTIVITY 1:** Applicants should identify their goals for engagement of Health Improvement Partners.
- v. **For Key Activities 2 and 3:** Provide at least two indicators relating to [HP2030 Objectives](#). OHIZ Projects will work with an external evaluation team to identify additional indicators to support the comprehensive project and work with awarded Applicants to establish an evaluation plan after the notice of award.
- vi. Describe plans to involve OHIZ residents in evaluation and dissemination of results.

Awarded Applicants must submit an Evaluation Plan within 60 days of award. Guidance will be provided by ODH after notice of award.

4. BUDGET NARRATIVE

The Budget Narrative should represent the resources needed to accomplish the proposed activities within the proposals for the project period July 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.

- i. Complete a ODH Funding Matrix (Appendix I) 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.
- ii. Proposals will receive 10 priority points if their budget narrative includes matching funds. The maximum amount of priority points is awarded is 10 per Applicant Organization.

5. 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.

6. 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.)

7. Attachment(s): Attachments are documents which are not part of the standard GMIS application and do not count toward the maximum page count but are deemed necessary to a given grant program. All attachments must clearly identify the authorized program name and program number OI23. 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 of **4:00 p.m. on May 9, 2022.**

III APPENDICES

- A. Notice of Intent to Apply for Funding
- B. GMIS Training, User Access, Access Change or Deactivation Request
- C. C1 Deliverable – Objective Descriptions
C2 Deliverable – Objective Allocations
- D. Application Review Form
- E. OHIZ Framework
- F. Rural Counties List
- G. Community Engagement Tools and Resources
- H. WorkPlan Template
- I. Funding Matrix
- J. Health Improvement Partner Engagement Worksheet
- K. Monthly Status Report Template
- L. Health Improvement Partners Log Template

Appendix A

Reimbursement
Type

Select one of the
options below:

☐ Monthly

OR

☐ Quarterly

NOTICE OF INTENT TO APPLY FOR FUNDING

Ohio Department of Health

Office of Health Opportunity

ODH Program Title:

Ohio Health Improvement Zones Pilot Project OI23

Submission Required

See due date below.

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

ALL INFORMATION REQUESTED MUST BE COMPLETED.

County of Applicant Agency _____ Federal Tax Identification Number _____

Geographic Area Applying to Cover _____

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

Type of Applicant Agency
(Check One)

☐

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. TO THE NOIAF AND REQUIRED FORMS MUST BE EMAILED TO Lei'Ana Riggs, Leiana.Riggs@odh.ohio.gov BY April 08, 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

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

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

Appendix C1 – Deliverable Descriptions

Name of Subgrant Program: Ohio Health Improvement Zones Pilot Project

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

of Deliverables: 18

X Deliverables Only

Deliverable – Objective 1: Engage in OHIZ Project Onboarding

1.1 DUE WITHIN 15 DAYS OF AWARD

All Project Leads provided in the Staffing Plan will participate in the new grant year virtual kick-off meeting with OHIZ program staff (up to 4 hours) to review scope of work, activities and reporting requirements. Subrecipients are expected to engage during these meetings (e.g., turn on camera, respond to discussion questions, polls, etc.).

1.2 DUE WITHIN 15 DAYS OF AWARD

All hired staff listed in the Staffing Plan submitted with the application must sign up for the [ODH Health Opportunity Weekly Newsletter](#). Subrecipients with more than one OHIZ Project will be compensated once for this activity.

1.3 *FOR KEY ACTIVITY 2 OR 3 ONLY*

DUE WITHIN 15 DAYS OF AWARD

At least one of their Health Improvement Partners or Community Action Team members will participate in the new grant year kick-off meeting with ODH (up to 4 hours) to review scope of work, activities and reporting requirements. Subrecipients are expected to engage during these meetings (e.g., turn on camera, respond to discussion questions, polls, etc.).

Subrecipients are expected to engage during project meetings (e.g., turn on camera, respond to discussion questions, polls, etc.). Successful completion of meeting deliverables include:

1. Subrecipients must have at least one representative from Applicant Organization and Health Improvement Partner, where required.
2. ODH will document attendance using any of the following means: virtual meeting sign-in, post-meeting surveys, or other opportunities identified by ODH prior to, during, or following the meetings.
3. When demonstrating attendance, representatives of more than one OHIZ Project must indicate which projects they serve to receive credit for attendance.
4. If you are attending on behalf of someone else, do not provide their name. Provide your own name and the OHIZ project the person is representing.

Deliverable- Objective 2: Submit Health Improvement Partner Engagement Worksheet

2.1 DUE WITHIN 30 DAYS OF AWARD

Create a plan (Key Activity 1) or report out on subrecipient progress (Key Activities 2 and 3) toward establishing and/or maintaining formal, working relationships with critical cross sector community partners with experience serving the OHIZ Community. The deliverable is met when a complete and accurate Health Improvement Partner (HIP) Engagement Worksheet (Appendix J) is uploaded into GMIS.

Deliverable- Objective 3: Submit Evaluation Plan

3.1 DUE WITHIN 60 DAYS OF AWARD

Develop and implement an Evaluation Plan in coordination with the OHIZ external evaluation team using that describes plans to accurately and securely collect and monitor project specific data. The deliverable is met when a complete and accurate Evaluation Plan Template is uploaded into GMIS.

Deliverable- Objective 4: Communications Plan

4.1 DUE WITHIN 60 DAYS OF AWARD

Establish a formal plan that expresses the goals and methods of the OHIZ Project, including how information will be shared among all Health Improvement Partners and the community. This includes distribution of resources in a culturally and linguistically appropriate manner (e.g., providing translation and interpretation services, paid advertising, and printed flyers and handouts). The deliverable is met when a complete and accurate Communications Plan is submitted in GMIS. ODH guidance for this deliverable will be provided to subrecipients after notice of award.

Deliverable- Objective 5: Community Engagement

5.1 DUE WITHIN 60 DAYS OF AWARD

Establish a formal Community Engagement Plan to engage residents of the OHIZ Community including how the subrecipients will build trust and seek understanding of community perspectives and tap into the collective intelligence of the community. The deliverable is met when a complete and accurate Community Engagement Plan is submitted in GMIS. See Appendix G, Community Engagement Tools and Resources for more information.

5.2 DUE WITHIN 90 DAYS OF AWARD

Provide results of the Community Engagement Assessment Survey including 1) a narrative and data summary of findings 2) a list of Health Improvement Partners who responded, and 3) response rate for all Health Improvement Partners. The deliverable is met when all three required items are uploaded into GMIS.

5.3 FOR KEY ACTIVITY 2 AND 3 ONLY DUE WITHIN 180 DAYS OF AWARD

Provide a Community Engagement Improvement Plan to address opportunities for improvement identified in the Community Engagement Assessment Survey. The deliverable is met when the Community Engagement Improvement Plan is uploaded into GMIS.

Deliverable- Objective 6: Monthly Status Reports

6.1 DUE MONTHLY STARTING JULY 2022

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 Monthly Status Report Template (Appendix K) is uploaded in GMIS.

6.2 *FOR KEY ACTIVITY 2 OR 3 ONLY*

DUE MONTHLY STARTING JULY 2022

Demonstrate ongoing and meaningful engagement with Health Improvement Partners by the 10th of each month. The deliverable is met when the complete and accurate Health Improvement Partners Log Template (Appendix L) is uploaded in GMIS.

Deliverable – Objective 7: Monthly Technical Assistance meetings

7.1 DUE MONTHLY

Subrecipient will attend monthly technical assistance meetings (up to 1 hour) in Microsoft Teams at a time coordinated with ODH.

7.2 SEMI-ANNUALLY

Subrecipient will attend two meetings with the OHIZ External Evaluation Team (up to 1 hour) in Microsoft Teams at a time coordinated with ODH.

7.3 *FOR KEY ACTIVITY 2 AND 3 ONLY*

DUE MONTHLY STARTING JULY 2022

Health Improvement Partner will attend monthly technical assistance meetings (up to 30 minutes) in Microsoft Teams at a time coordinated with ODH.

Subrecipients are expected to engage during project meetings (e.g., turn on camera, respond to discussion questions, polls, etc.). Successful completion of meeting deliverables include:

1. Subrecipients must have at least one representative from Applicant Organization and Health Improvement Partner, where required.
2. ODH will document attendance using any of the following means: virtual meeting sign-in, post-meeting surveys, or other opportunities identified by ODH prior to, during, or following the meetings.
3. When demonstrating attendance, representatives of more than one OHIZ Project must indicate which projects they serve to receive credit for attendance.
4. If you are attending on behalf of someone else, do not provide their name. Provide your own name and the OHIZ project the person is representing.

Deliverable – Objective 8: Quarterly Collaborative Meeting

8.1 DUE QUARTERLY (OCTOBER 2022, JANUARY 2023, APRIL 2023)

Subrecipient will attend quarterly meetings (up to one hour) to participate in shared learning and practice with other OHIZ projects throughout the region and/or state.

8.2 *FOR KEY ACTIVITY 2 OR 3 ONLY*

DUE QUARTERLY (OCTOBER 2022, JANUARY 2023, APRIL 2023)

At least one Health Improvement Partner will join the subrecipient at quarterly meetings (up to one hour) to participate in shared learning and practice with other OHIZ projects throughout the region and/or state.

Subrecipients are expected to engage during project meetings (e.g., turn on camera, respond to discussion questions, polls, etc.). Successful completion of meeting deliverables include:

1. Subrecipients must have at least one representative from Applicant Organization and Health Improvement Partner, where required.
2. ODH will document attendance using any of the following means: virtual meeting sign-in, post-meeting surveys, or other opportunities identified by ODH prior to, during, or following the meetings.
3. When demonstrating attendance, representatives of more than one OHIZ Project must indicate which projects they serve to receive credit for attendance.
4. If you are attending on behalf of someone else, do not provide their name. Provide your own name and the OHIZ project the person is representing.

Deliverable- Objective 9: Final Report

9.1 DUE APRIL 2023

Submit a draft Impact Report summarizing progress toward addressing or identifying community assets and needs and addressing them in collaboration with the members of the OHIZ Community. Reports will include final metrics, progress toward OHIZ goals, key activity objectives and workplans established (e.g., Evaluation and Communication Plans, Health Improvement Partner Engagement, Community Assessment, Asset Map). ODH guidance for this deliverable will be provided to subrecipients after notice of award. The deliverable is met when a draft Final Report is submitted in GMIS.

9.2 DUE MAY 2023

Submit final Impact Report summarizing progress toward addressing or identifying community assets and needs and addressing them in collaboration with the members of the OHIZ Community. The deliverable is met when the final Impact Report is completed according to ODH guidelines and uploaded into GMIS. ODH guidance for this deliverable will be provided to applicants after award. The deliverable is met when a complete and accurate Final Report is submitted in GMIS.

Appendix C2 – Subgrant Deliverable Funding Allocations (Maximum Funds Available)

NOTE: Subrecipients will be compensated once for signing up for the newsletter and for each meeting attended, even if they are representatives of more than one OHIZ Project.			
<u>KEY ACTIVITY 1: ENGAGE AND ASSESS</u> Total Amount: \$100,000			
Deliverable	Description	Due	Amount per Deliverable Per OHIZ Project
1.1	Attend Mandatory Kick-Off	within 15 days of award	\$5,000.00
1.2	Sign up for Health Opportunity Weekly Newsletter	within 15 days of award	\$100.00
2.1	Health Improvement Partner Engagement Worksheet	within 30 days of award	\$8,000.00
3.1	Evaluation Plan	within 60 days of award	\$8,000.00
4.1	Communications Plan	within 60 days of award	\$8,000.00
5.1	Community Engagement Plan	within 60 days of award	\$8,000.00
5.2	Community Engagement Assessment Survey	within 180 days of award	\$8,000.00
5.3	Community Engagement Improvement Plan	within 180 days of award	\$8,000.00
6.1	Monthly Status Report	monthly starting July 2022	\$9,900.00
6.2	Health Improvement Partners Log	monthly starting July 2022	\$7,000.00
7.1	Monthly Technical Assistance Meetings	monthly starting July 2022	\$6,000.00
7.2	OHIZ Evaluation Team Meetings	semiannually starting July 2022	\$6,000.00
8.1	Quarterly Collaborative Meeting	quarterly starting July 2022	\$6,000.00
9.1	Submit Draft Final Report for ODH Review and Approval	Apr-2023	\$2,000.00
9.2	Final Report- Impact Report	May -2023	\$10,000.00
Total			\$100,000
<u>KEY ACTIVITY 2: ENGAGE AND IMPLEMENT</u> Total Amount: \$200,000			
1.1	Attend Mandatory Kick-Off	within 15 days of award	\$5,000.00
1.2	Sign up for Health Opportunity Weekly Newsletter	within 15 days of award	\$100.00
1.3	Attend Mandatory Kick-Off – Health Improvement Partner	within 15 days of award	\$6,000.00
2.1	Health Improvement Partner Engagement Tool	within 30 days of award	\$19,000.00
3.1	Evaluation Plan	within 60 days of award	\$19,000.00
4.1	Communications Plan	within 60 days of award	\$19,000.00

5.1	Community Engagement Plan	within 60 days of award	\$19,000.00
5.2	Community Engagement Assessment Survey	within 180 days of award	\$15,000.00
5.3	Community Engagement Improvement Plan	within 180 days of award	\$11,000.00
6.1	Monthly Status Report	monthly starting July 2022	\$20,000.00
6.2	Health Improvement Partners Log	monthly starting July 2022	\$12,000.00
7.1	Monthly Technical Assistance Meetings	monthly starting July 2022	\$6,000.00
7.2	OHIZ Evaluation Team Meetings	semiannually starting July 2022	\$6,000.00
7.3	Monthly TA Meeting - Key Health Improvement Partner	monthly starting July 2022	\$12,000.00
8.1	Quarterly Collaborative Meeting	quarterly starting July 2022	\$6,000.00
8.2	Quarterly Collaborative Meeting- Health Improvement Partner	quarterly starting July 2022	\$12,000.00
9.1	Submit Draft Final Report for ODH Review and Approval	Apr-2023	\$2,000.00
9.2	Final Report - Impact Report	May-2023	\$10,900.00
Total			\$200,000
	KEY ACTIVITY 3 – EXPAND AND SUSTAIN Total Amount \$150,000		
1.1	Attend Mandatory Kick-Off	within 15 days of award	\$5,000.00
1.2	Sign up for Health Opportunity Weekly Newsletter	within 15 days of award	\$100.00
1.3	Attend Mandatory Kick-Off - Health Improvement Partner	within 15 days of award	\$6,000.00
2.1	Health Improvement Partner Engagement Tool	within 30 days of award	\$10,000.00
3.1	Evaluation Plan	within 60 days of award	\$10,000.00
4.1	Communications Plan	within 60 days of award	\$10,000.00
5.1	Community Engagement Plan	within 60 days of award	\$10,000.00
5.2	Community Engagement Assessment Survey	within 180 days of award	\$10,000.00
5.3	Community Engagement Improvement Plan	within 180 days of award	\$10,000.00
6.1	Monthly Status Report	monthly starting July 2022	\$13,000.00
6.2	Health Improvement Partners Log	monthly starting July 2022	\$12,000.00
7.1	Monthly Technical Assistance Meetings	monthly starting July 2022	\$6,000.00
7.2	OHIZ Evaluation Team Meetings	semiannually starting July 2022	\$6,000.00
7.3	Monthly TA Meeting - Key Health Improvement Partner	monthly starting July 2022	\$12,000.00
8.1	Quarterly Collaborative Meeting	quarterly starting July 2022	\$6,000.00
8.2	Quarterly Collaborative Meeting- Health Improvement Partner	quarterly starting July 2022	\$12,000.00
9.1	Submit Draft Final Report for ODH Review and Approval	Apr-2023	\$2,000.00
9.2	Final Report - Impact Report	May-2023	\$9,900.00
Total			\$150,000

Appendix D- Application Review Form

Date: (MM/DD/YY)

Applicant Agency: _____

GMISID: _____

Reviewer: _____

How many total OHIZ Projects is the applicant proposing? _____

OHIZ Project Title (<i>add rows for additional projects</i>)	OHIZ Community Description: (e.g., census tract(s))	Key Activity for OHIZ Project	Budget Amount Requested
		<input type="checkbox"/> Key Activity 1: Engage & Assess <input type="checkbox"/> Key Activity 2: Engage & Implement <input type="checkbox"/> Key Activity 3: Expand & Sustain	\$
Total Budget Amount Requested (The maximum award per applicant is \$500,000)			\$

Scoring Instructions					
Does not Meet	Weak	Weak to Meets	Meets	Meets to Strong	Strong
0	1	2	3	4	5

Does Not Meet (0): Response does not comply substantially with requirements or is not provided

Weak (1): Response was poor related to meeting the objectives

Weak to Meets (2): Response indicates the objectives will not be completely met or at a level that will be below average

Meets (3): Response generally meets the objectives (or expectations)

Meets to Strong (4): Response indicates the objectives will be exceeded

Strong (5): Response significantly exceeds objectives or expectations

<input type="checkbox"/> Recommend <input type="checkbox"/> Not recommended Comments: Special Conditions:	Section	Maximum Points	Reviewer Score
	General Requirements	20	
	Executive Summary	20	
	Applicant Description	30	
	Methodology	50	
	Workplan	30	
	Project Administration & Staffing Plan	25	
	Evaluation	15	
	Budget	10	
	TOTAL POINTS AVAILABLE Applicants must score minimum 70% to be approved for this funding opportunity. A 70% score	200	

	is 154.		
	Priority Points	20	
	Total Score (with priority points)	220	

General Requirements	Max Score	Reviewer Score	Comments
Applicant is a local health department or provided a letter of support from a local health department serving OHIZ Community.	5		
All proposed Key Activities are in OHIZ.	5		
PHAB Standards associated with this funding opportunity were provided by the applicant.	5		
<p>If Key Activities 2 or 3 are selected, the Applicant organization described existing community assessment efforts to date within the last 3 calendar years and how community residents were actively engaged in assessment efforts. The description must include:</p> <ul style="list-style-type: none"> • The assessment tool used • The assessment processes, including data sources used • How community residents were involved • How priorities were identified • Key results 	5		
Total Section Score	20		
Executive Summary	Max Score	Reviewer Score	Comments
Applicant identified OHIZ census tracts for proposed activities.	5		
Applicant used OHIZ, SVI data and local data to describe the OHIZ Community impacted by the proposal including the demographic characteristics of residents, and the inequities, issues, challenges, and assets identified for <u>each</u> OHIZ Project.	5		
Applicant demonstrated activities will occur OHIZ in communities (required) and rural counties, if applicable.	5		
<p>Applicant Identified which key activity was selected</p> <ol style="list-style-type: none"> 1. Engage & Assess 2. Engage & Implement 3. Expand & Sustain 	5		
<u>Priority Points</u> : Applicant demonstrated proposed activities will serve and Appalachian County identified on the Rural Counties List (Appendix F).	10		
Total Section Score	20		
Applicant Description	Max Score	Reviewer Score	Comments
Applicant demonstrated they are a qualified organization.	5		

Applicant demonstrated they have the capacity to manage and implement scope of work.	5		
Applicant demonstrated their current activities and services align with the scope of work.	5		
Applicant demonstrates experience serving vulnerable populations (racial and ethnic minority populations, low-income population, and/or special needs population).	5		
Applicant demonstrates experience leading, facilitating, or leading groups, coalitions or collaboratives	5		
Applicant demonstrates that the organization has involved the public and stakeholders in decision making about the community.	5		
Total Section Score	30		
Methodology - Problem Statement and Priority	Max Score	Reviewer Score	Comments
Applicant demonstrated plans to gather additional information to augment existing qualitative and quantitative data.	5		
Applicant provides a detailed description of the extent to which specific gaps in partnerships, and/or environmental and/or system policies and/or service delivery and/or need for service improvements have been identified and how they will be addressed by the proposal.	5		
Problem Statement Score	10		
Methodology - Community Readiness	Max Score	Reviewer Score	Comments
Applicant described the political and economic climate in the community and explains how the organization will overcome or navigate these challenges.	5		
Applicant described what preparatory work has already been done that positions the Applicant Organization for success (e.g.; do you have the partners, commitments, prior assessments, projects political buy-in and/or climate)?	5		
Applicant Identify barriers to OHIZ Project implementation (e.g., community buy-in, hiring staff), and how barriers will be addressed.	5		
Community Readiness Score	15		
Methodology: Community Engagement & Health Improvement Partners If the Applicant is applying for more than one OHIZ Project with different Health Improvement Partners, including residents and the Community Action Team, proposals must clearly describe how this will occur.	Max Score	Reviewer Score	Comments
Applicant described proposed community engagement strategies for each OHIZ Community. <ul style="list-style-type: none"> Submit any reports from community forums, key informant interviews, health risk assessments, or community scans and plans the Applicant or Health Improvement Partners have conducted 	5		

within the past three calendar years as an attachment to this proposal.			
<p>Applicants described their existing partnerships (e.g., Health Improvement Partners and in what capacity they will contribute.</p> <p><u>For Key Activity 2 or 3:</u> Describe the role of each HIP and what resources (staff, expertise, physical space and equipment, connections with residents)</p> <ul style="list-style-type: none"> Letters of Commitment from each partner are provided as an attachment to this proposal. 	5		
Applicant demonstrated comprehensive and appropriate plans to overcome challenges and or barriers when working within OHIZ Communities.	5		
Applicant described how they will engage Health Improvement Partners for the OHIZ Project, including community residents to identify or address the highest priority issues facing the community and threatening or limiting optimal health.	5		
Applicants described plans to engage residents of the OHIZ Community including they will build trust and seek understanding of community perspectives and tap into the collective intelligence of the community.	5		
<p><u>Priority Points:</u> The applicant demonstrates engagement with community action team(s) committed to implementing project objectives.</p> <p>Applicant must provide all components to receive priority points:</p> <ul style="list-style-type: none"> Description of "Community Action Team" e.g., key partners that are matching funding for or will be funded by the Applicant Organization with clearly defined work specifications in carrying out this project. Description of the mission or specific expertise of each Community Action Team member and how this mission or expertise will contribute to successful program implementation. Letter of Commitment/MOU/Agreement has been attached to this proposal. Attachment must describe their involvement in this project, what time and resources they will dedicate, and how this work fits with their mission. 	10		
Community Engagement & Health Improvement Partners Score	25		
Total Section Score - Methodology	50		
Workplan	Max Score	Reviewer Score	Comments

Applicant demonstrates how they will fully implement goals, objectives and deliverables that align with the scope of work.	5		
The role of Health Improvement Partners is included, clearly identified and explained.	5		
Applicants workplan clearly identifies activities to support systems change through alignment of resources around specific communities with multiple barriers to health.	5		
Applicants workplan clearly outlines strategies for both individual and community level change through community engagement and activation.	5		
Applicant described the connection between assessment results, public input, and the final selection of goals, objectives, and activities.	5		
Applicants described how the project will be managed in relation to COVID-19.	5		
Total Section Score - Workplan	30		
Project Administration & Staffing Plan	Max Score	Reviewer Score	Comments
Applicant clearly explains the organization's ability to fully implement upon notification of the grant award.	5		
Applicant described how the proposed project will be integrated into the existing organizational structure and previously established programs.	5		
Applicant described the management, oversight, and decision-making process for the implementation of the project activities, role of the Applicant Organization with regard to Health Improvement Partners.	5		
Applicants demonstrated how the demographic composition of the target population will be given consideration in the recruitment and selection of administrative and service delivery staff.	5		
Thoroughly explains specific work responsibilities of each staff member with an emphasis on the duties each staff member will assume within the staffing plan and all CVs are attached for each staff member.	5		
Total Section Score- Project Admin and Staffing	25		
Evaluation	Max Score	Reviewer Score	Comments
OHIZ Projects structural, process, and outcome objectives are clearly indicated.	5		
Explains how the Applicant Organization will monitor local and program data collection to assure completeness, accuracy, and timeliness of data reporting.	5		
Explains plans to involve OHIZ residents in the evaluation & dissemination of results <u>Key activities:</u> <ul style="list-style-type: none"> Key Activity 1: Applicants identified their goals for engagement of Health Improvement Partners. Key Activity 2 & 3: Applicants provided at 	5		

least two indicators relating to HP2030 Objectives.			
Total Section Score- Evaluation	15		
Budget	Max Score	Reviewer Score	Comments
Applicant described the resources needed to accomplish the proposed activities for each OHIZ Project.	5		
Applicant submitted completed Funding Matrix as an attachment.	5		
Total Section Score- Budget	10		
TOTAL PROPOSAL SCORE	220		

APPENDIX E- Ohio Health Improvement Zone Framework

What is the Ohio Health Improvement Zone (OHIZ) Project?

The Ohio Health Improvement Zone (OHIZ) pilot project is a place-based initiative seeking to foster health equity, address social determinants of health, and improve healthy behaviors through meaningful community engagement and cross sector collaboration. The OHIZ project provides flexible funding through grants for community engagement and cross sector partnership development to address the social determinants of health in a community. The project focuses on community capacity building to remove barriers to good health in Ohio's neighborhoods most vulnerable to poor health outcomes. By empowering community residents and bringing multiple partners together, this model will seek to develop sustainable community-led infrastructure improvement programs to help ensure an equal and just opportunity for all residents to be as healthy as possible. The goal of the OHIZ project is to create a model for sizeable, lasting environmental, health access, or social change in the lives of the people with the greatest barriers to health.

What are the core components of the OHIZ?

Successful OHIZ projects are community-and resident-centered and focused on achieving transformational community engagement. Rather than an "ends justify the means" focus on outcomes alone, transformational community engagement also prioritizes an equitable process that engages the voices of the people most impacted. Based on community input and data analysis, each OHIZ project must develop an assessment of the community's assets and needs, and develop relationships with partners who influence the prioritized social determinant of health issue. These partners can include residents in the target geographical area, older adult and youth residents, local partner agencies and community-based organizations, local businesses, and representatives of municipalities.

Key features



Private, public health,
and non-health public
partners



Community
engagement and
Assessment



Data analysis

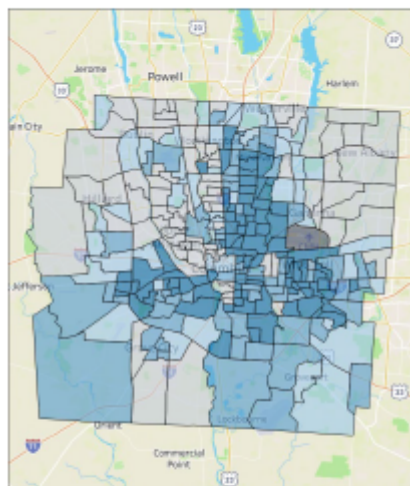


Clear goals and
objectives

This model will develop new or build on existing place-based initiatives that bring multiple partners together to develop a shared vision and goals for their community and implement plans of action that help ensure equal opportunities for all residents to be as healthy as possible through the creation of a sustainable, community-led infrastructure.

What are the OHIZ target communities?

To target limited resources and deploy upstream interventions to address social determinants of health, the Ohio Department of Health (ODH) is focusing the OHIZ pilot in Ohio's most vulnerable communities. Communities with a Centers for Disease Control's Social Vulnerability Index Score of .75 or higher are considered a highly vulnerable community and are the intended focus of this program. To see a map of Ohio's Health Improvement Zones, and to learn more about the methodology behind the Health Improvement Zones, please visit: <https://odh.ohio.gov/wps/portal/gov/odh/know-our-programs/health-equity/health-improvement-zones>



Who is eligible to receive OHIZ funds?

Private non-profit and public entities are eligible to receive OHIZ project funding, including but not limited to local government entities, hospital systems, non-profit organizations, and colleges and universities who can demonstrate existing ties or relationships to the OHIZ eligible community, or grassroots organizations serving the OHIZ eligible community they intend target.

How can the OHIZ funding be used?

OHIZ funds are intended to provide flexible funding to support community engagement, partnership development, and project implementation to address social determinants of health.

Funds will be available in three tiers to support three specific key activities:

1. Conduct meaningful community engagement and data analysis in an assessment of community needs and strengths; and develop partnerships with key public and private partners who already engaging in the OHIZ community.
2. Working with residents of the OHIZ communities and key public and private partners, develop strategies (including specific and measurable goals) for addressing social determinants of health specific to the OHIZ of focus; and leverage cross sector partnerships and community assets to implement the defined strategies and address the SDoH key activity identified as the highest priority in the community needs assessment that includes feedback from community residents.
3. To expand or sustain a previous investment or intervention which is ongoing to address a social determinant of health in an OHIZ-eligible community.

Funds can be matched with other private and public funding – except for federal funding.

What are place-based strategies?

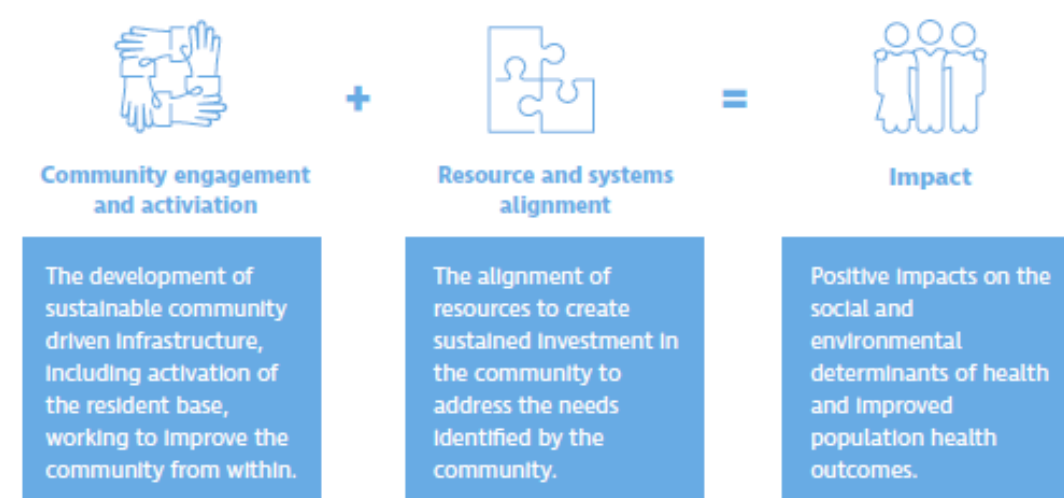
Instead of focusing on programs or separate individuals, place-based strategies focus on locations – and therefore groups of people connected by geography. Place-based strategies are most effective in three scenarios: 1) When a program is designed to address a spatially concentrated problem; 2) When place is an efficient platform for service delivery; or 3) When the effects of a program have the potential to “spill over” into others in the community, even those who aren’t participating.¹ Communities that face underperforming schools, rundown housing, neighborhood violence, and poor health know that these are interconnected challenges and that they perpetuate each other. A place-based framework addresses such challenges with interconnected solutions.

The OHIZ model is based on a theory of change that community-driven solutions supported with diverse and comprehensive investments can create meaningful and lasting change needed to improve the health of the community. Change in communities can include changes in knowledge, skills, behaviors, resources, and conditions of the individuals who live in the

¹Bloom, Howard S. *Learning More from Social Experiments: Evolving Analytic Approaches*. Russell Sage Foundation, 2005.

communities. While these individual-level changes are critical building blocks to community improvement, there must also be alignment of resources to create sustained investment to address the needs identified by the community that create opportunities for individuals to thrive.

The OHIZ model seeks to support strategies for both individual level change through community engagement and activation, and systems change through alignment of resources around specific communities with multiple barriers to health.



Community engagement and activation

The OHIZ project wants to fund initiatives that are tailored to the community. Effective partnerships involving public and private sectors, local decision makers, and communities are critical to the model. Community engagement is important and can lead to improved outcomes for communities when decision-making entities understand the concerns and values of the community they seek to serve. By including individual community members in decision-making, decision makers are better informed and better able to meet community needs. Decision makers can also leverage local knowledge from diverse groups to create inclusive, effective solutions for improved health opportunity. In addition, meaningful community participation in development of strategies strengthens the legitimacy of interventions. Focusing interventions on addressing the issues that matter most to the community results in a greater sense of community ownership and an improved uptake of services.

Resource and systems alignment

The Annie C. Kasey Foundation uses the term “leverage” to describe changes in public or private funders’ investment strategies for community programs. They identify leverage as a key component of community change. In addition, in their extensive work on Community Change, the Center for Community Health and Development at the University of Kansas lists inclusive collaborative partnership across systems as a key component in improving communities. Collaboration across sectors centered on a shared vision, goals, measures, and flexible blended funding are all critical to sustainable community-level change.

What are some examples of successfully implemented Health Improvement Zones?

- Rhode Island created health improvement zones in 2013. Since that time, through a braided funding model, the state has directed more than \$10.4 million in public health funding towards community-led health improvement zones, increasing the impact and efficiency of efforts to build healthier, more resilient communities, while building community efforts to sustain the work. Examples of Rhode Island’s health improvement zones.
- Braided funding and cross sector collaboration are a cornerstone of the health improvement zone model. Trust for America’s Health created a compendium of resources and examples of supporting community health through collaboration and braided and blended funding models. In addition, Build Healthy Places Network offers this approach to developing cross sector partnerships in rural communities.
- Community needs assessment is a cornerstone of the health improvement zone framework. A good assessment tool centers the community residents and includes an evaluation of needs as well as assets. Community Toolbox offers an example of a health improvement zone approach to assessment.

Please direct any questions about Ohio’s health Improvement Zone Project to:
Health.opportunity@odh.ohio.gov

¹CDC/ATSDR Social Vulnerability Index. <https://www.atsdr.cdc.gov/placeandhealth/svi/index.html>

²CDC/ATSDR Social Vulnerability Index. <https://www.atsdr.cdc.gov/placeandhealth/svi/index.html>

³A Social Vulnerability Index, from CDC. Poster.

https://svi.cdc.gov/Documents/Publications/CDC_ATSDR_SVI_Materials/SVI_Poster_07032014_FINAL.pdf

Appendix F- Rural Counties List

The list below is a list of rural counties in Ohio provided by the State Office of Rural Health that aligns with HRSA definitions of rural counties. We have added partially rural counties since some of them are fully rural; they just don't meet the HRSA definition because of zip code data.

Any project funded by OHO through OT21-2103 - National Initiative to Address COVID-19 Health Disparities Among Populations at High-Risk and Underserved, Including Racial and Ethnic Minority Populations and Rural Communities with a rural carveout should use this list to target efforts with Health Improvement Partners and key activities.

Completely Rural

1. Adams*
2. Ashland
3. Ashtabula*
4. Athens*
5. Auglaize
6. Champaign
7. Clinton
8. Columbiana*
9. Coshocton*
10. Crawford
11. Darke
12. Defiance
13. Erie
14. Fayette
15. Gallia*
16. Guernsey*
17. Hancock
18. Hardin
19. Harrison*
20. Henry
21. Highland*
22. Holmes*
23. Huron
24. Jackson*
25. Knox
26. Logan
27. Marion
28. Meigs*
29. Mercer
30. Monroe*
31. Morgan*
32. Muskingum*
33. Noble*
34. Ottawa
35. Paulding
36. Pike*

37. Preble
38. Putnam
39. Ross*
40. Sandusky
41. Scioto*
42. Seneca
43. Shelby
44. Tuscarawas*
45. Van Wert
46. Vinton*
47. Washington*
48. Wayne
49. Williams
50. Wyandot

Partially Rural

1. Carroll*
2. Fairfield
3. Fulton
4. Hocking*
5. Madison
6. Perry*
7. Pickaway
8. Wood

**Indicates an Appalachian County*

Appendix G – 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 H - Workplan Template

The workplan template may be modified to meet your needs (e.g., add rows and copy additional tables for goals). A workplan must be submitted for each OHIZ Project.

OHIZ Project Name: _____

Key Activity: <input type="checkbox"/> Assess and Engage <input type="checkbox"/> Engage and Implement <input type="checkbox"/> Expand or Sustain					
OHIZ Community FIPS Codes (11 digits):					
Health Improvement Indicator:					
Key Action Steps	Timeline	Expected Outcome	Data Source and Evaluation Methodology	Project/HIP Partner Responsible	Comments
<i>Define each action step on its own row. Define as many action steps as necessary by adding rows to the table.</i>	<i>An expected start and completion date (month and year) must be defined for each action step.</i>	<i>An expected outcome must be defined for each action step.</i>	<i>An evaluative measure must be defined for each action step.</i>	<i>A responsible person and/or Health Improvement Partner must be identified for each action step.</i>	<i>Comments are optional.</i>
Key Activity: <input type="checkbox"/> Assess and Engage <input type="checkbox"/> Engage and Implement <input type="checkbox"/> Expand or Sustain					
OHIZ Community FIPS Codes (11 digits):					
Health Improvement Indicators:					
Health Improvement Indicator 1:	Timeline	Expected Outcome	Data Source and Evaluation Methodology	Project/HIP Partner Responsible	Comments

Appendix I - 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

Enter information below relating to any matched funding for all proposed OHIZ Projects.

☐ Check this box if you do not currently have any matched funding for any OHIZ Project.

OHIZ Project Name	Matching Agency Name	Matching Agency Contact	Matching Agency Contact Email	<u>Start – End Dates</u> (Format: MM/DD/YY)	Funding Amount	Scope of Funding

Appendix J - Health Improvement Partners (HIP) Engagement Worksheet

Overview

The OHIZ Pilot Project requires meaningful engagement with Health Improvement Partners throughout the process—from conducting a needs assessment through design and implementation of an OHIZ Project. A well-thought-out engagement plan can facilitate the successful execution of an engaged OHIZ Project. Recognizing that many aspects of an engagement plan may change or further develop between the submission of the application and the start of an OHIZ Project, OHO requires awardees to submit a final HIP Engagement Worksheet within 30 days from the project’s contractual start date for each OHIZ Project. Any major changes (e.g., scope, Community Action Team members, major milestones, etc.) to this worksheet after submission must be reported to your program consultant.

The purpose of this template is to:

- Guide the subrecipient in operationalizing their engagement strategy described in their application.
- Serve as a useful resource that aids the subrecipient in fulfilling the objectives of a community-driven project.
- Assist OHO in documenting engagement activities at the project level in order to examine the influence and impact of engagement on project outcomes.

Instructions

This template is divided into sections that are important components of HIP engagement related to each OHIZ Project. All sections of this template should be completed to the best of your ability and to the extent they are applicable to the Key Activity selected in your application and the engagement plan for your OHIZ Project. OHO does understand that certain sections may not apply to your project design based on your OHIZ Project’s unique needs, goals, and objectives.

Please consider the following when completing the worksheet:

- Each engaged group within your project in your responses.
- Indicate “N/A” in sections that are not applicable.
- Fill out this template and submit in GMIS by the established due date.
- Please contact your program contact if you have any questions or need clarification.

Background Information

Principal Investigator:

Project Title:

GMIS Number:

Sectors Engaged (check all that apply):

- ☐ Economic stability and vitality

- ☐ Education access and quality
- ☐ Health care access and quality
- ☐ Neighborhood and built environment
- ☐ Social and community context
- ☐ Another sector not mentioned above:

Goals

To arrive at a shared vision for engagement, work with HIPs to draft engagement-specific goals for your OHIZ Project. In the process, think about OHIZ Project activities that would benefit from meaningful engagement.

1. What all do you hope to accomplish through engagement with stakeholders? Be specific in your response (e.g., recruitment, facilities, funding) strategies, develop strong partnerships.).
2. What should HIPs hope to gain from their participation? What goals do they have that may be different from the OHIZ Project? (Goals of individual partners can be included in their bios in the next section).

HIP Roster and Roles

Please provide a roster of members of HIPs, indicating which are Community Action Team Members (e.g., HIPs with formal MOUs or agreements). Below is an example of a table that can be used to present the information, if there are alternate formats which better suit your HIPs, their use is encouraged.

Indicate if this is a desired or existing HIP.	Contact Name	Organization Name, if applicable.	Email	Role in OHIZ Project	HIP Goals for OHIZ Project	Community Action Team Member	Nature of MOU or Formal Agreement, if applicable.
<i>x Desired</i> <input type="checkbox"/> Existing	<i>Jane Public</i>	<i>Non-Profit of Ohio</i>	<i>Jane@nonprofitOH.org</i>	<i>Hold weekly project recruitment events.</i>	<i>Enroll 15 families per week.</i>	<i>x Yes</i> <input type="checkbox"/> No	<i>Recruitment, facilities for engagement events.</i>

*NOTE: HIPs should be made aware that OHO may publicly share the names of HIPs (e.g., websites, presentations, etc.)

Engagement Structure

1. Please provide a diagram depicting HIP roles and their relationship to the subrecipient, OHIZ Project leadership, evaluation teams, and/or key consultants in order for OHO to understand how engagement is integrated into the project. This should be a comprehensive visual representation of all HIPs, *including community members* and lines of communication and information flows, and how HIPs report feedback to decision-making authorities on the OHIZ

Project. If applicable, please include OHIZ project staff designated to plan and oversee engagement activities in your diagram.

NOTE: complex engagement structures do not necessarily result in better engagement. The purpose of the diagram is to document the different engagement models and strategies in the OHIZ Pilot Project. Please include a diagram below or as an attachment labeled “Engagement Structure Diagram.”

Proposed Meeting and Key Activity Timeline

1. Indicate in the chart below the ways in which HIPs will come together for collaboration throughout the OHIZ Project. Note that frequency and purpose of meetings and other engagement activities may vary over the course of the project. For example, some projects may choose to hold meetings more frequently in the early stages of the study and reduce the frequency when needs are less intense.

Please complete the table below:

HIP engagement activity	Frequency of meetings or activities	Setting of meeting or activities	Purpose of the meeting or activity
<i>Describe the engagement activity.</i>	<i>(e.g., monthly, quarterly, as needed).</i>	<i>Detail the setting for meetings and/or activities. Where are they occurring?</i>	<i>What are your goals and planned outcomes for the meeting or activity? What will partners be asked to contribute?</i>
<i>e.g., Community Advisory Board</i>	<i>e.g., Quarterly</i>	<i>e.g., Public Library in person meetings</i>	<i>Gather input on project design, and recruitment strategies.</i>
<i>e.g., community forum</i>	<i>e.g., once at kick-off; once at conclusion</i>	<i>e.g., community center</i>	<i>e.g., refine outcomes measures, share evaluation outcomes</i>
<i>e.g., survey of OHIZ Community Members</i>	<i>e.g., once, within first 3 months of project</i>	<i>e.g., online via social media, door knocking, in person at summer cultural festival at Big Creek Park</i>	<i>e.g., to gather feedback on communication strategies</i>

HIP Orientation

An orientation for partners can be helpful to level-set expectations and enable successful participation. Orientations may include expectations and guidance for involvement and technical and logistical information.

1. How will the subrecipient orient HIPs to the Project?
2. What kind of training or education, if any, will be provided to prepare partners for participation in the OHIZ Project? Please also address the frequency of these trainings (e.g., pre-award, kick-off meeting, periodic, ad hoc).
3. What efforts, if any, will HIPS make or to learn about best practices for working with

partners of diverse backgrounds?

Recruitment and Retention

1. Please describe activities or strategies for HIPs to support recruitment and retention of OHIZ Community Members as HIPs (e.g., providing input on the design, participating in the content of recruitment videos, pilot-testing materials and/or a process, selecting sites, or trouble shooting challenges).

Engagement Process and Outcomes Monitoring

*NOTE: To ensure a productive and collaborative working relationship amongst HIPs, subrecipients will engage with OHO's Evaluation Team to analyze the effect of engagement on OHIZ Project objectives and measure progress toward engagement-specific goals, and/or evaluating the experience of HIPs.

Frequently Asked Questions:

- ***Where do I find tools and resources to help with different components of engagement?*** See Appendix G, Community Engagement Tools and Resources
- ***Who should I include in my HIP roster?*** Include anyone who participates in advisory board/committee meetings, those you have formal relationships or MOUS established with, and community residents. Additionally, you may choose to include project staff and/or contractors, especially those who will be working directly with the HIPs and/or the engagement process. If OHIZ Project staff and/or contractors are included in the roster, please mark their role accordingly. If individual OHIZ Community residents do not want their names shared publicly, an alias or initials can be provided.
- ***We don't have specific HIPs identified yet, what do I put?*** Discussing these activities with your HIPs to learn where they feel most comfortable supporting is a great strategy. You can simply indicate that this discussion has yet to take place and include the expected date, if available.
- ***I already have a stakeholder roster ready to go, do I have to use the table provided?*** If subrecipients have any of this information already written up you are welcome to insert it into/attach it to this template, though we advise that you carefully review the prompts to ensure all components are addressed.

This HIP Engagement Worksheet has been adapted from the Patient-Centered Outcomes Research Institute's (PCORI) Updated Engagement Plan Template, dated April 2021 and available here: <https://www.pcori.org/sites/default/files/PCORI-Updated-Engagement-Plan-Template.pdf>

Appendix K- Monthly Status Report Template

<p align="center">Ohio Department of Health Ohio Health Improvement Zones Pilot Project (OI23) Monthly Status Report</p>			
Date:			
Subrecipient Name:			
GMIS Project Number:			
Contact Email:			
Contact Phone:			
Describe Progress of Each OHIZ Project	<u>[insert OHIZ Project Title Name]</u>		
Describe Successes for each OHIZ Project	<u>[insert OHIZ Project Title Name]</u>		
Describe Challenges of each of each OHIZ Project	<u>[insert OHIZ Project Title Name]</u>		
Percent of workplan objectives complete for each OHIZ Project	<u>[insert OHIZ Project Title Name and percent complete]</u>		
Description	How was it met?	Dates submitted in GMIS for current reporting period, if applicable. If not applicable, write N/A.	
Special conditions submitted, if applicable.	Submit in GMIS by deadlines.		
Quarterly and monthly program reports submitted in GMIS by deadlines.	Completed quarterly and monthly program reports submitted in GMIS by deadlines.		
Expenditure reports submitted in GMIS by deadlines.	Completed expenditure reports submitted in GMIS by deadlines.		
Expenditure reports submitted are accurate and reflective of deliverable(s) met.	Expenditure reports submitted include payment requests reflective of deliverables met.		
Deliverable Description	Is Deliverable Met?	How deliverable was met?	Deliverable Amount Requested
1.1 Attended Virtual Kick-off			
1.2 All hired staff in staffing plan signed up for OHO weekly newsletter			
1.3 Key Activity 2 or 3 ONLY H.I.P or Community action team member will participate in kick-off			

2.1 Create a plan (Key Activity 1) or report out on progress (Key Activity 2 and 3) toward establishing and/or maintaining formal, working relationships with critical cross sector community partners with experience serving the OHIZ Community.			
3.1 Develop and implement an Evaluation Plan in coordination with the ODH OHIZ external evaluation team that describes plans to accurately and securely collect and monitor project specific data.			
4.1 Establish a formal plan that expresses the goals and methods of the OHIZ Project, including how information will be shared among all Health Improvement Partners and the community. This includes distribution of resources in a culturally and linguistically appropriate manner (e.g., providing translation and interpretation services, paid advertising, and printed flyers and handouts).			
5.1: Establish a formal Community Engagement Plan to engage residents of the OHIZ Community including how the subrecipients will build trust and seek understanding of community perspectives and tap into the collective intelligence of the community.			
5.2: Provide results of the Community Engagement Assessment Survey including 1) a narrative and data summary of findings 2) a list of Health Improvement Partners who responded, and 3) response rate for all Health Improvement Partners.			

5.3 For Key Activity 2 and 3 ONLY Provide a Community Engagement Improvement Plan to address opportunities for improvement identified in the Community Engagement Assessment Survey				
6.1: Provide status of the Project and progress towards performance goals and objectives every month by the 10 th of each month. The deliverable is met with the Monthly Status Report Template (Appendix K) is uploaded in GMIS				
6.2 Domains 2 and 3 ONLY Demonstrate ongoing and meaningful engagement with Health Improvement Partners by the 10 th of each month. The deliverable is met when the complete and accurate Health Improvement Partners Log Template (Appendix L) is uploaded in GMIS.				
7.1: Due Monthly. Subrecipient will attend monthly technical assistance meetings (up to 1 hour) in Microsoft Teams at a time coordinated with ODH				
7.2: Subrecipient will attend two meetings with the OHIZ External Evaluation Team (up to 1 hour) in Microsoft Teams at a time coordinated with ODH				
7.3: Key Activity 2 and 3 ONLY Due Monthly Health Improvement Partner will attend monthly technical assistance meetings (up to 30 minutes) in Microsoft Teams at a time coordinated with ODH.				
8.1: Subrecipient will attend quarterly meetings (up to one hour) to participate in shared learning and practice with other OHIZ projects throughout the region and/or state.				

8.2 For Domain 2 and 3 ONLY At least one Health Improvement Partner will join the subrecipient at quarterly meetings (up to one hour) to participate in shared learning and practice with other OHIZ projects throughout the region and/or state				
9.1: Submit a draft Impact Report summarizing progress toward addressing or identifying community assets and needs and addressing them in collaboration with the members of the OHIZ Community.				
9.2: Submit a draft Impact Report summarizing progress toward addressing or identifying community assets and needs and addressing them in collaboration with the members of the OHIZ Community.				

APPENDIX L – Health Improvement Partners Log Template

[illegible]