



MEMORANDUM

Date: April 26, 2024

To: Injury Prevention-Child Injury Prevention: Continuation Applicants

From: Sara Morman *SM/js*
Chief, Violence and Injury Prevention Section
Ohio Department of Health

Subject: Injury Prevention-Child Injury Prevention (IC25)
Tuesday, Oct. 1, 2024-Tuesday, Sept. 30, 2025

The Ohio Department of Health (ODH), [Bureau of Health Improvement and Wellness, Violence and Injury Prevention Section, announces the availability of grant funds.

All electronic applications and attachments are due by 4:00 p.m., **Monday, June 10, 2024**. Applications received after the due date will not be considered for funding. Faxed, hand-delivered or mailed applications will not be accepted.

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

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

Submission of the **continuation application** constitutes acknowledgment and acceptance of ODH Grants Administration Policies and Procedures (OGAPP) Manual rules, policy and procedure updates posted on the GMIS Bulletin Board, and any other program-specific requirements as outlined in the competitive Solicitation. Reference the competitive Solicitation for more information. The competitive Solicitation for this grant program can be found on the ODH website,

<https://odh.ohio.gov/about-us/funding-opportunities/sfy-24/ic24-child-injury-prevention>.

If you have questions, please contact Tiffany Boykins at tiffany.boykins@odh.ohio.gov.

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I. CONTINUATION FUNDING APPLICATION GUIDANCE

100% Deliverable Funding

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

Submission of the continuation application constitutes acknowledgment and acceptance of ODH GAPP(OGAPP) manual rules, and any other program-specific requirements as outlined in the competitive Solicitation. This Solicitation pertains to budget period: Tuesday, Oct. 1, 2024-Tuesday, Sept. 30, 2025. The program period will begin Sunday, Oct. 1, 2023 and end on Saturday, Sept. 30, 2028. Reference the competitive Solicitation for more information.

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

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

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

- B. Number of Grants and Funds Available:** *The federal Preventive Health and Health Service Block Grant (PHHSBG) supports this program. Up to six (6) grants may be awarded for a total amount of \$642,000. Eligible agencies may apply for up to \$107,000.*

No grant award will be issued for less than \$30,000. The minimum amount is exclusive of any required matching amounts and represents only ODH funds granted. Applications submitted for less than the minimum amount will not be considered for review.

The first program year will span 12 months from Sunday, Oct. 1, 2023-Monday, Sept. 30, 2024. Continuation program years will span 12 months on the following schedule:

- * Year 2 (Tuesday, Oct. 1, 2024-Tuesday, Sept. 30, 2025)
- * Year 3 (Wednesday, Oct. 1, 2025-Wednesday, Sept. 30, 2026)
- * Year 4 (Thursday, Oct. 1, 2026-Thursday, Sept. 30, 2027)
- * Year 5 (Friday, Oct. 1, 2027-Saturday, Sept. 30, 2028)

One additional **OPTIONAL Supplemental Funding Opportunity** is available. Supplemental funds are available to coordinate and administer the Ohio Injury Prevention Partnership-Child Injury Action Group. Funding for year two (2) will span from Tuesday, Oct. 1, 2024—Tuesday, Sept. 30, 2025. The awardee will be eligible for up to \$56,000. This will be added to the applicant’s award. Supplemental funding will continue through all grant years. This brings the total award amount to \$698,000.

C. Formatting Requirements for Attachments:

- Properly label each item of the application packet (ex. budget narrative, program narrative).
- Each section should use 1.5 spacing with one-inch margins.
- Program and budget narratives must be submitted in portrait orientation and fit on 8 ½ x 11 paper when printed.
- Number all pages (print on one side only). Place agency name and GMIS number on each page.
- Use a 12-point Calibri font.
- Forms must be completed and submitted in the format provided by ODH.

D. Qualified Applicants:

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

1. The Applicant does not owe funds to ODH and has repaid any funds due with 45 days of the invoice date.
2. Applicant has not been certified to the Attorney General's (AG's) office.
3. Applicant has submitted an application and all required attachments by **4:00 p.m. on Monday, June 10, 2024.**

II. PROGRAM UPDATES:

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

- A. Program Progress Report:** 1) **Attach the program progress report for the current grant period. If the program progress report is not scheduled to be submitted before the application due date, then it must be submitted with the application.** Programs submit quarterly reports. No report is due with application.
- B. Program Narrative:** Complete and submit a narrative statement which explains any changes to program scope, personnel, partnerships with agencies or organizations, or other information the subrecipient wishes to share for continuation funding. Program narrative is not required with this year's continuation application.
- C. Objectives and Work Plan:** Complete and submit a short summary of any changes in the Specific, Measurable, Achievable, Results-Oriented, Time-Based, Inclusive, and Equitable (SMARTIE) objectives and submit an updated work plan. Reference the competitive Solicitation for information. This should be based on a review of the Progress Plans submitted to date. Provide a brief report addressing elements of each objective and activity, including current status (met, ongoing or unmet); major findings; and barriers and how barriers were addressed. Applicants should use Appendix F to update workplan.
- D. Documentation and Progress on Health Equity and Disparity Reduction Activities:**
Please provide detailed updates on the goals, objectives and deliverables specified in the Competitive Solicitation relating to health equity. This information must be supported by data. Continuation Solicitations should prepare a summary of activities completed during the previous funding period, to outreach to the priority populations and / or neighborhoods specified in their plan. **Applicants are expected to follow the same activities and criteria related to health equity indicated in the year 1 solicitation and approved applications. Expansion into other census and area codes for year 2 is allowed with priority given to those in health improvement zones with higher social vulnerability index scores, subject to ODH program approval.**

E. Program Budget: Prior to completion of the budget section, reference the competitive Solicitation for unallowable costs and review criteria.

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

Match or Applicant Share is not required by this program. Do not include match or Applicant Share in the budget and/or the Applicant Share column of the Budget Summary. Only the narrative may be used to identify additional funding information from other resources.

- 2. [2025] Budget via GMIS:** Complete requested budget information as follows:

- **Other Direct Costs:** Submit a budget for this section and the necessary form(s) to support costs for the period Tuesday, Oct. 1, 2024 to Tuesday, Sept. 30, 2025.

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

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

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

1. To advance political or religious points of view or for fund raising or lobbying.
2. To disseminate factually incorrect or deceitful information.
3. Consulting fees for salaried program personnel to perform activities related to grant objectives.
4. Bad debts of any kind.
5. Contributions to a contingency fund.
6. Entertainment.
7. Fines and penalties.
8. Membership fees — unless related to the program and approved by ODH.
9. Interest or other financial payments (including but not limited to bank fees).
10. Contributions made by program personnel.

11. Costs to rent equipment or space owned by the funded agency.
12. Inpatient services.
13. The purchase or improvement of land; the purchase, construction, or permanent improvement of any building (unless allowable by the grant).
14. Satisfying any requirement for the expenditure of non-federal funds as a condition for the receipt of federal funds.
15. Payments to any person for influencing or attempting to influence members of Congress or the Ohio General Assembly in connection with awarding of grants.
16. Include any additional program specific unallowable costs per CFDA, program regulations and directives or state law specifications; clinical care (except as allowed by law); publicity and propaganda (lobbying); funds cannot be used for the preparation, distribution, or use of any material (publicity/propaganda) or to pay the salary or expenses of grants, contract recipients, or agents that aim to support or defeat the enactment of legislation, regulation, administrative action, or executive order proposed or pending before a legislative body, beyond normal, recognized executive relationships; Office furniture (including but not limited to desks, chairs, filing cabinets) unless otherwise stated; Food and refreshments.

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

F. Other Application Requirements:

Program Specific Attachments: Complete and submit the following attachments. Nothing is required other than an updated workplan.

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

a. Other Required Documentation:

- Subrecipients are required to maintain their current supplier information in the State of Ohio Supplier Portal. This information includes, but is not limited to, Electronic Funds Transfer (EFT), 1099 Form and current address.

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

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

- **Audit:** Subrecipient agencies are responsible for submitting an audit report. Once an audit is completed, a copy must be sent to ODH via audits@odh.ohio.gov. Reference the GMIS Bulletin Board for more information.

- **Civil Rights Review Questionnaire — EEO Survey:** The Civil Rights Review Questionnaire (EEO) Survey is a part of the Application Section of GMIS. Subrecipients must complete the questionnaire as part of the application process. This questionnaire is submitted online automatically with each application.
- **Assurances Certification:** Each subrecipient must acknowledge the Assurances (Federal and State Assurances for Sub-grantees) form in GMIS. The Assurances Certification sets forth standards of financial conduct relevant to receipt of grant funds and is provided for informational purposes. The listing is not all-inclusive, and any omission of other statutes does not mean such statutes are not assimilated under this certification. Review the form and then press the “Complete” button. By submission of an application, the subrecipient agency agrees by electronic acknowledgment to the financial standards of conduct as stated therein.
- **Federal Funding Accountability and Transparency Act (FFATA):** All new applicants applying for ODH grant funds are required to complete the FFATA reporting form in GMIS. Applicants must ensure that the information contained in SAM.gov, DUN & Bradstreet and the FFATA reporting form match. ODH will hold all payments if an applicant’s information does not successfully upload into the federal system.

All applicants for ODH grants are required to register in SAM.gov and submit the information in the grant application. For information about System for Award Management (SAM) go to <https://sam.gov/>.

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

(Required by all applicants, the FFATA form is located on the GMIS Application page and must be completed in order to submit the application.)

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

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

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

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

☒ Applicable ☐ Not Applicable to (INJURY PREVENTION-CHILD INJURY PREVENTION)

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

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

Reports shall be submitted as follows:

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

☒ Program Reports Required ☐ No Program Reports Required

Period	Report Due Date
Oct. 1 – Dec. 31, 2024	Dec. 31, 2024
Jan. 1- March 31, 2025	March 31, 2025
April 1 – June 30, 2025	June 30, 2025
July 1 – Sept. 30, 2025	Sept. 30, 2025

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

Period	Report Due Date
Oct. 1 – 31, 2024	Nov. 10, 2024
Nov. 1 – 30, 2024	Dec. 10, 2024
Dec. 1 – 31, 2024	Jan. 10, 2025

Jan. 1 – 31, 2025	Feb. 10, 2025
Feb. 1 – 28 or 29, 2025	March 10, 2025
March 1 – 31, 2025	April 10, 2025
April 1 – 30, 2025	May 10, 2025
May 1 – 31, 2025	June 10, 2025
June 1 – 30, 2025	July 10, 2025
July 1 – 31, 2025	Aug. 10, 2025
Aug. 1 – 31, 2025	Sept. 10, 2025
Sept. 1 – 30, 2025	Oct. 10, 2025

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

Period	Report Due Date
Oct. 1 – December 31, 2024	Jan. 10, 2025
Jan. 1 – March 31, 2025	April 10, 2025
April 1 – June 30, 2025	July 10, 2025
July 1 – Sept. 30, 2025	Oct. 10, 2025

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

- c. **Final Expenditure Reports:** A Subrecipient final expenditure report reflecting total expenditures for the fiscal year must be completed and submitted **via GMIS** by 4:00 p.m. on or before Wednesday, Nov. 5, 2025. The information contained in this report must reflect the program’s accounting records and supportive documentation. Any cash balances must be returned with the Subrecipient final expense report, which serves as an invoice to return unused funds.

Submission of ALL Subrecipient program and expenditure reports via the ODH’s GMIS system indicates acceptance of OGAPP. Clicking the “Submit” or “Approve” button constitutes your authorization of the submission as an agency official and serves as your electronic acknowledgment and acceptance of OGAPP rules and regulations.

APPENDICES

- A. Continuation Solicitation Reimbursement Type Form
- B. B1 Deliverable — Objective Descriptions
B2 Deliverable — Objective Allocations
- C. Evidence of Health Equity Strategies Checklist
- D. Year 2 Required Strategies
- E. Solicitation Application Instructions

- F. Workplan
- G. Supplemental Funding Guidance

Appendix A

Submission Required

CONTINUATION SOLICITATION REIMBURSEMENT TYPE FORM

See due date below.

Ohio Department of Health Bureau
of Health Improvement and Wellness
Injury Prevention – Child Injury
Prevention IC25

ODH Program Title:
Child Injury Prevention (IC25)

Reimbursement Type (check one) Monthly ☐ **OR** Quarterly ☐

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

Please print:

Current Project Number _____

Applicant Agency/Organization _____

Applicant Agency Address _____

Agency Contact Person Name and Title _____

Telephone Number _____

E-mail Address _____

Agency Head (Print Name)

Agency Head (Signature)

Please note that the agency head listed above must match the agency head listed in GMIS. Unless a new agency, NOIAF's will not be accepted if name doesn't match what is listed in GMIS.

Due to ODH by **Friday, May 3, 2024.**

Please email completed form to Maria Kapenda (Maria.Kapenda@odh.ohio.gov)

Appendix B1

Name of Subgrant Program: Injury Prevention-Child Injury Prevention (IC25)

Budget Period: 10/1/2024-9/30/2025

of Deliverables: 31

Use Budget Justification Scenario #: 1

100% Deliverable

Local Community Coalition

Description: Between Tuesday, Oct. 1, 2024, and Tuesday, Sept. 30, 2025, the subrecipient will maintain local coalition capacity by enhancing existing coalition work and holding local coalition meetings at least quarterly. Subrecipients are required to update their local strategic plan to align with grant activities and implement strategic plan throughout grant year. Agency will also conduct a coalition evaluation once a year to identify areas of strengths and weaknesses before updating their strategic plan.

- **Deliverable 1:** By Tuesday, Dec. 31, 2024, Monday, March 31, 2025, Monday, June 30, 2025, and Tuesday, Sept. 30, 2025, the subrecipient will submit four local coalition meeting minutes and attendance sheets for local coalition and submit to ODH program consultant via REDCap.
- **Deliverable 2:** By Tuesday, Sept. 30, 2025, subrecipient will complete a coalition evaluation as listed in Appendix D and submit to ODH program consultant via REDCap.
- **Deliverable 3:** By Monday June 30, 2025, subrecipient will complete one strategic plan activity listed in Appendix D and submit to ODH program consultant via REDCap.

Statewide Coalition & Implementation of State Plans

Description: By Tuesday, Sept. 30, 2025, subrecipient will actively support and participate in the state's injury and child injury prevention coalitions. Subrecipients are required to support the Ohio Injury Prevention Partnership (OIPP) and the Child Injury Action Group (CIAG) by actively participating in meetings (in-person and virtual), leading a select CIAG subcommittee, aligning subcommittee plans with state efforts, and provide updates to CIAG coordinator on subcommittees strategic plan progress.

- **Deliverable 4:** By Tuesday, Dec. 31, 2024, Monday, March 31, 2025, Monday, June 30, 2025, and Tuesday, Sept. 30, 2025, the subrecipient will facilitate quarterly CIAG subcommittee meetings using the ODH-approved templates, provide quarterly strategic plan update to the CIAG coordinator, and submit meeting agendas and minutes as evidence of facilitation to the ODH program consultant via REDCap.
- **Deliverable 5:** By Tuesday, Sept. 30, 2025, the subrecipient will actively participate in three (3) OIPP and three (3) CIAG meetings. Attendance at the annual in-person OIPP meeting is required. Agency will submit an attendance document to ODH program consultant via REDCap.

Child Injury Awareness Week or Month Mobilization

Description: subrecipient will work with their local coalition to plan participation in a child injury prevention awareness week or month, as related to subrecipients focus area, which must include a local event and/or communication campaign.

- **Deliverable 6A:** By Monday, March 31, 2025, the subrecipient will submit a child injury prevention awareness plan via Word document that includes a communication plan, tentative schedule for posts/advertisements and/or event details to ODH Program Consultant via REDCap.
- **Deliverable 6B:** By Tuesday, Sept. 30, 2025, the subrecipient will submit documentation via REDCap that demonstrates implementation of child injury prevention awareness plan using guidance in Appendix D to ODH Program Consultant via REDCap.

Professional Development

Description: Between Tuesday, Oct. 1, 2024, and Tuesday, Sept. 30, 2025, the subrecipient will enhance the agency's knowledge and skills related to the child injury focus areas in their approved grant by attending in one national or state-level conference or training.

- **Deliverable 7:** By Tuesday, Sept. 30, 2025, the coordinator or designee will attend one (1) national or state-level conference, or complete professional development training related to IC grant focus areas as approved by ODH. Type of activities under this deliverable include conferences, trainings, workshops, and/or course. Agency will submit documentation of ODH approval, proof of attendance, and conference agenda/course syllabus to Program Consultant via REDCap.

Workplan & Capacity Evaluation

Description: Between Tuesday, Oct. 1, 2024, and Tuesday, Sept. 30, 2025, subrecipients are required to monitor and track outcomes based on a capacity evaluation provided by ODH and update workplan submitted in application.

- **Deliverable 8:** By Monday, March 31, 2025, and Monday, June 30, 2025, Subrecipient will submit updated workplan with progress/status section completed using outcome indicators via REDCap.
- **Deliverable 9:** By Tuesday, Sept. 30, 2025, the subrecipient will submit year-two capacity evaluation via REDCap.

Full-time Coordinator Requirement

Description: Subrecipients are required to verify semi-annually that agency employs one full-time staff (no fewer than 1,700 hours per year) assigned as the injury prevention coordinator whose sole duties are to administer the Child Injury Prevention grant, as required in the competitive grant solicitation.

- **Deliverable 10:** By Monday, March 31, 2025, and Tuesday, Sept. 30, 2025, the agency must submit documentation to the ODH program consultant via REDCap.

Policy, Systems and Environmental Change (PSEC) #1

Description: Subrecipients are required to identify and implement a community based PSEC strategy as outlined in the guidance in Appendix D. By Tuesday, Sept. 30, 2025, subrecipient will identify, provide technical assistance, collect data and implement a community-specific policy, systems, or environmental change.

Deliverable 11A: By Tuesday, Dec. 31, 2024, the subrecipient will submit at least one (1) new signed partner agreement, memorandum of understanding (MOU,) or letter of commitment for selected PSEC #1 to the ODH program consultant via REDCap. If no new partnership agreements are needed, because year 1 agreements cover new strategies and locations, subrecipient should submit data tracking metrics for implementation in quarter 1, to include technical assistance provided in helping partners sustain or implement strategies.

Deliverable 11B: By Monday, March 31, 2025, the subrecipient will submit technical assistance efforts to include any trainings or documents developed, and an updated data tracking framework using metrics provided by ODH for selected PSEC #1 to the ODH program consultant via REDCap.

Deliverable 11C: By Monday, June 30, 2025, the subrecipient will submit evidence of implementation as evidenced by technical assistance efforts and an updated data tracking framework using metrics identified by ODH that shows implementation for selected PSEC#1, to the ODH program consultant via REDCap.

Deliverable 11D: By Tuesday, Sept. 30, 2025, the subrecipient will submit evidence of implementation of strategy and an updated data tracking framework that shows evidence of implementation, or if PSEC was not fully completed as outlined in Appendix E, agency must submit updated data tracking framework and a PSEC Impact Statement specific to the PSEC #1, to the ODH program consultant via REDCap.

Policy, Systems and Environmental Change (PSEC) #2

Description: Subrecipients are required to identify and implement a community based PSEC strategy as outlined in the guidance in Appendix D. By Tuesday, Sept. 30, 2025, the subrecipient will identify, provide technical assistance, collect data, and implement a community-specific policy, systems, or environmental change.

Deliverable 12A: By Tuesday, Dec. 31, 2024, the subrecipient will submit at least one (1) new signed partner agreement, memorandum of understanding (MOU,) or letter of commitment for selected PSEC #2 to the ODH program consultant via REDCap. If no new partnership agreements are needed, because year 1 agreements cover new strategies and locations, subrecipient should submit data tracking metrics for implementation in quarter 1, to include technical assistance provided in helping partners sustain or implement strategies.

Deliverable 12B: By Monday, March 31, 2025, the subrecipient will submit technical assistance efforts to include any trainings or documents developed, and an updated data tracking framework using metrics provided by ODH for selected PSEC #2 to the ODH program consultant via REDCap.

Deliverable 12C: By Monday, June 30, 2025, the subrecipient will submit evidence of implementation as evidenced by technical assistance efforts and an updated data tracking framework using metrics identified by ODH that shows implementation for selected PSEC #2, to the ODH program consultant via REDCap.

Deliverable 12D: By Tuesday, Sept. 30, 2025, the subrecipient will submit evidence of implementation of strategy and an updated data tracking framework that shows evidence of implementation, or if PSEC was not fully completed as outlined in Appendix E, agency must submit updated data tracking framework and a PSEC Impact Statement specific to the PSEC #2, to the ODH program consultant via REDCap.

Policy, Systems and Environmental Change (PSEC) #3

Description: Subrecipients are required to identify and implement a community based PSEC strategy as outlined in the guidance in Appendix D. By Tuesday, Sept. 30, 2025, subrecipient will identify, provide technical assistance, collect data and implement a community-specific policy, systems, or environmental change.

Deliverable 13A: By Tuesday, Dec. 31, 2024, the subrecipient will submit at least one (1) new signed partner agreement, memorandum of understanding (MOU,) or letter of commitment for selected PSEC #3 to the ODH program consultant via REDCap. If no new partnership agreements are needed, because year 1 agreements cover new strategies and locations, subrecipient should submit data tracking metrics for implementation in quarter 1, to include technical assistance provided in helping partners sustain or implement strategies.

Deliverable 13B: By Monday, March 31, 2025, subrecipient will submit technical assistance efforts to include any trainings or documents developed, and an updated data tracking framework using metrics provided by ODH for selected PSEC #3 to ODH Program consultant via REDCap.

Deliverable 13C: By Monday, June 30, 2025, subrecipient will submit evidence of implementation as evidenced by technical assistance efforts and an updated data tracking framework using metrics identified by ODH that shows implementation for selected PSEC#3, to ODH Program consultant via REDCap.

Deliverable 13D: By Tuesday, Sept. 30, 2025, subrecipient will submit evidence of implementation of strategy and an updated data tracking framework that shows evidence of implementation, or if PSEC was not fully completed as outlined in Appendix E, agency must submit updated data tracking framework and a PSEC Impact Statement specific to the PSEC #3, to Program consultant via REDCap.

Policy, Systems and Environmental Change Supportive #1

Description: Between Tuesday, Oct. 1, 2024, and Tuesday, Sept. 30, 2025, subrecipient will select one (1) PSEC supportive activity related to focus area selected in Deliverables 11-13 (options listed in Appendix E). This activity must enhance and complement primary PSEC activities and are not meant as stand-alone initiatives.

- **Deliverable 14A:** By Monday, March 31, 2025, subrecipient will submit an implementation plan and an updated data tracking framework for PSEC Supportive activity #1 to ODH Program consultant via REDCap.

- **Deliverable 14B:** By Tuesday, Sept. 30, 2025, subrecipient will provide evidence of implementation and an updated data tracking framework for selected PSEC supportive activity #1 to ODH Program consultant via REDCap.

Policy, Systems and Environmental Change Supportive #2

Description: Between Sunday, Oct. 1, 2024, and Monday, Sept. 30, 2025, subrecipient will select one PSEC supportive activity related to focus area selected in Deliverables 11-13 (options listed in Appendix E). These activities must enhance and complement primary PSEC activities but are not meant as stand-alone initiatives.

- **Deliverable 15A:** By Monday, March 31, 2025, subrecipient will submit an implementation plan and an updated data tracking framework for PSEC Supportive activity #2 to ODH Program Consultant via REDCap.
- **Deliverable 15B:** By Tuesday, Sept. 30, 2025, subrecipient will provide evidence of implementation and an updated data tracking framework for selected PSEC supportive activity #2 to ODH Program Consultant via REDCap.

SUPPLEMENTAL FUNDING-optional
Child Injury Action Group Coalition (CIAG) Deliverables

Membership

Description: Between Tuesday, Oct. 1, 2024, and Tuesday, Sept. 30, 2025, the subgrantee awarded the Supplemental Funding will increase membership into the statewide CIAG, its subcommittees, and Ohio Injury Prevention Partnership by doing the following:

- **Deliverable 16:** By Tuesday, October 15, 2024, subrecipient will update orientation materials for new and potential members (strategic plan or link; contact list for leadership; meeting list; and last action group meeting minutes) and submit to ODH Program consultant via REDCap.
- **Deliverable 17:** By Oct. 31, 2024, and Monday, March 31, 2025, update PowerPoint Presentation for Orientation and submit to ODH Program consultant via GMIS.
- **Deliverable 18:** By Tuesday, Sept. 30, 2025, subrecipient will facilitate the New Member Orientation for the CIAG at OIPP Meetings in Nov. 2024 and May 2025 as evidenced by OIPP New Member Orientation meeting attendance to ODH Program consultant via REDCap.
- **Deliverable 19:** Quarterly, the subrecipient will update membership platform as needed for the CIAG, as evidenced by screenshots submitted to ODH Program consultant via REDCap and regular platform checks by consultant on Tuesday, Dec. 31, 2024, Monday, March 31, 2025, Monday, June 30, 2025, and Sept. 30, 2025.
- **Deliverable 20:** By Tuesday, Dec. 31, 2024, subrecipient will submit a targeted recruitment plan detailing how agency will increase membership and identify at least one targeted group/population related to child injury prevention to join the CIAG to ODH Program consultant via REDCap.
- **Deliverable 21:** By Tuesday, Sept. 30, 2025, subrecipient will submit evidence of implementation of recruitment plan for targeted group/population related to child injury prevention to join the CIAG to ODH Program consultant via REDCap.
- **Deliverable 22:** By Tuesday, Sept. 30, 2025, subrecipient will actively participate in all OIPP Leadership calls and will submit documentation to ODH Program consultant via REDCap.

Committees

Description: Between Tuesday, Oct. 1, 2024, and Tuesday, Sept. 30, 2025, the subrecipient awarded the Supplemental Funding will coordinate and ensure that the CIAG committee and its subcommittees have quarterly scheduled meetings, include chairs/co-chairs, conduct scheduled meetings, submit required written reports, and provide technical assistance to subcommittee chairs as needed.

- **Deliverable 23:** By Tuesday, Dec. 31, 2024, subrecipient will develop and submit an annual list of subcommittee meeting/conference calls dates, times, and links to access to ODH Program consultant.
- **Deliverable 24:** By Tuesday, Dec. 31, 2024, Monday, March 31, 2025, Monday, June 30, 2025, and Tuesday, Sept. 30, 2025, subrecipient must create and submit a PowerPoint for CIAG quarterly meetings to ODH Consultant via REDCap. Documentation submitted in REDCap must also demonstrate PowerPoint was submitted to ODH at least 30 (thirty) days in advance of meeting.
- **Deliverable 25:** By Tuesday, Dec. 31, 2024, Monday, March 31, 2025, Monday, June 30, 2025, and Sept. 30, 2025, subrecipient will facilitate a minimum of quarterly leadership and quarterly CIAG meetings using the approved ODH templated and submit agendas and minutes to ODH Program consultant via REDCap.
- **Deliverable 26:** By Tuesday, Dec. 31, 2024, Monday, March 31, 2025, Monday, June 30, 2025 and Saturday, Sept. 30, 2025, subrecipient will submit a summary of all subcommittee meetings held during quarter to include date of meeting; # of attendees; who led meeting; and any major accomplishments and/or challenges identified by meeting leaders, and what type of technical assistance the CIAG Coordinator provided to each subcommittee chairs, if applicable, to ODH Program consultant via REDCap.

Administrative

Description: Between Tuesday, Oct. 1, 2024, and Tuesday, Sept. 30, 2025, the subrecipient awarded the Supplemental Funding will administer the CIAG Coalition and support subcommittees to further statewide child injury prevention efforts:

- **Deliverable 27:** By Monday, March 31, 2025, and Tuesday, Sept. 30, 2025, subrecipient will review and update the CIAG strategic plan with recommendations and updates from each CIAG respective subcommittee to ODH Program consultant via REDCap (1/2 reimbursement at end of 2nd quarter).
- **Deliverable 28:** By Tuesday Dec. 31, 2024, subrecipient will update pilot projects solicitation and plan for advertising solicitation to ODH Program Consultant via REDCap.
- **Deliverable 29:** By Monday, March 31, 2025, subrecipient will submit completed pilot project review sheets, final scores with summary of selected projects and contracts to ODH Program Consultant via REDCap.
- **Deliverable 30:** By Monday, March 31, 2025, and Monday, June 30, 2025, subrecipient will submit a progress report for selected pilot projects and identify any potential barriers to completion to ODH Program Consultant via REDCap.
- **Deliverable 31:** By Tuesday, Sept. 30, 2025, subrecipient will submit final report to include evidence of implementation for each pilot project as demonstrated by documents created, attendance sheets, data metrics captured etc.; a summary of projects; and arrange for partners to present project, to ODH Program Consultant via REDCap.

Appendix B2

Name of Subgrant Program: Child Injury Prevention
(IC)

Form# OFA-
011

Budget Period: 10/01/2024 - 09/30/2025

of Deliverables: 31

Use Budget Justification Scenario #: 1

☐ Base Only

☐ Base and

Deliverables

☒ _X_ Deliverables Only

	Stark County Health Department	Perry County Health Department	Tuscarawas County Health Department	Akron Children's Hospital	ProMedica Toledo Children's Hospital	Columbus City Health Department	TOTAL
Deliverable 1 (Local Community Coalition Meeting Minutes)	\$4,000	\$4,000	\$4,000	\$4,000	\$4,000	\$4,000	\$24,000
Deliverable 2 (Local Community Coalition Activity)	\$2,000	\$2,000	\$2,000	\$2,000	\$2,000	\$2,000	\$12,000
Deliverable 3 (Local Coalition-Strategic Plan Activity)	\$2,000	\$2,000	\$2,000	\$2,000	\$2,000	\$2,000	\$12,000
Deliverable 4 (Child Injury Action Group (CIAG) Subcommittee Facilitation)	\$4,000	\$4,000	\$4,000	\$4,000	\$4,000	\$4,000	\$24,000
Deliverable 5 (Ohio Injury Prevention Partnership (OIPP) and CIAG attendance)	\$3,000	\$3,000	\$3,000	\$3,000	\$3,000	\$3,000	\$18,000

Deliverable 6 (Child Prevention Awareness Week or Month)	\$3,500	\$3,500	\$3,500	\$3,500	\$3,500	\$3,500	\$21,000
Deliverable 7 (Professional Development)	\$1,000	\$1,000	\$1,000	\$1,000	\$1,000	\$1,000	\$6,000
Deliverable 8 (Workplan)	\$1,000	\$1,000	\$1,000	\$1,000	\$1,000	\$1,000	\$6,000
Deliverable 9 (Year-2 Capacity Evaluation)	\$2,000	\$2,000	\$2,000	\$2,000	\$2,000	\$2,000	\$12,000
Deliverable 10 (Full-time Coordinator Requirement)	\$500	\$500	\$500	\$500	\$500	\$500	\$3,000
Deliverable 11 (Policy, Systems and Environmental Change (PSEC) #1)	\$22,000	\$22,000	\$22,000	\$22,000	\$22,000	\$22,000	\$132,000
Deliverable 12 (PSEC #2)	\$22,000	\$22,000	\$22,000	\$22,000	\$22,000	\$22,000	\$132,000
Deliverable 13 (PSEC #3)	\$22,000	\$22,000	\$22,000	\$22,000	\$22,000	\$22,000	\$132,000
Deliverable 14 (PSEC Supportive #1)	\$9,000	\$9,000	\$9,000	\$9,000	\$9,000	\$9,000	\$54,000
Deliverable15 (PSEC Supportive #2)	\$9,000	\$9,000	\$9,000	\$9,000	\$9,000	\$9,000	\$54,000
TOTAL:	\$107,000	\$107,000	\$107,000	\$107,000	\$107,000	\$107,000	\$642,000
Supplemental #1: Child Injury Action Group (CIAG)							
Deliverable 16 (Update Orientation Materials)	\$300						

Deliverable 17 (PowerPoint for Orientation)	\$600
Deliverable 18 (Facilitate New Orientation)	\$1,500
Deliverable -19 (Membership Administration)	\$4,600
Deliverable 20 (Targeted Recruitment Plan)	\$1,000
Deliverable 21 (Implement Recruitment Plan)	\$2,000
Deliverable 22 (Ohio Injury Prevention Partnership Leadership Meetings)	\$500
Deliverable 23 (Subcommittee Meetings)	\$200
Deliverable 24-PowerPoint for CIAG Meetings	\$1,300
Deliverable 25 (Facilitating quarterly CIAG and CIAG Leadership Meetings)	\$8,000
Deliverable 26 (Summary of subcommittee meetings)	\$1,600
Deliverable 27 (Strategic Plan Update)	\$2,000
Deliverable 28 (Pilot Project Solicitation)	\$400
Deliverable 29 (Pilot Project Review and Award)	\$1,000
Deliverable - Objective 30 (Pilot Project Management	\$30,000

Deliverable - Objective 31 (Pilot Project Final Report)	\$1,000						
Supplemental Funding #1 Total	\$56,000						

Total Funding	\$163,000	\$107,000	\$107,000	\$107,000	\$107,000	\$107,000	\$698,000
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Appendix C

ODH Evidence of Health Equity Strategies Checklist

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

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

Racial and ethnic minorities, those living in rural communities, people with disabilities, the LGBTQ community and Ohio's economically disadvantaged residents do not have the same opportunities as other groups to achieve and sustain optimal health. Health disparities occur when these groups experience more disease, death, or disability beyond what would normally be expected based on their relative size of the population. Health disparities are often characterized by such measures as disproportionate incidence, prevalence and/or mortality rates of diseases or health conditions. Health is largely determined by where people live, learn, work, play, and age. Health disparities are unnatural and occur because of low socioeconomic status, race/ethnicity, sexual orientation, gender, disability status, geographic location, or some combination of these factors. Those most impacted by health disparities also tend to have less access to resources like healthy food, safe housing, quality education, safe neighborhoods and freedom from racism and other forms of discrimination. These are referred to as **social determinants of health (SDOH)**. SDOH are a root cause of health disparities. The systematic nature of health disparities is considered unjust and is referred to as **health inequities**. The ability of everyone to have the same opportunity to achieve the best health possible is referred to as **health equity**. Programs that incorporate social determinants into the planning and implementation of interventions will greatly contribute to advancing health equity.

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

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

guidance on methodology to establish equity targets, review [2030 Target Setting Methodologies for Objectives in Healthy People 2030](#).

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

The following are best practices aimed at eliminating disparities and achieving health equity. They are not required, but highly encouraged to use.

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

Appendix D

Year 2 Required Strategies & Guidance on Deliverables Injury Prevention-Child Injury Prevention (IC25)

Please Note: Proposed strategies should not be duplicative of activities already funded through the Ohio Department of Health or that your agency already implements. If similar activities or activities within the same category are proposed, the applicant should differentiate between current work and fully explain how the child injury prevention proposed strategies will be additive and not duplicative.

Local Community Coalition

The activities within this section are intended for communities to maintain and enhance their existing coalition(s).

Deliverable	Enhance Existing Coalition
1	Attend at least quarterly community coalition meetings and submit meeting minutes and attendance.

Attend quarterly local coalition meetings (Deliverable 1): Local coalitions should meet in person or virtually no less than quarterly. Meeting agendas, meeting minutes and attendance sheets should be developed as evidence of these meetings. Quarterly meetings should be clearly reflected in the process objectives of the work plan. Members should be comprised of community stakeholders focused on child injury prevention. This includes members from diverse communities including racial and ethnic minority populations, parents of children with disabilities, disability advocates, and representatives from affected populations. The subrecipient may ask for quarterly reimbursement.

Local Community Coalition Activity (Deliverables 2-3): The activities within this section are intended to allow communities to maintain and enhance their existing coalition(s). Each subrecipient must complete both activities in the Existing Coalition category.

Deliverable	Enhance Existing Coalition Year 1 (select this only if building capacity was selected in year 1)	Enhance Existing Coalition Continuation (select this only if existing coalition was selected in year 1)
2	Coalition evaluation.	
3	Create a strategic plan.	Update strategic plan.

ENHANCE EXISTING COALITION- subrecipients must complete both activities below based on the IC grant funding and activities.

Local Coalition Evaluation (Deliverable 2): Expansion and evaluation of a local coalition is a year-2 activity for communities with an existing coalition to identify areas of strengths and weaknesses prior to updating the strategic plan. This process is intended to be completed in collaboration with coalition members. A list of recommendations and next steps should be produced and submitted to ODH per the timeframes in the attached deliverables in Appendix B1. ODH can provide coalition evaluation guidance. This deliverable is due Tuesday, Sept. 30, 2025.

- a. Subrecipients must expand coalition membership by at least 3 (three) key stakeholders per year. The coalition should meet no less than quarterly. Meeting agendas, meeting minutes and attendance sheets should be developed as evidence of these meetings. Quarterly meetings should be clearly reflected in the process

objectives of the work plan. Meetings should be held in accessible locations or virtually to ensure that all community members can participate, including those with disabilities.

Local strategic plan (Deliverable 3): Well established coalitions should update their strategic plan regularly for the coalition to identify and fill gaps for prevention efforts for child injury in their community. A strategic plan review with edits should be conducted in collaboration with coalition members and other interested community members. This deliverable is due Monday, June 30, 2025.

- a. If building capacity was selected as a year 1 strategy for the local coalition, a strategic plan should be created. Agencies that selected to enhance an existing coalition in year 1 would continue to review and update their current strategic plan. The resulting strategic plan should include the activities proposed in this application; outline how coalition member organizations will support implementation; and identify roles for coalition members and member organizations. The final document should be provided to the ODH grants consultant per the timeframes in the attached deliverables in Appendix B1.
- b. Subrecipients must implement strategic plan activities throughout the grant year and submit documentation as evidence of implementation.

Statewide Coalition & Implementation of State Plans (Deliverables 4-5)

Applicants should plan for and be involved in statewide efforts for child injury prevention.

Focus Area	Deliverable	Activities
State Coalitions	4	Facilitate Child Injury Action Group (CIAG) subcommittee. Facilitate quarterly meetings for an assigned CIAG subcommittee and work on related goals or goals of interest within the CIAG Coalition strategic plan.
	5	Participate in Ohio Injury Prevention Partnership (OIPP) Participate in 3 (three) OIPP and 3 (three) CIAG meetings. Attendance at the in-person OIPP annual meeting is required.

Facilitate a CIAG subcommittee (Deliverable 4): As a community receiving funding to work on this issue, these strategies, successes, lessons learned, and emerging best practices should not be completed in a vacuum. The emphasis for funded projects is two-fold – first, to make a positive impact on injuries and fatalities at the local level, and second, to share information and support other counties seeking information or guidance. Funded agencies will be considered leaders among their peers in child injury prevention and should subsequently be willing to share their experiences and knowledge. Successful applicants should plan for an increased role in the OIPP by 1) serving as a facilitator for a select CIAG subcommittee; 2) actively participating on subcommittees by offering input, volunteering for projects, and regularly attending meetings and conference calls; 3) spearheading implementation of projects outlined in the designated state plan that are aligned with proposed local strategies; and 4) provide update strategic plan updates to the CIAG coordinator each quarter.

Participate in Ohio Injury Prevention Partnership (Deliverable 5): The ODH Violence and Injury Prevention Section (VIPS) facilitates the Ohio Injury Prevention Partnership (OIPP), a statewide coalition with goals aligned to this funding opportunity. Subrecipients are required to attend three (3) CIAG and three (3) OIPP meetings. Attendance at the annual in-person OIPP meeting is required. Funded applicants will receive the attendance template at the beginning of the grant year.

Focus Area	Deliverable	Activity
National Awareness Planning	6	Work with their local coalition to implement a national child injury awareness mobilization week or month.

1. By March 31, 2025, subrecipient should submit a plan that identifies the awareness week/month and tentative plan to ODH that details implementation of community event or communication campaign that uses a national toolkit, if available, and upon approval from ODH. The plan should include details as to how their local coalition will be involved in planning/implementing the plan.
 - a. **Communication Campaign:** If a subrecipient is implementing a communication campaign, it is expected that paid advertising is utilized. Examples of paid advertising include print ads, social media sponsored ads, radio advertising, paid advertisements in newspapers, etc. The plan should identify the medium for the communication campaign, target audience, evaluation method for collecting reach of ads and materials developed or identify what materials will be used (toolkits, CDC materials, ODH materials, etc.). It should be noted that the use of TikTok is not permitted. Subrecipients campaign must be approved by ODH prior to implementation.
 - b. **Event:** If subrecipient chooses to host an event, the plan should include date/time of event, location, logistics, promotion efforts, if speakers/presentation will be given, materials needed, etc.
2. By Sept. 30, 2025, the subrecipient will provide a summary that shows implementation of communication or event plan. The summary should include materials developed, screenshots of social media posts, photos, articles, campaign reach or number of people at event, and other documentation demonstrating implementation. The summary should also include successes and challenges.

Possible resources:

- <https://csn.org/>.
- <https://www.biausa.org/public-affairs/public-awareness/brain-injury-awareness>.
- <https://www.safekids.org/blog/gearing-national-bike-month>.
- <https://www.preventchildinjury.org/toolkits-landing>.

Professional Development (Deliverable 7)

Coordinator or designee is required to attend a conference or training for professional development and enhance the understanding of selected child injury prevention focus area. ODH approval for the conference or training is required prior to the event in accordance with the ODH Grants Administrative Policies and Procedures (OGAPP). Note: ODH does not allow reimbursement of food or drinks.

Focus Area	Deliverable	Activity
Professional Development	7	Attend a conference or training for professional development for selected focus area.

Workplan & Capacity Evaluation (Deliverables 8-9)

Updates to workplan and evaluation objectives are important to the success of your program. Subrecipients are required to submit a year-2 capacity evaluation provided by ODH in quarter 4.

Focus Area	Deliverable	Activity
Workplan and Capacity Evaluation	8	Workplan Update Submit updated workplan with edits and the progress/status section using outcome indicators where applicable.
	9	Capacity Evaluation- Submit a year-2 capacity evaluation provided by ODH.

- **Workplan Update (Deliverable 8):** Submit updated workplan activities and use progress/status section using the outcome indicators where applicable. The workplan is a living document and new partners, changes and activities should be detailed and current. Updates are due by Monday, March 31, 2025, and Monday, June 30, 2025.
- **Capacity Evaluation (Deliverable 9):** Capacity evaluations provide a framework to evaluate capacity and performance of the local public health system, which can help identify areas for system improvement, strengthen partnerships, and ensure that a strong system is in place for addressing public health issues. Subrecipients are required to submit a capacity evaluation provided by ODH to help gauge current community involvement and encourage local involvement in child injury prevention efforts. ODH will provide subrecipients with a template. This deliverable is due Sept. 30, 2025.

Full-time Coordinator Requirement (Deliverable 10): This deliverable is required to support documentation that the agency has one full-time/100% staff assigned to the Injury Prevention-Child Injury Prevention Grant, as required in the competitive solicitation. This verification is required twice a year and should be submitted in REDCap. Subrecipient will be expected to submit documentation on Monday, March 31, 2025, and Tuesday, Sept.30, 2025. Funded agencies will be provided template for this documentation at the start of the grant year.

Policy, Systems, and Environmental Changes (PSECs) Deliverables 11-13:

All proposed activities will use policy, system and environmental (PSEC) changes that support community level and public health child injury prevention activities. Policy, systems, and environmental change (PSEC) strategies are a way of making sustainable, lasting change within a community to make healthy choices practical and available to residents. PSECs shape the physical environments that impact our behavior. By making changes to laws and rules and shaping environments, communities can go beyond providing programs and services to create long-lasting conditions so people can eat better and move more where they live, learn, work, and play.

Policy changes include the passing of laws, ordinances, resolutions, mandates, regulations, or rules. Government bodies (federal, state, or local), park districts, healthcare organizations, worksites, and other community institutions (schools, jails, daycare centers, etc.) all make policies. Policies greatly influence the daily decisions we make about our health. It is important to note that a policy must be implemented and enforced to make a change.

Subrecipients are supported by the Preventive Health and Health Services Block Grant from CDC, and as such, funds cannot be used for the preparation, distribution, or use of any material (publicity/propaganda) or to pay the salary or expenses of grants, contract recipients, or agents that aim to support or defeat the enactment of legislation, regulation, administrative action, or executive order proposed or pending before a legislative body, beyond normal, recognized executive relationships, per the Ohio Department of Health's Notice of Award.

Systems change involves changes made to the policies, processes, power structures, and relationships within an organization that determine how resources and services get distributed. Systems change can also be implemented across organizations. Systems change and policy change often work hand-in-hand.

Environmental change is an actual transformation of the physical environment and creates the most lasting change that can impact our behavior when paired with sustainable systems and policy improvements. Environmental change can be as simple as installing bike signage on already established bike routes or as complex as sidewalk installation and pedestrian friendly intersections to promote walking and biking among all citizens.

EXAMPLE

Policy	Systems	Environmental	PSEC Supportive
Return to Learn (RTL) Policy at School or District level.	School or school district adopts a protocol or procedure to link health care providers to schools. Establishment of an RTL committee.	RTL signs installed. Designated area at school where RTL accommodations are provided.	RTL training. Concussion communication campaign. Helmet give aways. Concussion awareness events.

Focus Areas:

Transportation Safety	Traumatic Brain Injury	Adverse Childhood Experiences (ACEs)/ Positive Childhood Experiences (PCEs)	Drowning
<ul style="list-style-type: none"> Child Passenger Safety. Teen Driving. Bicycle/Pedestrian Safety. 	<ul style="list-style-type: none"> Return to Learn (RTL). Falls. 	<ul style="list-style-type: none"> Youth Violence. Child Maltreatment. 	<ul style="list-style-type: none"> Water Competency. Pool Assessment. Local Referral System. Life Jacket Loaner Program.

Policy, Systems and Environmental Changes (PSEC) and PSEC Supportive Strategies

For each PSEC and the optional PSEC supportive strategy, applicants should consider the following to form and propose Year 2 strategies: logical next steps for each PSEC strategy, based on year 1 proposed activities, progress made to date, and anticipated results from year 1. If full scale implementation has occurred in Year 1, subrecipients are required to expand the scope with additional partners or begin work on a new activity with a new implementation partner in Year 2. This must be specified in the workplan. It is expected that activities from year 1 will continue to be sustained in subsequent grant years. Subrecipients should continue to provide technical assistance and collect data to report from year 1 partners.

However, given that implementation of each PSEC strategy can vary, the following strategies are available for each applicant to customize their approach for Year 2 and must be identified in the Workplan (Appendix F) at application time:

- **Finish full-scale implementation from previous year** *(Select this if you did not fully implement your activity in year 1).*
- **Sustainability + Identification of a new strategy with same partner** *(Sustain strategy from year 1, plus add a new strategy with same partner).*
- **Sustainability + New Partner+ New Strategy** *(Sustain activity from year 1 with year 1 partner but expand by adding new strategy with new partner in year 2).*
- **Sustainability +keep strategy + new partner** *(Sustain activity from year with year 1 partner, plus add new partner doing same strategy from year 1).*
- **Sustainability + Expansion into neighboring county with same partner and activity** *(Sustain activity from year 1 with year 1 partner but expand with same partner into neighboring county identified in initial application).*
- **Sustainability+ same activity, same partner, new census area targeted in same county** *(Sustain strategy from year 1 with initial partners and expand into new census code within the same county(ies) in year 1).*
- **Sustainability** *(Only to be selected for PSEC Supportive)* Subrecipients must report on their sustainability activities in each quarterly report as part of their reimbursement for each PSEC. Quarterly sustainability activities should be included in the workplan.

Deliverables 11-13A

Partnership Agreements (PAs), memorandum of understanding (MOU) or letter of commitment (LOC) are formal, written documents that are intended to clearly define specific goals, activities, and responsibilities of each partner. It is important for both agencies to understand and agree to participate in each PSEC.

Subrecipients are expected to submit at least 1 (one) PA per PSEC by Tuesday, Dec. 31, 2024. These documents should be used as tools to lay out expectations and responsibilities for both parties. Partner agreement timelines should cover 2024-2028 and include language on data collection. If no new partnership agreements are needed, because year 1 agreements cover new strategies and locations, subrecipient should submit data tracking metrics for implementation in quarter 1, to include technical assistance provided in helping partners sustain or implement strategies. This activity is due Dec. 31, 2024.

Deliverables 11-13B

Technical assistance (TA) is a way for organizations to use expert help to assess their current capacity, build on strengths, and address underlying needs. TA includes training for PSEC partners, scheduling and facilitating, planning meetings, phone calls, emails, etc. TA will be an important component to the success of each PSEC. Subrecipients are expected to provide TA to the agencies identified in their partner agreements and workplan. Tracking instances of TA should be metrics that are included in data tracking framework. ODH will also provide a list of data-tracking metrics for PSECs and a template to use for the grant-cycle at the start of the grant year. Subrecipients must include information about activities sustained from year 1 of the grant this quarter. This activity is due March 31, 2025.

Deliverables 11-13C

Monitoring outcomes and collecting data help to inform decision making and track success. Each partner agreement should detail how each subrecipient will work with partners to capture data. ODH will provide a list of data-tracking metrics and a template to use for the grant-cycle. Updating data tracking framework shows implementation of each PSEC. Subrecipients must include information about activities sustained from year 1 of the grant this quarter. This activity is due June 30, 2025.

Deliverables 11-13D

Each PSEC should be able to show some evidence of implementation by the end of year one. Evidence of implementation needs to include documentation such as a signed policy, an environmental change documented by a photo or news article, system changes such as a procedural change. If a subrecipient is unable to complete a PSEC, they may submit a PSEC Impact Statement. ODH will provide guidance for development of statement during grant-year. Subrecipients must include information about activities sustained from year 1 of the grant this quarter. This activity is due Sept. 30, 2025.

Policy, Systems and Environmental Change Supportives (Deliverable 14-15)

PSEC supportives are intended to support the implementation of policy, systems, and environmental changes. The activity must enhance and complement primary PSEC activity (from Deliverable 11-13) but are not meant as stand-alone initiatives. Subrecipients must select 1 (one) PSEC supportive strategy from applicant's selected focus areas.

- a. Subrecipients must submit an implementation plan that outlines the logistics and timeline for the activity such as event date, campaign, materials needed, partners who will contribute activity relevant to implementing the PSEC supportive. Agency is also expected to work with program consultant to create metrics for data tracking framework to show implementation. This activity is due March 31, 2025.
- b. Agencies will submit a summary of PSEC supportive activity that shows implementation. Documentation could include screenshots of a campaign, documents created, photos of events and detail successes and challenges. This activity is due Sept. 30, 2025.

A total of three PSECs are required to be completed based on two focus areas selected in application. Two additional PSEC Supportives are also required. Only one social media campaign can be selected for a PSEC Supportive.

TRANSPORTATION SAFETY	
Child Passenger Safety (CPS)	Increase parent and/or caregiver knowledge and awareness of child passenger safety through the implementation of Child Passenger Safety Board's "Car Seat Basics" training within innovative settings. Car Seat Basics Training.
	Conduct at least five car seat check events that include the following (must complete all the activities listed below): <ul style="list-style-type: none">• At least three events should be done in partnership with a community partner that serves vulnerable populations.• Provide supplemental educational materials: booster seat materials, Ohio Buckles Buckeyes (OBB) card, <i>I'm Safe</i> resources (note: Occupant Protection Regional Coordination (OPRC) agencies cannot supplant funds for this activity).• National Digital Check Form (NDCF) should be utilized at all five events to record check forms of all families served.• Note: OPRC agencies cannot supplant funds for this activity.
	Increase outreach and engagement with Law Enforcement (LE) through the following (must complete all the activities listed below): <ul style="list-style-type: none">• Development and implementation of referral system to connect low-income families to OBB program.

	<ul style="list-style-type: none"> • Provide at least one CPS educational session with local law enforcement. • Attempt recruitment of Law Enforcement to local Child Passenger Safety Technician (CPST) courses. • Participate in CIAG CPS LE workgroup.
	<p>Disseminate statewide booster seat campaign, “Boost Your Child’s Odds of Staying Safe”, at the local level and conduct an evaluation using guidance provided by ODH by completing the following:</p> <ul style="list-style-type: none"> • Partner with at least four (two control and two intervention) early childcare settings or elementary schools to conduct observational study of caregivers of children aged 10 or younger. • Conduct baseline observation of booster seat usage. • Disseminate booster seat campaign materials. • Conduct follow-up study to measure change in behaviors/booster seat use and submit evaluation summary to ODH.
Teen Driving	<p>Facilitate implementation of policy at local high school requiring parent and student viewing of ODH Graduated Driver Licensing (GDL) module included as requirement for receiving parking pass. Applicant must create an account with Impact Teen Driver to access this module.</p> <p>Impact Teen Driver Modules.</p>
	<p>Facilitate implementation of system change at local driver training school requiring student viewing of ODH GDL module as inclusion of standard driver training school curriculum. Applicant must create an account with Impact Teen Driver to access this module.</p> <p>Impact Teen Driver Modules.</p>
	<p>Utilize <i>ThinkFirst</i> for Parents of Teen Drivers program to educate parents on teen driving and GDL adherence (with goal of innovative setting adopting training as a policy/system change). Applicant must create an account with Impact Teen Driver to access this module.</p> <p>Think First - Parents of Teen Drivers.</p>
Bicycle/Pedestrian Safety	<p>Partner with at least one local business to implement a sustainable helmet program to provide helmets (minimum to be established with ODH) to children at a high risk of concussion or to areas of low socioeconomic status. Note: the goal of this PSEC is to encourage the business to continue or expand the helmet program throughout the five-years (Must complete all the following):</p> <ul style="list-style-type: none"> • Bicycle helmet distribution and fitting. • Provide <i>HEADS UP</i> concussion education. • Advertisement plan for distribution. <p>https://www.cdc.gov/headsup/helmets/index.html https://ohioaap.org/wp-content/uploads/2021/09/2021-Bike-Helmet-Safety-Toolkit.pdf.</p>

	<p>Partner with at least one local school to implement a helmet policy, system or environmental change for youth who use wheeled sports/transportation in the community such as all-terrain vehicles (ATVs), rollerblades, scooters, bicycles, etc.</p> <p>https://www.cdc.gov/transportationsafety/bicycle/index.html.</p>
	<p>Partner local law enforcement or Emergency Medical Services (EMS) to implement a reward system for youth who wear helmets and un-helmeted youth are referred to agency for education and/or helmet.</p>
	<p>Partner with local schools, community center or agency that serves children to implement at least one policy, system, or environmental change from Safe Routes to School. (Examples: support local school with development of school travel plan, participate in existing safe routes to school committee and support infrastructure changes like sidewalk installation, signage improvements or pedestrian crossing signs and flashers, or support non-infrastructure changes like development of walking school bus, implementation of bike safety education).</p> <p>Safe Routes to School Partnership. Safe Routes to School Policies. School Based Safety Projects. Ohio Department of Transportation Safe Routes to School Program.</p>
PSEC Supportives for Transportation Safety	<p>Increase awareness through coordination of an event and/or communication campaign for:</p> <ul style="list-style-type: none"> • Heatstroke Prevention. https://www.trafficsafetymarketing.gov/get-materials/child-safety/heatstroke-prevention. • Distracted Driving Awareness Month. https://www.trafficsafetymarketing.gov/get-materials/distracted-driving. • National Teen Driver Safety Week. https://www.trafficsafetymarketing.gov/get-materials/teen-safety/national-teen-driver-safety-week. • Walk or Bike to School Day. https://www.walkbiketoschool.org/. • Active transportation-Your Move. https://www.transportation.ohio.gov/about-us/resources/yourmove.

TRAUMATIC BRAIN INJURY (TBI)	
Return to Learn (RTL)	<p>Partner with at least three schools or one school district serving at least three schools to implement Ohio's Return to Learn/Concussion Team Model.</p> <ul style="list-style-type: none"> • Subrecipients should use data to identify areas of low uptake to focus implementation efforts. • Provide training and technical assistance to local schools or districts. • Implement a policy. <p>https://odh.ohio.gov/know-our-programs/child-injury-prevention/youthconcussions.</p>
	<p>Partner with at least three rural schools who are not connected to or close to a pediatric hospital or one school district serving at least three rural schools to implement Ohio's Return to Learn/Concussion Team Model.</p> <ul style="list-style-type: none"> • Subrecipients should use data to identify areas of low uptake to focus implementation efforts. • Provide training and technical assistance to local schools or districts. • Implement a policy. <p>https://odh.ohio.gov/know-our-programs/child-injury-prevention/youthconcussions.</p>
	<p>Partner with at least one local hospital or three pediatric offices to educate and create a policy or procedure to educate staff and create a system to connect health care provider and schools using the Ohio's Return to Learn/Concussion Team Model.</p> <p>https://odh.ohio.gov/know-our-programs/child-injury-prevention/youthconcussions.</p>
	<p>Choose an innovative partner to educate and create a system using Ohio's Return to Learn/Concussion Team Model. At least one policy or procedure should be developed, and partner choice must be approved by ODH.</p> <p>https://odh.ohio.gov/know-our-programs/child-injury-prevention/youthconcussions.</p>
	<p>Partner with at least one local colleges/universities to implement a policy or procedure for returning a student to the academic setting following a concussion and provide technical assistance to colleges/universities on the development and implementation of a policy to utilize that provides academic accommodations for students.</p> <p>https://www.gillettechildrens.org/your-visit/patient-education/college-accommodations-after-a-traumatic-brain-injury-concussion.</p> <p>https://ecommons.udayton.edu/sehs_brc/41/.</p> <p>https://learn.cbirt.org/1/course/view.php?id=12.</p>
Falls	<p>Partner with home visiting program, Emergency Medical Services (EMS), childcare center or other local agency to implement a Home Safety Tips checklist and partner with local childcare center/EMS fire and complete at least ten checks and at least one environmental change.</p> <p>https://www.safekids.org/sites/default/files/documents/home_safety_tips.pdf.</p> <p>https://www.safekids.org/tip/falls-prevention-tips</p> <p>Partner with local government, private playground, school, or childcare center to</p>

	<p>assess age-appropriate, well-maintained playground equipment, provide recommendations for improvement and implement at least one environmental change.</p>
PSEC Supportives for TBI	<p>Increase awareness through coordination of an event and/or communication campaign for:</p> <ul style="list-style-type: none"> • CDC Heads Up TBI Education https://www.cdc.gov/headsup/index.html.
	<ul style="list-style-type: none"> • Falls Prevention https://www.safekids.org/tip/falls-prevention-tips.

ADVERSE CHILDHOOD EXPERIENCES/POSITIVE CHILDHOOD EXPERIENCES (ACEs/PCEs)	
Youth Violence, Child Maltreatment	<p>Partner with local mental health/addiction agency, schools, or community-based organizations to implement at least one public health related PSEC from the following toolkits and resources If agency was previously funded by the ODH-Child Injury Prevention grant or has a child injury prevention program that does similar work, and activity that has already been completed in the past, agency must explain how they will either be enhancing or expanding upon the selected activity.</p> <p>Adverse Childhood Experiences (ACEs). Child Abuse & Neglect. Youth Violence.</p> <p>Resource Guide: Connecting the Dots: An Overview of the Links Among Multiple Forms of Violence.</p>
PSEC Supportive for ACEs/PCEs	<p>Increase awareness through coordination of an event and/or communication campaign for:</p> <ul style="list-style-type: none"> • <i>Preventing Adverse Childhood Experiences</i> https://www.aap.org/en/news-room/campaigns-and-toolkits/preventing-adverse-childhood-experiences/.

DROWNING	
Water Competency	<p>Partner with at least one local community swimming pool or agency to offer free or reduced cost swimming lessons to children at higher risk of drowning based on data of low socioeconomic status or children with special needs or underlying medical conditions that make them vulnerable to drowning. Strategy must have a caregiver education component.</p>
Pool/water Assessment	<p>Partner with at least one local swimming pool or body of water to assess pool/water safety and implement at least one environmental change using the Model Aquatic Health Code (MAHC) and recommendations from The American</p>

	<p>Academy of Pediatrics (AAP). https://www.cdc.gov/mahc/networks-tools-forms.html https://publications.aap.org/pediatrics/article/143/5/e20190850/37134/Prevention-of-Drowning.</p>
Local Referral system	<p>Partner with local boating/pool stores or marina to implement a system for educating staff, providing educational materials, and develop a referral system to receive drowning information and/or swim lesson information for clients who purchase water-recreation related products. This system must include a procedure for staff training, education distribution, and must collect data on the number of materials distributed in the community.</p>
Life Jacket Loaner Program	<p>Work with local marina, campground, fire/police station or other local agency to implement a new life jacket loaner program and provide education to residents. https://www.boatus.org/life-jacket-loaner/downloads/loaner-program-guide.pdf.</p>
PSEC Supportive for Drowning	<p>Increase awareness through coordination of an event and/or communication campaign for:</p> <ul style="list-style-type: none"> • Drowning prevention using AAP toolkit. https://www.aap.org/en/news-room/campaigns-and-toolkits/drowning-prevention/.

Solicitation Application Instructions

Injury Prevention-Child Injury Prevention (IC) Grant

To complete the application for ODH, respond to the prompts by fully addressing the statements or questions within each section. A Word version of this Request for Proposal (RFP) and all required attachments will be available to applicants once the RFP is posted on the ODH website, and a notice of intent to apply for funding has been submitted. Attachments should be named as outlined below and attached in GMIS 2.0 per system instructions. Appendix -A, Reimbursement Type Form must be completed and submitted to ODH by Friday, May 3, 2024. Please email completed form to Maria Kapenda (Maria.Kapenda@odh.ohio.gov).

Please Note: Proposed strategies should not be duplicative of activities already funded through the Ohio Department of Health or that your agency already implements. If similar activities or activities within the same category are proposed, the applicant should differentiate between current work and fully explain how the child injury prevention proposed strategies will be additive and not duplicative.

The following components are required for submission outside of the required sections in GMIS:

1. **Work Plan** – no page limit – **use template provided** Named “Insert Agency name_Workplan_2025”.
2. **Budget Narrative** – no page limit – Named “Insert Agency Name_Budget_2025”.

This funding is deliverables-based, and the required budget narrative should follow the template provided in GMIS bulletin (follow scenario #1).

3. **Position Descriptions and Resumes**-no page limit- Named “Insert Agency name_Resume and Job Description_2025”. This is only if the agency has new personnel different from what was submitted at the start of the competitive grant year.

Workplan (no page limit)

The workplan is an important tool to help implement Policy System and Environmental Changes. The workplan should be detailed and used to plan and keep grant activities organized and on track. Please use these instructions to complete the Annual Work Plan Template available below. Each agency will receive an Excel document, please complete each section of the workplan using the PSECs and activities identified in application. The annual work plan should mirror the narrative but include specific implementation steps and other detailed information. The purpose of the workplan is also to monitor grant activities and used as a tool in the event of staff changes, vacancies, or changes in grant activities.

For the purposes of this application, please provide a detailed 12-month workplan for project year- 2 which covers **10/1/2024 – 9/30/2025**. Applicants must include the required activities for each focus area. Please use **Appendices D** for additional guidance on required activities. Note: additional rows should be added to include detail for each deliverable.

1. **Long Term Outcome Objective:** Long-term objectives represent the results expected from pursuing certain strategies. Strategies and activities represent the actions to be taken to accomplish long-term objectives. The time frame for the long-term objective should be the 5-year grant cycle. A suggested long-term outcome objective is:

By September 30, 2028, XYZ Organization and XYZ Community Coalition will reduce unintentional child injury fatalities by xx% in XYZ County(ies).

2. **Shared Risk and Protective Factors:** A public health approach to preventing injuries, violence, and other public health problems requires having a holistic understanding of their root causes. Risk factors are characteristics and conditions that increase the likelihood of experiencing an adverse health or quality-of-life outcome. Protective factors are the inverse: these characteristics and conditions decrease or mitigate the likelihood of experiencing an adverse outcome or increase the likelihood of experiencing a positive outcome. Please select at least one risk and protective factor for each PSEC area. For more information please see: <https://www.safestates.org/page/ConnectionsLab#:~:text=A%20shared%20risk%20and%20protective,quality%20of%20life%20outcomes>.
3. **Policy, System or Environmental Change**-please select from pull-down if your activity will address policy, system, environmental change, or a combination. If you selected combination, please explain in the cell provided.
4. **Specific, Measurable, Attainable, Relevant, and Time-Bound (SMARTIE): Process Objectives:** Each deliverable should have an objective that should be written as SMARTIE.
Examples of SMARTIE goals should be:
 - Specific – Provides a clear description of what needs to be accomplished.
 - Measurable – Provides a metric, or number, that identifies when the objective has been achieved.
 - Attainable – The objective must be achievable, within the timeframe and resources allocated.
 - Relevant – Meaningful, significant, and aligned with corporate priorities.
 - Time-Bound – The objective must be concluded by a specific date.
 - Inclusive– Objective must include consideration for and input from the population of focus and your community partners.
 - Equitable– This objective must address unique needs and circumstances of different populations.
5. **Priority Population for years 1 and 2:** Each activity and PSEC should be and include a target audience or priority population. Health equity should be addressed in each priority population area and should mirror the narrative submitted in application.
6. **Evaluation Measures:** Evaluation is an important component for grant activity success. Each grant activity should have an evaluation question or method to determine success.
Examples include:
 - What are the outputs, outcomes, objectives, and goals of the project?
 - Are outcomes, objectives, and goals achieved?
 - Are the project/program services/activities beneficial to the target population?
 - Do they have negative effects? e. Is the target population affected by the project/ program equitably or according to the evaluation plan?
 - Is the problem that the project/ program intends to address alleviated.
7. **Identify Status of Deliverable at Application:** Please select a strategy from the following options:
 - **Finish full-scale implementation from previous year** (*Select this if you did not fully implement your activity in year 1*).
 - **Sustainability + Identification of a new strategy with same partner** (*Keep doing same activity with same partner from year 1 but add a new strategy with the same partner*).
 - **Sustainability + New Partner+ New Strategy** (*Keep doing same activity from year 1 but add a new strategy and new partner*).
 - **Sustainability +keep strategy + new partner** (*Keep doing same activity from year 1 but add new partner*).
 - **Sustainability + Expansion into neighboring county with same partner and activity.**

- **Sustainability+ same activity, same partner, new census area targeted in same county** (*Same activity, same partner, but reach of child injury would be in a different census code*).
- **Sustainability** (*Only to be selected for PSEC Supportive*).

- 8. Partners:** List partners planned to be sustained from year 1 and potential year 2 partners. Applicant may leave year 2 blank for the application and update in March and June 2025 for program report.
- 9. Workplan Changes:** This should be left in application. Subrecipient should update this cell when submitting updated workplan in March and June 2025 as outlined in appendix B1.
- 10. Deliverable:** Applicant should insert rows or may delete rows as necessary to ensure that each deliverable has action steps for completion. Each activity or steps proposed row should align with the appropriate deliverable number.
- 11. Timeline – Start and end date:** Assign a timeline that includes a start and end date for each activity; state the time-period (in dates) when the activity will take place. **Do not list the entire project year as the start and end dates**; consider the length of time each implementation step will take to accomplish and note those dates here.
- 12. Progress-**select from dropdown (please select “not started” for those activities planned for year 2. Progress changes should be updated in March and June 2025 as outlined in B1.
- 13. Activities or Steps Proposed:** For each deliverable write activities that will be completed to accomplish each deliverable. Activities should logically connect and should provide enough detail so that the workplan can be used as a guide for grant activities in the case of staff changes. ODH understands this is a tentative plan and any changes should be documented on the workplan. **Please list one activity per excel line** with a timeline that estimates the duration of that activity.

Applicants are expected to follow the same activities and criteria related to health equity indicated in the year 1 solicitation and approved applications. Expansion into other census and area codes for year 2 is allowed with priority given to those in health improvement zones with higher social vulnerability index scores, subject to ODH program approval.

**FFY 2025 INJURY PREVENTION-CHILD INJURY PREVENTION (IC25)
ANNUAL WORK PLAN 2024-2025**

County:		Agency:	
Grant/GMIS #:		Contact Name:	

SECTION I - ANNUAL WORK PLAN (2024 - 2025)

The purpose of the Annual Work Plan is to state your intended activities for each objective to demonstrate how the project intends to move the required activities forward. **Please enter the program objectives that you intend to work on in the appropriate section and complete the tables that follow.** This workplan is required to be updated March 31 and June 30, 2025, as defined in Appendix B1 and should include both in-person and virtual considerations, when applicable. Please use Appendix E for specific workplan completion instructions.

Long Term Objective:

**Shared Risk and
Protective Factors for
each focus area**

Local Community Coalition (Deliverables 1-3):

**Specific, Measurable,
Attainable, Relevant,
Time-Bound, Inclusive,
and Equitable
(SMARTIE): Objective:**

Priority population

**Were you capacity
building or enhancing
coalition in year 1?**

**Evaluation Measure
(How do you know you
have been successful?)**

Deliverable#	Timeline (Month/Year)		Progress Select from Drop- Down Menu	Activities or Steps Proposed (Describe the significant activities/steps proposed for each deliverable)
	Start	End		
#1 Local coalition meetings			Not Started	
#2 Local Coalition Evaluation			Not Started	
#3 Strategic Plan Activity: Either creating a plan or updating.			Not Started	

Statewide Coalition & Implementation of State Plans (Deliverables 4-5)

Specific, Measurable, Attainable, Relevant, Time-Bound, Inclusive, and Equitable (SMARTIE): Objective:				
Evaluation Measure (How do you know you have been successful?)				
List subcommittee you help chair.				
Deliverable#	Timeline (Month/Year)		Progress Select from Drop- Down Menu	Activities or Steps Proposed (Describe the significant activities/steps proposed for each deliverable)
	Start	End		
#4 Facilitate assigned Child Injury Action Group subcommittee			Not Started	
#5 Participate in Ohio Injury Prevention Partnership and Child Injury Action Group meetings, and provide strategic plan updates to			Not Started	

the CIAG coordinator, as required in solicitation.				

Child Injury Prevention Awareness Week or MonthPlanning (Deliverable 6)

Evaluation Measure (How do you know you are successful?)				
List partners you will engage for your falls awareness week.				
Deliverable #	Timeline (Month/Year)		Progress Select from Drop-Down Menu	Activities or Steps Proposed (Describe the significant activities/steps proposed for each deliverable)
	Start	End		
#6A Child Injury Prevention Awareness Week or Month planning			Not Started	
#6B Implementation of Child Injury Prevention Awareness week or month.			Not Started	

Professional Development (Deliverable 7)

Name of professional development conference or training				
Link to training/conference website				
Deliverable#	Timeline (Month/Year)		Progress Select from Drop-Down Menu	Activities or Steps Proposed (Describe the significant activities/steps proposed for each deliverable)
	Start	End		
#7 Professional Development			Not Started	

Workplan & Capacity Evaluation (Deliverables 8-9)				
Deliverable#	Timeline (Month/Year)		Progress Select from Drop-Down Menu	Activities or Steps Proposed (Describe the significant activities/steps proposed for each deliverable)
	Start	End		
#8 Workplan updates			Not Started	
#9 Year-2 Capacity evaluation			Not Started	
Full-time Coordinator Requirement (Deliverable 10)				
Deliverable#	Timeline (Month/Year)		Progress Select from Drop-Down Menu	Activities or Steps Proposed (Describe the significant activities/steps proposed for each deliverable)
	Start	End		
#10 Full-time Coordinator Requirement				
PSEC Strategy #1 (Deliverable 11)				
Please select Focus Area				
PSEC selected in year 1: as written in solicitation				
PSEC selected in year 2: as written in solicitation				
PSEC Type <i>(please select from drop down)</i>	Policy		If Combination, please explain here	
SMARTIE Objective:				
Priority population	Year 1:			
	Year 2:			
Evaluation Measure (How do you know you have been successful?)				
Identify status of deliverable at application (drop down):	Please Select			

Partners sustained from year 1.				
Partner Agreements: Please list new partners for year two.				
Did you workplan change this quarter? (do not complete this section with application)	Please select			Please Explain:
Deliverables A-D:	Timeline (Month/Year)		Progress Select from Drop-Down Menu	Activities or Steps Proposed (Describe the significant activities/steps proposed for each deliverable)
	Start	End		
#11A Partner Agreements (PA)/Memorandum of Understanding (MOU) and/or data tracking framework (DTF).			Not started	
#11B Technical Assistance and DTF.			Not started	
#11C Evidence of Implementation and DTF.			Not started	
#11D Evidence of Implementation and/or PSEC Impact Statement, with updated DTF.			Not started	
PSEC Strategy #2 (Deliverable 12)				
Please select Focus Area				
PSEC selected in year 1: as written in solicitation				

PSEC selected in year 2: as written in solicitation				
PSEC Type <i>(please select from drop down)</i>	Policy		If Combination, please explain here	
SMARTIE Objective:				
Priority population	Year 1:			
	Year 2:			
Evaluation Measure (How do you know you have been successful?)				
Identify status of deliverable at application (drop down):	Please Select			
Partners sustained from year 1.				
Please list new partners for year two:				
Did you workplan change this quarter? (do not complete this section with application)	Please select		Please Explain:	
Deliverables A-D:	Timeline (Month/Year)		Progress Select from Drop-Down Menu	Activities or Steps Proposed (Describe the significant activities/steps proposed for each deliverable)
	Start	End		
#12A Partner Agreements (PA)/Memorandum of Understanding (MOU) and/or data tracking framework (DTF).			Not started	
#12B Technical Assistance and DTF.			Not started	

#12C Evidence of Implementation and DTF.			Not started			
#12D Evidence of Implementation and/or PSEC Impact Statement, with updated DTF.			Not started			
PSEC Strategy #3 (Deliverable 13)						
Please select Focus Area						
PSEC selected in year 1: as written in solicitation						
PSEC selected in year 2: as written in solicitation						
PSEC Type (<i>please select from drop down</i>)	Policy		If Combination, please explain here			
SMARTIE Objective:						
Priority population	Year 1:					
	Year 2:					
Evaluation Measure (How do you know you have been successful?)						
Identify status of deliverable at application (drop down):	Please Select					
Partners sustained from year 1.						
Please list new partners for year two:						
Did you workplan change this quarter? (do not complete this section with application)	Please select		Please Explain:			

Deliverables A-D:	Timeline (Month/Year)		Progress Select from Drop-Down Menu	Activities or Steps Proposed (Describe the significant activities/steps proposed for each deliverable)
	Start	End		
#13A Partner Agreements (PA)/Memorandum of Understanding (MOU) and/or data tracking framework (DTF).			Not started	
#13B Technical Assistance with updated DTF.			Not started	
#13C Evidence of Implementation and DTF.			Not started	
#13D Evidence of Implementation and/or PSEC Impact Statement, with updated DTF.			Not started	
PSEC Supportive Strategy #1 (Deliverable 14)				
Please select Focus Area				
PSEC Supportive selected in year 1: as written in solicitation				
PSEC Supportive selected in year 2: as written in solicitation				
Identify how this supportive supports a PSEC selected.				
SMARTIE Objective:				
Priority population	Year 1:			

	Year 2:			
Evaluation Measure (How do you know you have been successful?)				
Identify status of deliverable at application (drop down):	Please Select			
Please list partners for year 2.				
Did you workplan change this quarter? (do not complete this section with application)	Please select		Please Explain:	
Deliverables A-B:	Timeline (Month/Year)		Progress Select from Drop-Down Menu	Activities or Steps Proposed (Describe the significant activities/steps proposed for each deliverable)
	Start	End		
#14A Implementation Plan			Not started	
#14B Evidence of Implementation			Not started	
PSEC Supportive Strategy # 2 (Deliverable 15)				
Please select Focus Area				
PSEC Supportive selected in year 1: as written in solicitation				
PSEC Supportive selected in year 2: as written in solicitation				
Identify how this supportive supports a PSEC selected.				
SMARTIE Objective:				
Priority population	Year 1:			

	Year 2:			
Evaluation Measure (How do you know you have been successful?)				
Identify status of deliverable at application (drop down):	Please Select			
Please list partners for year 2.				
Did you workplan change this quarter? (do not complete this section with application)	Please select		Please Explain:	
Deliverables A-B:	Timeline (Month/Year)		Progress Select from Drop-Down Menu	Activities or Steps Proposed (Describe the significant activities/steps proposed for each deliverable)
	Start	End		
#15A Implementation Plan			Not started	
#15B Evidence of Implementation			Not started	
Please copy cells and insert cells for additional activities.				

SUPPLEMENTAL FUNDING GUIDANCE

Injury Prevention-Child Injury Prevention (IC25)

Supplemental Application Instructions:

There is one supplemental optional funding opportunity available for statewide coalition building for child injury prevention. **Only Stark County Health Department may apply for the supplemental funding, as it is an extension of funding awarded through a competitive application process in year 1.**

To be considered for funding, applicant must submit the following:

- **Methodology Work Plan** – Use the work plan template in Appendix F.
 - 2nd tab for Supplemental.
 - Applicant must outline specific activities and detail a timeline for the completion of activities; do not include the entire funding year as your timeline. Your workplan should have activities that occur throughout the entire grant year or up to due dates established in Appendix B1.

Budget Narrative – this should be added to your main budget.

SUPPLEMENTAL FUNDING OPPORTUNITY: Statewide Coalition Building for Child Injury Prevention

An additional \$56,000 is available for one (1) funded project to coordinate the statewide Child Injury Action Group (CIAG) and its subcommittees, composed of key state and local stakeholders and decision-makers who impact policies related to child injury prevention within their communities.

Required activities:

1. Membership (Deliverables 16-22)

Orientation Materials (Deliverable 16): Subrecipient should review and update orientation materials for new CIAG members at least annually. The new member orientation packet should include: a current strategic plan or link to plan, contact list for CIAG leadership, a list of meeting dates with links, and previous CIAG meeting minutes. This is due Tuesday, October 15, 2024.

Ohio Injury Prevention Partnership (OIPP) PowerPoint Presentation (Deliverable 17): Subrecipient must update and submit the PowerPoint for OIPP Orientation bi-annually to ensure that all information is current and should note any subcommittee leadership changes, important dates, trainings and update data, etc. The first PowerPoint is due to ODH by Tuesday, October 31, 2024, and second is due Monday, March 31, 2025. Both should be submitted via REDCap.

OIPP Orientation Facilitation (Deliverable 18): As the coordinator of the CIAG, it is important to be the spokesperson for the group. Leading the CIAG portion of orientation allows members to get to know the

coordinator and ask questions. Subrecipient must attend and facilitate the CIAG portion of the OIPP Orientation for in-person November 2024 and virtual May 2025 meetings. The November meeting is currently planned for in-person in the Columbus, OH area. This is due Sept. 30, 2025.

Membership Platform (Deliverable 19): New members of the CIAG should have contact with the CIAG coordinator within two weeks of joining the coalition. Subrecipient should work with ODH to maintain member list through system to include ensuring subcommittee list and information are also established and maintained. The coordinator will update the membership platform, as needed. Subrecipient may ask for quarterly reimbursement for their efforts.

Recruitment Plan (Deliverable 20): Member recruitment and retention is essential for CIAG growth. The purpose of a statewide coalition is to ensure that all child injury prevention efforts are aligned across all sectors. CIAG coordinator must work with coalition members and leadership to analyze existing member list, assess gaps and create a targeted recruitment plan to engage diverse membership. This plan should include what group/groups of people/agencies will be recruited, how they will be reached (email, social media, event etc.), and draft materials developed for recruitment, and identify at least one targeted group/population related to child injury prevention. Materials should indicate the purpose of the coalition, why it is important for members to join the coalition, provide examples of how they can be involved and invite them to the next meeting. The targeted recruitment plan is due Tuesday, December 31, 2024, via REDCap.

Recruitment Implementation (Deliverable 21): Subrecipient will provide documentation to show that the recruitment plan (objective 20) was implemented. Emails, sign-in sheets, screen shots, etc. A post-recruitment summary should also be developed with an analysis of recruitment attempts (successes and challenges) and data to show an increase in membership. Evidence of recruitment is due Tuesday, September 30, 2025, and should include the entire grant year.

Leadership Calls (Deliverable 22): Coalition leadership and engagement in the overall statewide coalition, the Ohio Injury Prevention Partnership, is essential for a strong coalition. The people who lead, participate, and implement the activities of the coalition affect the growth and development of the group. It is the coordinator's responsibility to support and provide guidance to coalition activities which starts at attending and actively participating in OIPP Leadership planning calls for coalition meetings.

2. Committees (Deliverables 23-26)

Subcommittee Meeting List (Deliverable 23): Subrecipient must ensure that each subcommittee is meeting regularly and should help promote meetings. Coordinator should work with subcommittee chairs to develop a list of subcommittee meetings for Federal Fiscal Year (FFY) 25. This list should include details including date, time, and link to virtual meetings, if applicable. It is expected that the coordinator will update the meeting list, if rescheduled. This is due to ODH program consultant via REDCap by Tuesday, December 31, 2024.

Coalition Presentations (Deliverable 24): For the CIAG meetings, both virtual and in-person meetings should have a PowerPoint presentation to help stimulate ideas and capture the interest of the audience. Coordinator must submit the PowerPoint to ODH no later than 30 (thirty) days prior to the meeting for approval. Subrecipient will get reimbursed at the end of each quarter after submitting approval email from ODH program consultant of PowerPoint. Subrecipients are also encouraged to utilize other visual aids, such as jam boards or surveys.

Coalition Facilitation (Deliverable 25): Effective meetings begin with a purpose and an agenda. Coordinators are expected to conduct quarterly CIAG leadership and quarterly CIAG meetings. The CIAG meetings should include an agenda, presentation (or presenter) and meeting minutes using ODH approved templates. Coordinator should

work with leadership to plan meetings with the intention of educating, motivating, and sharing ideas with members. Subrecipient should also communicate with members in between meetings to ensure adequate support to group chairs/tri-chairs and progress is occurring and respond to requests for information from members. It is important to maintain regular communication with ODH, provide quarterly reports of statewide coalition activities, assist ODH in efforts to grow and improve the OIPP and in efforts to educate new members about the CIAG. For the CIAG Leadership meetings, an agenda should be created, and the agency will submit meeting minutes using the approved ODH template via REDCap quarterly.

Subcommittee Summary (Deliverable 26): Subcommittees drive the mission of the coalition and are responsible for much of coalition work. Coordinators are not expected to attend all subcommittee meetings but should know what each subcommittee is working on and be available to chairs for technical assistance and/or support. Coordinators should provide a CIAG update for each meeting and may email the update to the subcommittee chairs, if unable to attend. Subrecipient is expected to serve as interim coordinator when a subcommittee co-chair vacancy exists. Quarterly, subrecipient will submit a summary of the coalition meetings that should include the date of each meeting; number of attendees; who led the meeting; any major accomplishments and/or challenges identified by meeting leaders, and what type of technical assistance the CIAG coordinator provided to each subcommittee chairs, if applicable. Technical assistance includes emails, answering questions from chairs, planning calls, technology requests etc.

3. Administrative (Deliverables 27-31)

Strategic Plan (Deliverable 27): Having a strategic plan in place enables the coalition to track progress toward goals. Each member and subcommittee should understand the CIAG larger strategy and goals, how their workplans directly impact its success, and how data is used to track outcomes. Coordinators should facilitate the implementation of CIAG strategic plan with recommendations related to child injury prevention policy. Subrecipient will review and update the strategic plan annually with coalition members, monitor progress, make recommendations and challenges for implementation. An update is due by both Monday, March 31, 2025, and Tuesday, Sept. 30, 2025. If the strategic plan is updated at other times during the grant year, subrecipient should email updated plan to ODH.

Pilot Project Solicitation (Deliverable 28): The purpose of the CIAG is to identify priorities and strategies to reduce child injuries in Ohio. Pilot projects are mini grants that are used to further the mission of the CIAG and implement change related to the CIAG's priority injury areas across Ohio. The pilot project solicitation should be updated and submitted annually. The solicitation should include an introduction, instructions for application, timeline, incorporate health equity and high-risk populations, support the CIAG strategic plan and budget. Pilot project recipients are required to present in-person at the annual OIPP meeting. Subrecipient will also create a plan for advertising and promoting solicitation. Subrecipient must submit the pilot project solicitation to ODH by Tuesday, December 31, 2024. Pilot project must fall within year 2 funding cycle.

Pilot Project Review and Award (Deliverable 29): Subrecipient is responsible for conducting the review and award for pilot projects. Each application should be reviewed by at least 3 (three) CIAG leadership members. A consensus meeting should be conducted for project discussion and selection. Scoresheets with finalized scores and feedback should be submitted as documentation. Coordinator is responsible for contract execution and should submit signed contracts as evidence of implementation. Subrecipient may ask for reimbursement at the end of the second quarter, Monday, March 31, 2025.

Pilot Project Management (Deliverable 30): The subrecipient is responsible for the management of the pilot project process and keeping ODH updated on progress. Coordinator should have regular communication with project leaders and provide a progress report to ODH that details progress, successes and challenges for

completion. If any project is off track or is unable to complete the project as outlined in the contract, the coordinator should contact ODH immediately and notify them of a contingency plan. Agency may ask for half reimbursement in quarter 2 and the other half in quarter 3, so long as evidence of implementation can be submitted.

Pilot Project Final Report (Deliverable 31): Full Implementation of pilot project should be completed in quarter 4 and reported to ODH. Documentation should include materials created, sign-in sheets, etc., pictures, and a summary of all projects, including funding amount, pilot project partners, innovative strategies implemented, how it relates to overall state strategic plan, sustainability plan for partner, successes, challenges, and lessons learned, and recommendations for statewide implementation, if applicable. Coordinator is also responsible for organizing in-person pilot project presentations at OIPP Annual meeting. This deliverable is due Sept. 30, 2025.