



Date: April 8, 2022

To: Subrecipient agencies

From: Dyane Gogan Turner, Chief *DGT*
Bureau of Maternal, Child, and Family Health

Subject: Special Supplemental Nutrition Program for Women, Infants, and Children (WIC), Fiscal Year 2023
(10/1/2022 – 9/30/2023) Competitive Solicitation

The Ohio Department of Health (ODH), Bureau of Maternal, Child, and Family Health announces the availability of competitive grant funds. Please note: the grant cycle for this program has been changed to five (5) years.

All potential applicants are encouraged to attend a Bidders' Conference that will be held via webinar on Tuesday, April 19, 2022, from 11:00 a.m. to 12:00 p.m. The Bidders' Conference will provide an opportunity for interested parties to learn more about the solicitation.

To join the Bidders' Conference via Microsoft Teams, please use one of the following options:

- **Join on your computer or mobile app:**
[Click here to join the meeting](#)
- **Join with a video conferencing device**
[682042763@t.plcm.vc](tel:682042763)
Video Conference ID: 113 005 913 4
[Alternate VTC instructions](#)
- **Or call in (audio only)**
614-721-2972, Phone Conference ID: 799 831 992#

All electronic applications and attachments are due by 4:00 p.m. on May 23, 2022. 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 competitive application constitutes acknowledgment and acceptance of the ODH Grants Admission 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 this competitive solicitation. Allotments will be established in GMIS by ODH. Please refer to the GMIS Bulletin Board for current allotment percentage.

If you have questions, please contact Bre Haviland at Breanne.Haviland@odh.ohio.gov.

ALL APPLICATIONS MUST BE SUBMITTED VIA THE INTERNET

OHIO DEPARTMENT OF HEALTH

Office of the Medical Director
Bureau of Maternal, Child, and
Family Health

Ohio WIC Program
SOLICITATION FOR FISCAL YEAR 2023 (10/01/22 –
09/30/23)

Local Public Applicant Agencies Non-Profit Applicants

COMPETITIVE GRANT APPLICATION INFORMATION

☒ Base Only Funding ☐ Base and Deliverable Funding

Revised 9/20/2021

For grant starts 7/1/2022 and thereafter

TABLE OF CONTENTS

I.	APPLICATION SUMMARY and GUIDANCE	
A.	Policy and Procedure	5
B.	Application Name	5
C.	Purpose	6
D.	Qualified Applicants	6
E.	Service Area	9
F.	Number of Grants and Funds Available	9
G.	Due Date	9
H.	Authorization	9
I.	Goals	9
J.	Program Period and Budget Period	9
K.	Public Health Accreditation Board Standards	9
L.	Public Health Impact Statement	10
M.	HumanTrafficking	12
N.	Appropriation Contingency	12
O.	Programmatic,Technical Assistance and Authorization for Internet Submission	12
P.	Acknowledgment	12
Q.	Late Applications	12
R.	Successful Applicants	13
S.	Unsuccessful Applicants	13
T.	Review Criteria	13
U.	Freedom of Information Act	14
V.	Ownership Copyright	14
W.	Reporting Requirements	14
X.	Special Condition(s)	16
Y.	Unallowable Costs	16
AA.	Client Incentives and Enabler	17
AB.	Audit	17
AC.	Submission of Application	18
II.	APPLICATION REQUIREMENTS AND FORMAT	
A.	Application Information	19
B.	Budget	19
C.	Assurances Certification	21
D.	Project Narrative	21
E.	Civil Rights Review Questionnaire – EEO Survey	24
F.	Federal Funding Accountability andTransparency Act (FFATA) Requirement	24
G.	Public Health Impact	24
H.	Attachment(s)	24
	• Attachment 1: Clinic and Staff Data Sheet	
	• Attachment 2: Breastfeeding Peer Helper Budget Expenditure Form	
	• Attachment 3: Budget Tool	
	• Attachment 4: Voter Registration Assistance Plan	
	• Attachment 5a: Daily Time Study	
	• Attachment 5b: Monthly Time Study	
	• Attachment 6: Farmers’ Market	
	• Attachment 7: MOA Medical Services	

- Attachment 8: Nutrition Education Plan
- Attachment 9: Clinic Self-Assessment Form
- Attachment 10: Assurance of Civil Rights Compliance
- Attachment 11: Medicaid – TANF – SNAP Cross Enrollment Data Initiative
- Attachment 12: Program Attachment Checklist

III. APPENDICES

- A. Notice of Intent to Apply For Funding
- B. GMIS Access Request Form
- C. C1. Deliverable – Objective Descriptions – N/A
C2. Deliverable – Objective Allocations Application Review Form – N/A
- D. Application Review Form
- E. FY23 Funding and Caseload Plan

I. APPLICATION SUMMARY and GUIDANCE

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

This is a competitive solicitation; a Notice of Intent to Apply for Funding (NOIAF – Appendix A) must be submitted by April 20, 2022 so access to the application via the Internet website “ODH Application Gateway” can be established.

NEW AGENCIES ONLY or if UPDATES are needed: For non-profit agencies, the NOIAF must be accompanied by proof of non-profit status. Both non-profit and local public agencies must submit proof of liability coverage. Potential applicants and current subrecipients are required to maintain their current supplier information in the State of Ohio Supplier Portal. This information includes, but is not limited to, Electronic Funds Transfer (EFT), 1099 Form and current address.

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

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

The application summary information is provided to assist your agency in identifying funding criteria:

A. Policy and Procedures: Uniform administration of all the ODH grants is governed by the ODH Grants Administration Policies and Procedures (OGAPP) manual and updates in policies that have been posted on the GMIS Bulletin Board. This manual and GMIS Bulletin Board policy updates must be followed to ensure adherence to the rules, regulations and procedures for preparation of all Subrecipient applications. The OGAPP manual is available on the ODH website: click or copy and paste the following link into your web browser: <https://odh.ohio.gov/wps/portal/gov/odh/about-us/funding-opportunities/resources/grants-administrative-policies-and-procedures-ogapp-manual>

Updates to policies and procedures can be found on the GMIS bulletin board.

All budget justifications must include the following language and be signed by the agency head listed in GMIS.

Please refer to the Budget Justification Templates listed on the GMIS bulletin board.

Budget Justification Certification language

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

B. Application Name: Special Supplemental Nutrition Program for Women, Infants, and Children (WIC)

C. Purpose: *The purpose of the WIC Program is to improve the health status and prevent health problems among Ohio's at-risk women, infants, and children. WIC helps to:*

- *Provide nutrition and breastfeeding education/counseling to the target population,*
- *Improve pregnancy outcomes by providing or referring to support services necessary for full-term pregnancies,*
- *Reduce infant mortality by decreasing the incidence of low birth weight,*
- *Increase breastfeeding rates among newborns, and*
- *Give infants and children a healthy start in life by providing nutritious foods.*

D. Qualified Applicants: *The Application for this WIC Health Services grant is available to local public health or non-profit agencies having an interest in applying for the WIC grant. Applicant agencies must have the capacity to accept an electronic funds transfer (EFT). If an applicant agency needs GMIS access, then a GMIS access form must be submitted (Appendix B).*

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

1. Applicant does not owe funds to ODH and has repaid any funds due within 45 days of the invoice date.
2. Applicant has not been certified to the Attorney General's (AG's) office.
3. Applicant has submitted application and all required attachments by **4:00 p.m. on Monday May 23rd, 2022.**

The following are program specific subrecipient agency responsibilities:

- Ensure full use of the grant provided for WIC program service delivery, and exclude the grant from budget restrictions including hiring freezes, work furloughs, staff training, outreach, and travel restrictions that would impact or diminish service availability and services provided to WIC participants or applicants.
- Process WIC applications, make eligibility determinations, and certify eligible individuals for the WIC program as outlined in the Ohio WIC Policy and Procedure Manual (PPM).
- Comply with all State requirements for caseload management, including, but not limited to, maintenance of caseload ceilings as assigned by the State WIC Agency. The State WIC Agency may reallocate caseload slots

in conjunction with grant level adjustments as deemed necessary.

- Maintain waiting lists as required by the Ohio WIC PPM in the event that sufficient food funds are not available to serve all participants.
- Provide and maintain the necessary facilities and equipment for performing the certification process. Certification data for each person certified shall be recorded and maintained as confidential as directed by the State WIC Agency.
- Agencies are responsible for maintaining sufficient IT equipment with the capability of running the WIC system and services.
- Refer eligible participants to appropriate health services as described in the Ohio WIC PPM, the State WIC Plan, and subrecipient agency's program application.
- Develop and implement a plan for continued efforts to coordinate health services available to participants at the clinic, or through agreements with health care providers, when health services are provided through referral.
- Inform applicants and participants of their rights and responsibilities and of other matters as specified in the Ohio WIC PPM.
- Provide nutrition education services to participants in accordance with the nutrition education portion of the WIC program as developed and coordinated by the State WIC Agency. Participate in State WIC sponsored nutrition initiatives.
- Upon request, develop and submit for approval, to the State WIC Agency, a nutrition education plan which is consistent with the nutrition education portion of the State WIC Plan, and is in accordance with the Ohio WIC PPM.
- Assist in outreach efforts including outreach to agencies, institutions, and organizations listed in the Ohio WIC PPM.
- Inform the State WIC Agency of incidents of vendors treating WIC participants differently than other customers and take such action as the State WIC Agency may require which may include, but is not limited to, participating in disqualification and appeal procedures and hearings.
- Check participant identification and issue food benefits as required by the State WIC Agency.
- Maintain for review, audit, and evaluation, all criteria used in certifying individuals for WIC participation as specified in the Ohio WIC PPM.
- During normal business hours at Subrecipient Agency's offices, make all records of individual participants, except medical case records, available to the authorized State WIC Agency, federal auditor, state auditor, or independent accounting firm personnel. Medical case records shall be made available only if they are the only source of certification and/or nutrition education data.
- Direct employees involved in the WIC program to attend training sessions conducted by the State WIC Agency as requested.
- Prohibit employees from using their positions, or giving the appearance of using their positions, for private gain or for the gain of individuals with whom they have family business, other personal ties, or business relationships. Each employee must review and comply with the "Conflict of Interest and Misuse or Illegal Use of Program Funds, Assets, or Property" section of the Ohio WIC PPM.
- Maintain WIC clinic locations as described in the application. Seek prior State WIC Agency approval before moving or closing a clinic or establishing a new site.
- Inform the State WIC Agency immediately of any change of availability of ongoing health services as described in the local agency program application.

- Keep all equipment and supplies purchased with WIC funds insured for the full insurable value against loss or damage for reasons including, but not limited to, theft, vandalism, fire, water, tornado, and sprinkler systems, if applicable. Subrecipient Agency shall maintain said insurance so long as Subrecipient Agency has possession and/or control of equipment and supplies purchased by WIC funds. Subrecipient Agency shall list the State WIC Agency as an insured beneficiary and shall furnish the State WIC Agency with evidence of such insurance.
- Designate a WIC program director who has the authority to monitor and carry out the terms of this Agreement, including the fiscal component, who acts as a liaison to the State WIC Agency on behalf of the subrecipient, and who will attend mandatory meetings as directed by the State WIC Agency. The Subrecipient Agency will ensure the availability of the director or a designee to attend these meetings.
- Provide for the services of competent health professionals meeting requirements as outlined in the Ohio WIC PPM.
- Designate Local Agency Nutrition Coordinator (RDN)/Qualified Nutritionist meeting requirements as outlined in guidance provided by the Ohio WIC program.
- Designate a WIC breastfeeding coordinator who acts as a liaison to the State WIC Agency on behalf of the subrecipient, and who will attend mandatory meetings as directed by the State WIC agency. The Subrecipient Agency will ensure the availability of the breastfeeding coordinator or a designee to attend these meetings.
- Maintain a peer helper program as directed by the State WIC Agency.
- Complete an Employee Time Study Report or Employee Monthly Time Study Report for all employees who are paid with WIC grant funds each fiscal year according to Ohio WIC policy.
- Complete State WIC Agency required documentation for changes in Subrecipient Agency's program operations that may be requested at any time during the term of this Agreement.
- While functioning as a WIC employee, the purchase, transfer, use, or possession of illegal drugs or alcohol, or abuse of prescription drugs in any way, is strictly prohibited.
- Not enter into a subcontractual arrangement with a non-profit health care or human services provider to deliver WIC services on behalf of the Subrecipient Agency without prior State WIC Agency approval.
- Disseminate all State WIC Agency correspondence and policies and procedures as updated, to subcontractors, provide technical assistance to subcontractors, and ensure compliance of administrative and programmatic activities for subcontractors as required by the State WIC Agency.
- Review for accuracy and completeness all materials submitted by a subcontracting agency through the Subrecipient Agency. Materials include but are not limited to: program applications, budgets, nutrition education plans, and any reports required by the State WIC Agency must be provided by the Subrecipient agency upon request.
- WIC program funds, assets, or property must be used for WIC purposes only. USDA has set a financial penalty for misuse or illegal use of program funds, assets, or property at \$25,000. [7 CFR 246.16 (b)(1) & 7 CFR 246.23 (d)]
- Accepts the WIC grant for the entire federal fiscal year grant period. If anything should occur that may prohibit the current subrecipient from continuing to receive funding, the subrecipient agency director must notify the Ohio Department of Health within 180 days of proposed grant termination. In terminating the WIC grant, continuation of WIC services to participants in the community must be the priority concern. Provide culturally and linguistically appropriate services for vulnerable and/or special needs populations including those who are racial and ethnic minorities, who have limited English proficiency, who are not

literate, have low literacy skills, and individuals with disabilities.

- E. Service Area:** Applicants will be expected to provide services to one or more of the 74 designated service areas covering all 88 counties in Ohio. The 74 designated service areas are listed in the *FY23 Funding and Caseload Plan* (Appendix E).
- F. Number of Grants and Funds Available:** A maximum of 74 grants totaling \$49,307,599 may be awarded. The maximum funding that will be awarded to each designated service area is listed in the *FY23 Funding and Caseload Plan* (Appendix E) in the FY23 Total NOA column. Projects are required to spend a minimum amount on peer programming, as shown in Appendix E.

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

- G. Due Date:** All parts of the application, including any required attachments, must be completed and received by ODH electronically via GMIS by **4:00 p.m. on Monday, May 23, 2022**. Applications and required attachments received after this deadline will not be considered for review.

Contact Breanne Haviland, Nutrition and Administrative Services Supervisor, at (614) 644-7956 or Breanne.haviland@odh.ohio.gov with any questions.

- H. Authorization:** Authorization of funds for this purpose is contained in Amended Substitute House Bill 49 and/or the *Catalog of Federal Domestic Assistance (CFDA) Number 10.557*. Federal funds provided through this program are authorized by Public Law 92-433, which added section 17 to the Child Nutrition Act of 1966, and its subsequent amendments and reauthorizations.
- I. Goals:** The goal of the Ohio Department of Health in releasing funds for the WIC program is to improve the health status and prevent health problems among Ohio's at-risk women, infants, and children. This will be accomplished through provision of:
- Nutrition Risk assessment;
 - Individual and group nutrition education sessions;
 - Breastfeeding promotion, education and support;
 - Referral to prenatal and pediatric health care and other maternal and child health and human service programs (for example: Children with Medical Handicaps and Medicaid Programs);
 - Supplemental and highly nutritious foods such as fruits, vegetables, whole grains, cereal, milk, cheese, yogurt, eggs, juice, peanut butter, beans, and, if a non-breastfed or partially breastfed infant, iron-fortified infant formula.
- J. Program Period and Budget Period:** The program period will begin October 1, 2022 and end on September 30, 2027. The budget period for this application is October 1, 2022 through September, 30, 2023.
- K. Public Health Accreditation Board (PHAB) Standard(s):** Identify the PHAB Standard(s) that will be addressed by grant activities. [(An example is: This grant program will address PHAB standard 3.1: Provide Health Education and Health Promotion Policies, Programs, Processes, and Interventions to Support Prevention and Wellness.)] The PHAB standards are available at the following website:

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

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

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

- **Standard 1.3:** Analyze Public Health Data to Identify Trends in Health Problems, Environmental Public Health Hazards, and Social and Economic Factors that Affect the Public's Health.
- **Standard 1.4:** Provide and Use the Results of Health Data Analysis to Develop Recommendations Regarding Public Health Policy, Processes, Programs, or Intervention.
- **Standard 2.2:** Contain/Mitigate Health Problems and Environmental Public Health Hazards.
- **Standard 3.2:** Provide Information on Public Health Issues and Public Health Functions Through Multiple Methods to a Variety of Audiences.
- **Standard 4.1:** Engage with the Public Health System and the Community in Identifying and Addressing Health Problems through Collaborative Processes.
- **Standard 10.2:** Promote Understanding and Use of the Current Body of Research Results, Evaluations, and Evidence-Based Practices with Appropriate Audiences.

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

2. Public Health Impact Statement of Support — Include with the grant application a statement of support from the local health districts, if available. If a statement of support from the local health districts is not obtained, indicate that point when submitting the program summary with the grant application. If an applicant agency has a regional and/or statewide focus, a statement of support should be submitted from at least one local health district, if available.
3. Evidence of Health Equity Strategies

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

- 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](#).
<https://www.healthypeople.gov/sites/default/files/TargetSettingReport-8-6-18%20FINAL.pdf>
- 5) Outline specific evaluation strategies to measure the impact of program activities on decreasing and/or eliminating health disparities and health inequities.

The following are best practices toward eliminating disparities and achieving health equity and are not required, but highly encouraged.

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

Understanding Health Disparities, Health Inequities, Social Determinants of Health & Health Equity: The following information is provided to explain key health equity concepts and terms.

Racial and ethnic minorities, those living in rural communities, people with disabilities, the LGBTQ community and Ohio's economically disadvantaged residents do not have the same opportunities as other groups to achieve and sustain optimal health. Health disparities occur when these groups experience more disease, death or disability beyond what would normally be expected based on their relative size of the population. Health disparities are often characterized by such measures as disproportionate incidence, prevalence and/or mortality rates of diseases or health conditions. Health is largely determined by where people live, learn, work, play, and age. Health disparities are unnatural and occur because of low socioeconomic status, race/ethnicity, sexual orientation, gender, disability status, geographic location or some combination of these factors. Those most impacted by health disparities also tend to have less access

to resources like healthy food, safe housing, quality education, safe neighborhoods and freedom from racism and other forms of discrimination. These are referred to as **social determinants of health (SDOH)**. SDOH are a root cause of health disparities. The systematic nature of health disparities is considered unjust and is referred to as **health inequities**. The ability of everyone to have the same opportunity to achieve the best health possible is referred to as **health equity**. Programs that incorporate social determinants into the planning and implementation of interventions will greatly contribute to advancing health equity.

M. Human Trafficking: 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.

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

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

____ Applicable ☒ Not Applicable to WIC

N. Appropriation Contingency: Any award made through this program is contingent upon the availability of funds for this purpose. **The subrecipient agency must be prepared to support the costs of operating the program in the event of a delay in grant payments.**

O. Programmatic, Technical Assistance and Authorization for Internet Submission: Initial authorization for Internet submission, for new agencies, will be granted after participation in the GMIS training session. All other agencies will receive their authorization after the posting of the Solicitation to the ODH website and the receipt of the NOIAF. Please contact Breanne Haviland, Breanne.haviland@odh.ohio.gov or (614) 644-7956 with questions regarding this Solicitation.

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

Q. Late Applications: GMIS automatically provides a time and date system for grant application submissions. Required attachments and/or forms sent electronically must be transmitted by the application due date. Required attachments and/or forms mailed that are non-Internet compatible must be postmarked or received on or before the application due date of **Monday, May 23rd, 2022 at 4:00 p.m.** All WIC program grant applications and attachments must be submitted electronically.

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

applications and required application attachments received late will not be considered for review.

- R. Successful Applicants:** Successful applicants will receive official notification in the form of a Notice of Award (NOA). The NOA, issued over the signature of the Director of the Ohio Department of Health, allows for expenditure of grant funds.
- S. Unsuccessful Applicants:** Within 30 days after a decision to disapprove or not fund a grant application, written notification, issued over the signature of the Director of Health, or his designee, shall be sent to the unsuccessful applicant.
- T. Review Criteria:** All proposals will be judged on the quality, clarity and completeness of the application. Applications will be judged according to the extent to which the proposal:
1. Workplan and/or logic model demonstrate how activities reduce health disparities and inequities.
 2. Is responsive to policy concerns and program objectives of the initiative/program/activity for which grant dollars are being made available;
 3. Is well executed and is capable of attaining program objectives;
 4. Describe Specific, Measurable, Attainable, Realistic & Time-Phased (S.M.A.R.T.) objectives, activities, milestones and outcomes with respect to time-lines and resources;
 5. Estimates reasonable cost to the ODH, considering the anticipated results;
 6. Indicates that program personnel are well qualified by training and/or experience for their roles in the program and the applicant organization has adequate facilities and personnel reflect the communities served through grant funds;
 7. Provides an evaluation plan, including a design for determining program success and demonstrates that the community being served will be meaningfully engaged in formative and outcome evaluations;
 8. Is responsive to the special concerns and program priorities specified in the Solicitation;
 9. Has demonstrated acceptable past performance in areas related to programmatic and financial stewardship of grant funds;
 10. Has demonstrated compliance to OGAPP;
 11. Explicitly identifies specific groups in the service area who experience a disproportionate burden of the diseases; health condition(s); or who are at an increased risk for problems addressed by this funding opportunity; and,
 12. Describe activities which support the requirements outlined in sections I. thru M. of this Solicitation. Programs can insert further information about program specific review criteria. All applications will be reviewed and scored by the Bureau of Maternal, Child and Family Health, Ohio WIC Program. A copy of the WIC Application Review Form can be found in Appendix D. Applicants need not complete or submit the Application review form. The Bureau of Maternal, Child, and Family Health WIC Program will make recommendations for approval or disapproval of proposals based on the following criteria:
 - A. Program Narrative: (30 points)
 1. Executive Summary
 2. Description of applicant agency including documentation of eligibility to provide WIC services and description of staffing.
 3. Problem/Need: Assessment of community and target population.
 4. Methodology:
 - a. Evaluation methods which include a biennial management evaluation from State WIC,
 - b. Nutrition education plan to incorporate into program,
 - c. Plan for breastfeeding promotion and support, and
 - d. SMART Objectives
 - B. Completed Attachments: (30 points)

C. Budget: (30 points)

1. Narrative to include fiscal plans for the program, detailing any costs associated with operation of the clinics and justification for same.
2. ODH subrecipient fiscal application to be completed correctly, with budgeted items appropriately allocated to nutrition, clinic, breastfeeding, and administration categories.

D. Miscellaneous: (10 points)

1. WIC Time Study for each person on the WIC budget that matches the Personnel Budget tool.
2. All other requirements of ODH, such as the W-9, audit, EFT, Health Impact Statement, Health Impact Statement of Support, liability coverage and evidence of non-profit status.

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

U. Freedom of Information Act: The Freedom of Information Act (5 U.S.C.552) and the associated Public Information Regulations require the release of certain information regarding grants requested by any member of the public. The intended use of the information will not be a criterion for release. Grant applications and grant-related reports are generally available for inspection and copying except that information considered being an unwarranted invasion of personal privacy will not be disclosed. For guidance regarding specific funding sources, refer to: 45 CFR Part 5 for funds from the U.S. Department of Health and Human Services; 34 CFR Part 5 for funds from the U.S. Department of Education or, 7 CFR Part 1 for funds from the U.S. Department of Agriculture. [Select only the appropriate reference.]

V. Ownership Copyright: Any work produced under this grant, including any documents, data, photographs and negatives, electronic reports, records, software, source code, or other media, shall become the property of ODH, which shall have an unrestricted right to reproduce, distribute, modify, maintain, and use the work produced. If this grant is funded in whole, or in part, by the federal government, unless otherwise provided by the terms of that grant or by federal law, the federal funder also shall have an unrestricted right to reproduce, distribute, modify, maintain, and use the work produced. No work produced under this grant shall include copyrighted matter without the prior written consent of the owner, except as may otherwise be allowed under federal law.

W. Reporting Requirements: Successful applicants are required to submit Subrecipient program and expenditure reports. Reports must adhere to the requirements of the OGAPP manual. Reports must be received in accordance with the requirements of the OGAPP manual and this Solicitation; before the department will release any additional funds.

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

Reports shall be submitted as follows:

- a. Program Reports:** Subrecipients Program Reports must be completed and submitted via GMIS, as required by the subgrant program by the following dates January 10th, April 10th, July 10th, and October 10th, 2023. **Program reports that do not include required attachments will not be approved.** All program report attachments must clearly identify the authorized program name and grant number.

☒ Program Reports Required

☐ No Program Reports Required

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

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

- b. Subrecipient Reimbursement Expenditure Reports:** Subrecipients can choose monthly or quarterly reimbursement (expenditure report submission) from ODH (please check the reimbursement type on the attached NOIAF). Please note that no changes can be made to the reimbursement type during the fiscal year once the project numbers have been established in GMIS. Subrecipient Monthly Reimbursement Expenditure Reports **must** be completed and submitted **via GMIS** by the following dates:

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

Subrecipient Quarterly Reimbursement Expenditure Reports **must** be completed and submitted **via GMIS** by the following dates: (please see example below).

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

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

- 1. 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 November 5, 2023. The information contained in this report must reflect the program's accounting records and supportive documentation. Any cash balances must be returned with the Subrecipient Final Expense Report. The Subrecipient Final Expense Report serves as an invoice to return unused funds.

Submission of the Monthly/Quarterly and Final Subrecipient Expenditure reports via the GMIS system indicates acceptance of OGAPP. Clicking the "Approve" button signifies authorization of the submission by an agency official and constitutes electronic acknowledgment and acceptance of OGAPP rules and regulations.

2. Inventory Report: A list of all equipment purchased in whole or in part with current grant funds (Equipment Section of the approved budget) must be submitted via GMIS as part of the subrecipient Final Expenditure Report. At least once every two years, inventory must be physically inspected by the Subrecipient. Equipment purchased with ODH grant funds must be tagged as property of ODH for inventory control. Such equipment may be required to be returned to ODH at the end of the grant program period.

X. Special Condition(s): A Special Conditions link is available for viewing and responding to special conditions within GMIS. The 30 day time period, in which the subrecipient must respond to special conditions will begin when the link is viewable. Subsequent payments will be withheld until satisfactory responses to the special conditions or a plan describing how those special conditions will be satisfied is submitted in GMIS.

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

1. To advance political or religious points of view or for fund raising or lobbying;
 2. To disseminate factually incorrect or deceitful information;
 3. Consulting fees for salaried program personnel to perform activities related to grant objectives;
 4. Bad debts of any kind;
 5. Contributions to a contingency fund;
 6. Entertainment;
 7. Fines and penalties;
 8. Membership fees — unless related to the program and approved by ODH;
 9. Interest or other financial payments (including but not limited to bank fees);
 10. Contributions made by program personnel;
 11. Costs to rent equipment or space owned by the funded agency;
 12. Inpatient services;
 13. The purchase or improvement of land; the purchase, construction, or permanent improvement of any building;
 14. Satisfying any requirement for the expenditure of non-federal funds as a condition for the receipt of federal funds;
 15. Travel and meals over the current state rates (see OBM website: <http://obm.ohio.gov/MiscPages/Memos/default.aspx> for the most recent Mileage Reimbursement memo.)
 16. Costs related to out-of-state travel, unless otherwise approved by ODH, and described in the budget narrative;
 17. Training longer than one week in duration, unless otherwise approved by ODH;
 18. Contracts for compensation with advisory board members;
 19. Grant-related equipment costs greater than \$1,000, unless justified in the budget narrative and approved by ODH;
 20. Payments to any person for influencing or attempting to influence members of Congress or the Ohio General Assembly in connection with awarding of grants;
 21. Promotional Items;
 22. Office Furniture (including but not limited to desks, chairs, file cabinets) unless otherwise stated;
- The following are unallowable program-specific costs unless approved by ODH WIC program:**
23. Refreshments unless related to nutrition education, outreach, or combined nutrition education and outreach efforts;
 24. Certification – ODH will not reimburse any local agency staff member for performing heights, weights, blood-work, and evaluations on a cost per certification basis;

25. The expenses of the Chief or Assistant to the Executive Office of the local agency or of a political subdivision except when that officer functions as a WIC health professional;
26. Advertising (i.e., print, radio, television) unless directed at the appropriate target audience;
27. Staff overtime expense exceeding 10% of a position's budgeted salary or any salary increase that exceeds 10% of a position's budgeted salary;
28. New staff positions;
29. Outreach, nutrition education materials, and conference registration or materials costs exceeding \$300.00;
30. Any rent increase or move to a new clinic site;
31. All out of state travel;
32. In-state travel costing \$300 or more when not sponsored by State WIC;
33. All IT equipment regardless of cost;
34. Outreach items such as breast pumps, breastfeeding aids, and written materials purchased with breastfeeding Peer Helper funds.

Subrecipients will not receive payment from ODH grant funds used for prohibited purposes. ODH has the right to recover funds paid to Subrecipients for purposes later discovered to be prohibited.

AA. Client Incentives and Client Enablers:

Client incentives are *unallowable cost*. The following client incentives are allowed. N/A

Client Enablers are an *unallowable cost*. The following client enablers are allowed. N/A

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

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

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

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

Once an audit is completed, a copy must be sent to the Federal Audit Clearinghouse at

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

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

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

AC. Submission of Application:

Formatting Requirements [Suggested language provided, but can be updated to reflect program-specific requirements]:

- Properly label each item of the application packet (e.g., Budget Narrative, Program Narrative).
- Each section should use 1.5 spacing with one-inch margins.
- Program and Budget Narratives must be submitted in portrait orientation on 8 ½ by 11 paper.
- Number all pages
- Program Narrative should not exceed 20 pages (**excludes** appendices, attachments, budget and budget narrative).
- Use a 12 point font.
- Forms must be completed and submitted in the format provided by ODH.

The GMIS application submission must consist of the following:

**Complete &
Submit Via
Internet**

1. Application Information
2. Project Narrative
3. Project Contacts
4. Budget
 - a. Primary Reason
 - b. Funding
 - c. Justification
 - d. Personnel
 - e. Other Direct Costs
 - f. Equipment
 - g. Contracts
 - h. Compliance Section
 - i. Summary
5. Civil Rights Review Questionnaire
6. Assurances Certification
7. Federal Funding Accountability and Transparency Act (FFATA) reporting form
8. Change request in writing on agency letterhead (**Existing agency with tax identification number, name and/or address change(s)**).
9. Public Health Impact Statement Summary (non-health department only)

10. Statement of Support from the Local Health Districts (non-health department only)
11. Attachments as required by Program
 - a. Clinic and Staff Data Sheet (Attachment 1)
 - b. Breastfeeding Peer Helper Budget and Expenditure Form (Attachment 2)
 - c. Budget Tool (Attachment 3)
 - d. Voter Registration Assistance Plan (Attachment 4)
 - e. Employee Time Study Report (Attachment 5a)
 - f. Employee Monthly Time Study Report (Attachment 5b)
 - g. WIC Farmers' Market Nutrition Program (FMNP) Responsibilities (Attachment 6)
 - h. Private Physician/Hospital/Clinic Medical Services Memorandum of Agreement (Attachment 7)
 - i. Nutrition Education Plan (Attachment 8)
 - j. Clinic Self-Assessment (Attachment 9)
 - k. Health Disparities/Inequities Activities (Attachment 10)
 - l. Assurance of Civil Rights Compliance (Attachment 11)
 - m. Medicaid/TANF/SNAP Cross Enrollment Data Initiative (Attachment 12)
 - n. Program Attachment Checklist (Attachment 13)

One copy of the following document(s) must be submitted to the Federal Audit Clearinghouse at <https://harvester.census.gov/facweb/> or mailed to the address listed below:

**Complete
Copy &
E-mail or
Mail to
ODH**

Current Independent Audit (latest completed organizational fiscal period; **only if not previously submitted**)
Ohio Department of Health Grants
Services Unit
Central Master Files, 4th Floor
35 E. Chestnut Street Columbus,
Ohio 43215

II. APPLICATION REQUIREMENTS AND FORMAT

Agencies will receive GMIS access after the Notice of Intent to Apply for Funding for is submitted to ODH.

All applications must be submitted via GMIS. Submission of all parts of the grant application via the ODH's GMIS system indicates acceptance of OGAPP. Submission of the application signifies authorization by an agency official and constitutes electronic acknowledgment and acceptance of OGAPP rules and regulations in lieu of an executed Signature Page document.

- A. Application Information:** Information on the applicant agency and its administrative staff must be accurately completed. This information will serve as the basis for necessary communication between the agency and the ODH.
- B. Budget:** Prior to completion of the budget section, please review page [13] of the Solicitation for unallowable costs.

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

- 1. Primary Reason and Justification Pages:** Provide a detailed budget justification narrative that describes how the

categorical costs are derived. Discuss the necessity, reasonableness, and all allocability of the proposed costs. Describe the specific functions of the personnel, consultants and collaborators. Explain and justify equipment, travel, (including any plans for out-of-state travel), supplies and training costs. (A budget justification example can be found on GMIS).

- 2. Personnel, Other Direct Costs, Equipment and Contracts:** Submit a budget with these sections and form(s) completed as necessary to support costs for the period October 1, 2022 to September 30, 2023.

Please compare the maximum funding level listed for your program in the FY20 Local Project Funding and Caseload Plan attachment with your projected costs. A budget for less than the maximum funding will be accepted.

The total amount of money spent on nutrition education and breastfeeding support must not be less than one-sixth of the total amount of program spending.

Distribute equipment and other direct costs between Breastfeeding (B) and Administration (A) categories only.

Distribute WIC personnel and contract costs among the Nutrition, Clinic, Breastfeeding, and Administration (NCBA) categories.

- **Nutrition Education (NE)** includes activities related to:
 - Providing NE directly to participants and the community
 - Developing/evaluating NE materials and tools
 - Training staff to provide NE services and monitoring/evaluating delivery of NE services
 - Maintaining up-to-date knowledge of NE practices
 - Nutrition counseling

- **Clinic (C)** includes activities related to:
 - Providing services for WIC eligibility directly to the participant but not related to the provision of NE/breastfeeding
 - Training staff to provide clinic services
 - Monitoring the provision of clinic services

- **Breastfeeding (BF)** includes activities related to:
 - Providing BF support/promotion to participants and the community
 - Developing/evaluating breastfeeding materials and tools
 - Training staff to provide support/promote breastfeeding services
 - Monitoring/evaluating delivery of breastfeeding services
 - Maintaining up to date knowledge of breastfeeding practices

- **Breastfeeding Peer Helper (BPH)** includes: peer helpers who perform duties listed under breastfeeding and supervisors who monitor them.

- **Administration (A)** includes activities related to:
 - Performing non-direct participant related services (e.g., writing appointment cards in preparation for mailing, pulling charts in preparation for clinic)
 - Providing overall management of the program (e.g., processing grant related functions, invoices, payroll, and fiscal/management reports)

All health insurance and fringe costs must be distributed among the NCBA categories. The health insurance and

fringe costs are not to be placed only in Administration (A) unless a staff member is 100 percent administration time.

Funds may be used to support personnel, their training, travel (see OBM website) <https://obm.ohio.gov/wps/portal/gov/obm/areas-of-interest/agency-overview/obm-travel-rule/obm-travel-rule> and supplies directly related to planning, organizing and conducting the initiative/program/activity described in this announcement.

The applicant shall retain all original fully executed contracts on file. A completed “Confirmation of Contractual Agreement” (CCA) must be submitted via GMIS for each contract once it has been signed by both parties. All contracts must be signed and dated by all parties prior to any services being rendered and must be attached to the CCA section in GMIS. The submitted CCA and attached contract must be approved by ODH before contractual expenditures are authorized. **CCAs and attached contracts cannot be submitted until the first quarter grant payment has been issued.**

The applicant shall itemize all equipment (**minimum \$1,000, unit cost value**) to be purchased with grant funds in the Equipment Section.

3. [Indirect (Facilities and Administration): Note to Applicant — please select one of the 3 options that apply.

Use the indirect cost rate included in the agency’s Indirect Cost Rate Agreement as negotiated with and approved by the cognizant federal funder. If the applicant chooses this option, then the agreement must be submitted in GMIS as an attachment to the application.

If the subrecipient has not executed a federally approved Indirect Cost Rate Agreement, the subrecipient may elect to charge a de minimis rate of 10% of modified total direct costs (MTDC) which may be used indefinitely.

Base the budget solely upon direct costs.

For further information on indirect costs, please see section B2.11 of OGAPP.

4. Compliance Section: Answer each question on this form in GMIS as accurately as possible. ***Completion of the form ensures your agency’s compliance with the administrative standards of ODH and federal grants.***

C. Assurances Certification: Each subrecipient must submit the Assurances (Federal and State Assurances for subrecipients) form within GMIS. This form is submitted as a part of each application via GMIS. The Assurances Certification sets forth standards of financial conduct relevant to receipt of grant funds and is provided for informational purposes. The listing is not all-inclusive and any omission of other statutes does not mean such statutes are not assimilated under this certification. Review the form and then press the “Complete” button. By submission of an application, the subrecipient agency agrees by electronic acknowledgment to the financial standards of conduct as stated therein.

D. Project Narrative:

1. Executive Summary: Identify the WIC target population, services (authorized foods, referrals, nutrition education, and breastfeeding education and support) and programs to be offered and what agency or agencies will provide those services. Please identify groups with disproportionate burden of nutrition related disparities and inequities.

Describe the public health problem(s) that the program will address. Completion of Attachment 10 will meet this requirement.

2. Description of Applicant Agency/Documentation of Eligibility/[Personnel]:

Briefly discuss the applicant agency's eligibility to apply. Summarize the agency's structure as it relates to this program and, as the lead agency, how it will manage the program.

Describe the capacity of your organization, its personnel or contractors to communicate effectively and convey information in accordance with National Standards for Culturally and Linguistically Appropriate Services (CLAS) and Americans with disabilities Act (ADA) Standards for Effective Communication in a manner and method that is easily understood by diverse audiences. This includes persons of limited English proficiency, those who are not literate, have low literacy skills, and individuals with disabilities.

- National CLAS Standards
<https://thinkculturalhealth.hhs.gov/clas#:~:text=The%20National%20CLAS%20Standards%20are,cultural%20and%20linguistically%20appropriate%20services> .
- ADA Standards for Effective Communication <https://www.ada.gov/effective-comm.htm>

3. Problem/[Need]: Identify and describe the local health status concern(s) that will be addressed by the program. Only provide national and state data if local data is not available. The specific health status concerns that the program intends to address may be stated in terms of disparity (e.g. population, location) health status (e.g., morbidity and/or mortality) or health system (e.g., accessibility, availability, affordability, appropriateness, quality of health services) indicators. The indicators should be measurable in order to serve as baseline data upon which evaluation will be based. Clearly identify the target population.

Explicitly describe segments of the target population who experience a disproportionate burden for the health concern or issue; or who are at an increased risk for the problem addressed by this funding opportunity.

Include a description of other agencies/organizations, in your area, also addressing this problem/need.

WIC/Community Health Care Coordination – State if your grantee agency provides direct services or if your grantee agency has designated staff that link referred WIC participants to existing practitioners or clinics. Is there a physician/hospital/clinic within or outside the agency that accepts referrals for prenatal, lactation, and/or child health services? List the physician/hospital/clinic and indicate whether or not they accept Medicaid payment and/or reduced fees for services. Attachment 7 includes the private Physician/Hospital Clinic Medical Services Memorandum of Agreement (MOA) form for project use. Submit completed forms with the grant application or explain when the form will be sent prior to October 1st. Refer to Section 283 of the Ohio WIC PPM.

Other Community agencies/organizations also addressing this problem/need.

Project should solicit input from community members and other community agencies in the county via a local WIC advisory board or by participation with other organizations such as the County Job and Family Services or Head Start office. Outline the FY23 project's plans regarding coordination with other community entities and outline council, committee, and project plans.

- Community Engagement Planning Guide, City of Golden, CO
<https://www.cityofgolden.net/media/CommunityEngagementPlan.pdf>
- Shifting and Sharing Power: Public Health's Charge in Building Community Power, National Association of County and City Health Officials Exchange <https://www.astho.org/Events/Health-Equity-Leadership-Summit/Public-Health- Shifting-Sharing-Power/>

- Community Engagement Assessment Tool, Nexus Community Partners <https://www.nexuscp.org/wp-content/uploads/2017/05/05-CE-Assessment-Tool.pdf>

Methodology: In narrative form, identify the program goals, **SMART** process, impact, or outcome objectives and activities. Indicate how they will be evaluated to determine the level of success of the program. If health disparities and/or health inequities have been identified, describe how program activities are designed to address these issues. Complete a program activities timeline to identify program objectives and activities and the start and completion dates for each.

FY23 SMART Objective

By September 30, 2023, local projects will provide education on the urgent maternal warning signs to all women at least once during pregnancy and once during the postpartum certification appointment with the goal to increase knowledge and improve health outcomes among women at risk for an adverse event in the prenatal and postpartum period. Projects must track the number of active women participants and document the number of women provided with the education, by race and ethnicity Report data in the SMART Objective section of the eQAR.

Please answer the following:

- a. Progress on corrective actions:
WIC projects are evaluated by the State Agency/ODH on a biennial basis using the Management Evaluation Guide referenced in Chapter and Appendix 100 of the Ohio WIC Policy and Procedure Manual. Describe your progress toward compliance with Program Standards since the submission of your last Management Evaluation response. Indicate the effectiveness of the plan. Projects with an FY22 second or third quarter ME or new grantee agencies do not need to respond in this application.
- b. Plans for providing Nutrition Education to all women, including those who are high risk and from disparate populations:
 1. Describe the specific methods to be used to provide nutrition education for non-high-risk WIC participants by completing Attachment 8. Identify the tentative plan for the first quarter, including participant category, topic, and educational format (i.e., class, module, newsletter, bulletin board, internet, YouTube, outside entity, WICHealth.org, etc.) OR submit a full year's Nutrition Education Plan by completing the entire 2023 calendar.

Describe how topics are chosen and identify the person responsible for the Nutrition Education Plan i.e. Nutrition Education Coordinator or Consultant Dietitian (if applicable).

On each quarterly report the Local Project will report the actual Nutrition Education Plan that was implemented during the quarter and the tentative plan for the next quarter to complete the annual Nutrition Education Plan by the end of FY2023.

2. Describe how each method used:
 - Is evaluated to determine if it is an effective method for the participant.
 - Evaluates if the participant has increased knowledge or skills after using the method.
3. Provide the information on any outside entities or non-WIC personnel used for nutrition education.
4. Describe the procedures used to ensure that nutrition education materials, modules, and class outlines are up to date.

5. How do you ensure that nutrition education materials, modules, and class outlines meet the needs of each participant category?
 6. Describe the plan for processing high-risk participants. Is your local plan the same as the state's high-risk plan? If your local plan is different, identify the differences. See WIC PPM Section 403 for the state's high-risk policy.
 7. Describe the plan for providing VENA and counseling skills education for all health professionals (HP). Describe how often counseling and education skills are re-evaluated and any plans to assist HPs in gaining more knowledge or skills.
- c. Plans for breastfeeding promotion and support for all women, including those who are high-risk and from disparate populations:
1. Ohio WIC policy requires local WIC projects to train all staff to support breastfeeding. Unless detailed in the budget narrative, list each staff person by job title here and describe their role in supporting breastfeeding. Explain how your project will provide ongoing breastfeeding support training for staff.
 2. List your project's breastfeeding goals for FY2023. Outline your project's plan for achieving each goal. Explain how you will monitor progress toward achieving each goal.
 3. Describe your project's plan for addressing breastfeeding issues and medical problems that are beyond the skill level of WIC health professionals. Please provide the name and contact information for at least one person that will serve as a local IBCLC referral source.
 4. Ohio WIC provides breast pumps to qualifying WIC participants. Describe your project's pump program and how you determine eligibility for a breast pump. Explain your project's process for helping to ensure women have a successful pumping experience.
 5. List two areas in which your project can work to improve breastfeeding support for staff, participants, and community members. Explain how you plan to address these areas.
 6. Describe how your project's Breastfeeding Peer Helper Program supports moms in achieving their breastfeeding goals.
 7. List the breastfeeding partners in your community and outline opportunities for coordinating activities to promote, protect, and support breastfeeding during FY2023. (This could include ideas for Breastfeeding Awareness Month activities.)

E. Civil Rights Review Questionnaire — EEO Survey: The Civil Rights Review Questionnaire Survey is a part of the Application Section of GMIS. Subrecipients must complete the questionnaire as part of the application process. This questionnaire is submitted automatically with each application via the Internet.

F. Federal Funding Accountability and Transparency Act (FFATA): All applicants applying for ODH grant funds are required to complete the FFATA reporting form in GMIS. Applicants must ensure that the information contained in SAM.gov, DUN & Bradstreet and the FFATA reporting form match. ODH will hold all payments if an applicant's information does not successfully upload into the federal system.

All applicants for ODH grants are required to obtain a Data Universal Number System (DUNS), register in SAM.gov and submit the information in the grant application. For information about the DUNS, go to www.dnb.com. For information about System for Award Management (SAM) go to <https://beta.sam.gov/>.

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

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

- G. Public Health Impact:** Applicants that are not local health departments are to attach in GMIS the statement(s) of support from the local health district(s) regarding the impact of your proposed grant activities on the PHAB Standards. If a statement of support from the local health districts is not available, indicate that and submit a copy of the program summary that your agency forwarded to the local health district(s).
- H. Attachment(s):** Attachments are documents which are not part of the standard GMIS application but are deemed necessary to a given grant program. All attachments must clearly identify the authorized program name and program number. All attachments submitted to GMIS must be attached in the "Project Narratives" section and be in one of the following formats: PDF, Microsoft Word or Microsoft Excel. Please see the GMIS bulletin board for instructions on how to submit attachments in GMIS. Attachments that are non-Internet compatible must be postmarked or received on or before the application due date. An original and the required number of copies of non-Internet compatible attachments must be mailed to the ODH, Grants Services Unit, Central Master Files address by **4:00 p.m. on or before May 23, 2022.**

WIC Grant Application Attachment Descriptions

FY23 Clinic and Staff Data Sheet (Attachment 1)

The Clinic and Staff Data Sheet must be submitted for each clinic site in FY23. The application includes one clinic data sheet form. Copy and paste the number of forms needed for FY23. For the activity portion of this form, list both working hours and clinic hours. For example, working hours may be from 8 a.m. to 5 p.m. five days per week, while clinic is held from 8:30 a.m. to 11 a.m. and 1 p.m. to 4:30 p.m. Indicate special activities (time and description) in the space provided, including group nutrition education sessions, migrant clinics, food instrument pickups, and evening and weekend clinics. **Part-time operations should indicate closed days/times with an "X."** Please note that there is a space included for Saturday clinics. All WIC staff that is in the Personnel Section must be listed on a clinic data sheet.

Breastfeeding Peer Helper Program Budget and Expenditure Form (Attachment 2)

Complete the Breastfeeding Peer Helper Program Budget/Expenditure Form to assist with tracking Peer Program expenses. To complete the Personnel section, refer to the time studies to define the amount of time spent by the Peer Helper and Peer Supervisor in the Peer Helper Program. Include all other expenses related to the Peer Helper Program in the Other Direct Cost and Equipment sections. This should reflect the total cost of operating the Peer Helper Program. This dollar amount must equal or exceed the designated dollar amount listed on the Peer Portion of the NOA on the FY23 **Local Project Funding and Caseload Plan.**

Budget Tool (Attachment 3)

Submit the Personnel Budget Tool with the FY23 grant. **State WIC strongly recommends that local projects complete the Budget Tool first before the personnel salary and fringes are entered into GMIS 2.0.** The Budget Tool must include all budgeted staff including the contracted staff listed in the CCA category. Local projects with subcontracted entities must submit separate tools for each entity.

The spreadsheet will automatically allocate NCBA costs based on the number of hours input from the FY22 time study for each NCBA category. The NCBA hours for each staff member must match the corresponding time study. **The Budget Tool salary and fringes must match as closely as possible with the GMIS 2.0 salary and fringes.**

Voter Registration Assistance Plan (Attachment 4)

Attachment 4 is the Voter Registration Plan form. Ohio Administrative Code Rule 111-10-02 requires that each voter registration agency must submit an updated voter registration plan each year. Enter the project name on the blank line at

the top of the Voter Registration Assistance Plan form. Review and check off the assurances. **Submit only one per project.**

WIC Time Study (Attachments 5a and 5b)

Submit the Employee Time Study Report for each staff member paid with WIC funds. The Employee Time Study Report and directions are from **All Projects Letter (APL) 2022-026**. Attachment 5a is an example of the Employee Time Study Report. If your project completed an **Annual** Time Study, the Employee Time Study Report must include two weeks. If your project completed an Employee **Monthly** Time Study Report, the Employee Monthly Time Study Report must include a daily average of at least six months. **The NCBA hours from the time study are used to complete the Budget Tool and both must match the NCBA hours in the personnel budget in GMIS.**

WIC Farmers' Market Nutrition Program (FMNP) Responsibilities (Attachment 6)

Projects that operate an FMNP must review and agree to the program requirements and assurances provided in Attachment 6. A listing of FMNP projects is included in the attachment. By checking "Yes" in Attachment 6, the project is providing assurance that it will operate the program according to the WIC Farmers' Market Nutrition Program Responsibilities.

Private Physician/Hospital/Clinic Medical Services Memorandum of Agreement (MOA) (Attachment 7)

The Physician MOA must be signed and sent as an attachment for those projects that do not have a local agency physician or clinic to serve eligible WIC participants for medical care. The Physician shall provide such pediatric, obstetrical, lactation and other services to persons who seek such services upon referral from the local agency. Submit completed forms with the grant application or explain when the form will be sent prior to October 1st. Refer to Section 283 of the Ohio WIC PPM.

Nutrition Education Plan (Attachment 8)

Complete Attachment 8 to describe the specific methods to be used to provide nutrition education for non-high-risk WIC participants. Identify the tentative plan for the first quarter, including participant category, topic, and educational format OR submit a full year's Nutrition Education Plan by completing the entire 2023 calendar.

Clinic Self-Assessment (Attachment 9)

Complete Attachment 9 for each clinic site. State staff recommends involving all clinic staff in this activity. Project directors should *consider* any ideas or recommendations to make the clinic space more VENA-like. Any areas that are rated "Disagree" or "Strongly Disagree" must have the "Thoughts/Comments" section completed. Project directors must also note in the "Thoughts/Comments" section what recommendations will be implemented during FY23.

The application includes one Attachment 9. Copy and paste the number of forms needed. This activity will provide project directors with information to make positive changes to WIC clinic sites. State WIC realizes there are some obstacles to improving clinic space: clinic sites that are open once a week or less, agency space policies, physical structure of the clinic space, and cost. Almost every space can have small changes made: new posters to replace ripped or defaced posters, VENA-friendly verbiage on signs, a few toys, etc. WIC staff should also use this activity to alert State WIC staff to any needed materials that could be purchased statewide to help make clinic areas more VENA-like.

Assurance of Civil Rights Compliance (Attachment 10)

In accordance with the USDA, the Ohio WIC Program prohibits discrimination in all its programs and activities on the basis of race, color, national origin, age, disability, and where applicable, sex, marital status, familial status, parental status, religion, sexual orientation, genetic information, political beliefs, reprisal, or because all or part of an individual's income is derived from any public assistance program. Attachment 11 requires signature indicating compliance with all Civil Rights processes and procedures.

Medicaid/TANF/SNAP Cross Enrollment Data Initiative (Attachment 11)

Local WIC staff have access to Medicaid/TANF/SNAP participant enrollment status to identify individuals who are or may be eligible for the WIC program. This data use agreement ensures local agencies comply with state and federal confidentiality and information disclosure laws, rules, and regulations.

Program Attachment Checklist (Attachment 12)

The Program Attachment Checklist is used to verify that all required attachments have been included. Place an X in the checkbox to the left of each document attached and return attachment 11 with the grant application.

III APPENDICES

- A. Notice of Intent to Apply for Funding
- B. GMIS Training, User Access, Access Change or Deactivation
- C. RequestC1 Deliverable – Objective Descriptions (if applicable)
C2 Deliverable – Objective Allocations (if applicable)
- D. Application Review Form
- E. FY23 Funding and Caseload Plan

Appendix A

Reimbursement
Type
Select one of the
options below:
☐ Monthly
OR
☐ Quarterly

NOTICE OF INTENT TO APPLY FOR FUNDING

Ohio Department of Health, Office
of Medical Director, Bureau of
Maternal, Child, and Family Health

ODH Program Title:
Women, Infants, and Children (WA23)

Submission Required

See due date below.

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

ALL INFORMATION REQUESTED MUST BE COMPLETED.

County of Applicant Agency _____ Federal Tax Identification Number _____

Geographic Area Applying to Cover _____

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

Type of Applicant Agency
(Check One)

☐ County Agency

☐ Hospital

☐ Local Schools

☐ City Agency

☐ Higher Education

☐ Not-for Profit

Applicant Agency/Organization _____

Applicant Agency Address _____

Agency Contact Person Name and Title _____

Telephone Number _____ E-mail Address _____

Agency Head (Print Name)

Agency Head (Signature)

Please note that the agency head listed above must match the agency head listed in GMIS. Unless a new agency, NOIAF's will not be accepted if name doesn't match what is listed in GMIS. If the agency head needs updated in GMIS, please include a letter on agency letterhead outlining the change. The new agency head's signature will be accepted with receipt of the update letter.

Does your agency have at least two staff members who currently have access to the ODH GMIS system? YES ☐ NO ☐

If yes, no further action is needed. If no, ODH Grants Services Unit staff will email the GMIS reference guide to the email addresses listed on the GMIS Access Request form.

The NOIAF must be accompanied by the agency's Proof of Non-Profit status (if applicable) and Proof of Liability Coverage (if applicable). Potential applicants and current subrecipients are required to set-up and maintain their current supplier information in the State of Ohio Supplier Portal. This information includes, but is not limited to, Electronic Funds Transfer (EFT), 1099 Form and current address.

This information must be set-up and maintained in the following website: <http://supplier.ohio.gov/>.

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

Forms are only required for NEW AGENCIES or if UPDATES are needed for current agencies. THE NOIAF AND REQUIRED FORMS MUST BE EMAILED TO [Breanne.Haviland@odh.ohio.gov BY [April 20, 2022].

NOTE: NOIAF's will be considered late if any of the required forms listed above are not received by NEW AGENCIES by the due date. NOIAF's considered late will not be accepted.

Appendix B

If new applicant, this form must be submitted with the Notice of Intent to Apply for Funding Form.

GMIS Training, User Access, Access Change or Deactivation Request

One request per person. Requests will only be honored when signed by your **Agency Head** or **Agency Financial Head** and complete. In addition, if a user leaves your agency, you are to notify ODH so that their account is rendered inactive and submit a form for the replacement. The user will receive his/her username and password via e-mail once the request is processed. *Refresher guides can be found on the ODH web site: <https://odh.ohio.gov/wps/portal/gov/odh/about-us/funding-opportunities/ODH-Grants/>.* ODH Grants Page – “GMIS Training Resource” Section.

Date: _____

Check the type of access and complete the information requested: ☐ Employee — needs GMIS Training

☐ New Employee — needs GMIS Access. Effective Date of Activation: _____

☐ Existing Employee — New GMIS User or GMIS User Access Change.

Effective/Change Date: _____

☐ Deactivation — User no longer needs access to ODH Application Gateway/GMIS 2.0 or GMIS 2.0 only: Effective Date of Deactivation (ODH Application Gateway/GMIS 2.0): _____

Or Effective Date of Deactivation (GMIS 2.0 access only): _____

Agency Name & Address: _____

Employee Name (no nicknames):

Employee Job Title:

Employee Office Phone Number:

Employee Office Fax Number:

Employee Office Email Address:

User Access Section: Please check all that applies and enter requested information: Email

Notifications: ☐ Yes ☐ No

GMIS Project Number(s) user needs access to: _____

Authorization Signature for User Access/Change/Deactivation:

Signature of Agency Head or Agency Financial Head

Printed Name of Agency Head or Agency Financial Head

To be completed by Grants System Officer ONLY—Date Received: _____ Date Processed: _____

Deliver Requests to Karen Tinsley, Grants System Officer, 614-644-7546

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

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

Appendix C1

Name of Subgrant Program:

Budget Period:

of Deliverables:

Use Budget Justification Scenario #:

_____ **Base and Deliverables**

_____ **Deliverables Only**

Deliverable — Objective 1: (Enter name of deliverable)
(Provide description of deliverable and expectations)

Deliverable — Objective 2: (Enter name of deliverable)
(Provide description of deliverable and expectations)

Deliverable — Objective 3: (Enter name of deliverable)
(Provide description of deliverable and expectations)

Deliverable — Objective 4: (Enter name of deliverable)
(Provide description of deliverable and expectations)

Deliverable — Objective 5: (Enter name of deliverable)
(Provide description of deliverable and expectations)

Deliverable — Objective 6: (Enter name of deliverable)
(Provide description of deliverable and expectations)

Appendix D
WIC Application Review Form (FY23)
Ohio Department of Health
Ohio WIC Program

Special Supplemental Nutrition Program for Women, Infants, and Children Program (WIC)

Project Title__

Project Number_

Agency_

County_

Reviewer_

CATEGORY	CRITERION MET	CRITERION PARTIALLY MET	CRITERION UNMET
A. Program Narrative [30 points maximum]			
1. Executive Summary	4-5 points	1-3 points	0 points
2. Description of Applicant Agency/Documentation of Eligibility/Personnel [5 pts. Maximum]			
3. Problem/Need [5 points maximum]	4-5 points	1-3 points	0 points
4. Methodology [20 points maximum]			
a) management evaluation follow-up [5]	4-5 points	1-3 points	0 points
b) nutrition education services plan [5]	4-5 points	1-3 points	0 points
c) BF promotion and support plan [5]	4-5 points	1-3 points	0 points
d) SMART Objectives [5]	4-5 points	1-3 points	0 points
Subtotal A:			

CATEGORY	CRITERION MET	CRITERION PARTIALLY MET	CRITERION UNMET
B. Program Attachments [30 points maximum]	20 – 30 points	1 – 19 points	0 points
C. Budget [30 points maximum]			
1. Budget Narrative [10 points maximum]	8 – 10 points	1-7 points	0 points
2. ODH Subgrantee Fiscal Application [20 points maximum]	15 – 20 points	1 – 14 points	0 points
D. Miscellaneous [10 points maximum] (WIC Time Study for each person on the WIC budget that matches the Personnel Budget Tool. All other requirements of ODH, such as the W-9, audit, EFT, Health Impact Statement, Health Impact Statement of Support, liability coverage and evidence of non-profit status.)	8 – 10 points	1 – 7 points	0 points
Additional Comments:	Subtotal B-D:		
	Total Points:		
	Approval	Approve with Special Conditions	Disapprove
Reviewer's Signature:	Date:		

Appendix E

FY2023 Local WIC Project Funding and Caseload Plan

Local WIC Project	FY23 TOTAL NOA	FY23 NSA Portion of NOA	FY23 Peer Portion of NOA*	NSA BF Requirement**	1/6 NSA Requirement for Nutrition and BF**	FY23 Caseload
ADAMS/BROWN COUNTY WIC PROGRAM	\$ 456,907	\$ 434,000	\$ 22,907	\$ 9,452	\$ 72,333	1,298
ALLEN COUNTY WIC PROGRAM	635,108	605,800	29,308	13,807	100,967	1,896
ASHTABULA COUNTY WIC PROGRAM	592,684	565,997	26,687	12,445	94,333	1,709
ATHENS/PERRY CNTY WIC PROGRAM	531,237	505,659	25,578	11,324	84,277	1,555
AUGLAIZE COUNTY WIC PROGRAM	211,073	193,673	17,400	4,216	32,279	579
BELMONT COUNTY WIC PROGRAM	308,600	289,328	19,272	6,059	48,221	832
BUTLER COUNTY WIC PROGRAM	1,850,981	1,784,578	66,403	48,746	297,430	6,694
CARROLL COUNTY WIC PROGRAM	164,555	149,250	15,305	2,898	24,875	398
CHAMPAIGN CNTY WIC PGM	158,098	143,099	14,999	2,745	23,850	377
CLARK COUNTY WIC PROGRAM	822,996	786,114	36,882	19,953	131,019	2,740
CLERMONT COUNTY WIC PROGRAM	663,743	633,579	30,164	14,717	105,597	2,021
CLINTON COUNTY WIC PROGRAM	236,052	217,980	18,072	4,631	36,330	636
COSHOCTON COUNTY WIC PROGRAM	208,092	191,070	17,022	3,743	31,845	514
CRAWFORD COUNTY WIC PROGRAM	346,257	326,505	19,752	6,882	54,418	945
CUYAHOGA COUNTY WIC PROGRAM	4,222,261	4,093,024	129,237	99,022	682,171	13,598
DARKE/MERCER COS. WIC PROGRAM	409,458	386,350	23,108	8,389	64,392	1,152
DEFIANCE COUNTY WIC PROGRAM	207,326	190,142	17,184	3,583	31,690	492
DEL/UNION/MORROW CNTY WIC PGM	588,835	562,400	26,435	12,569	93,733	1,726
ERIE/HURON COUNTY WIC PROGRAM	639,692	611,594	28,098	13,821	101,932	1,898
FAIRFIELD COUNTY WIC PROGRAM	446,557	423,600	22,957	9,357	70,600	1,285
FAYETTE COUNTY WIC PROGRAM	200,184	183,000	17,184	3,554	30,500	488
FRANKLIN COUNTY WIC PROGRAM	6,353,674	6,122,424	231,250	180,989	1,020,404	24,854
FULTON/HENRY CO. WIC PROGRAM	333,554	313,514	20,040	6,692	52,252	919
GALLIA COUNTY WIC PROGRAM	255,665	237,017	18,648	4,901	39,503	673
GREENE COUNTY WIC PROGRAM	444,668	421,700	22,968	9,154	70,283	1,257
GUERNSEY COUNTY WIC PROGRAM	298,378	278,142	20,236	5,811	46,357	798
HAMILTON COUNTY WIC PROGRAM	3,425,401	3,303,287	122,114	97,420	550,548	13,378
HARRISON COUNTY WIC PROGRAM	109,310	95,229	14,081	1,602	15,872	220
HHP: HANCOCK/HARDIN/PUTNAM WIC PROGRAM	566,366	538,419	27,947	12,846	89,737	1,764
HIGHLAND COUNTY WIC PROGRAM	343,358	322,886	20,472	6,801	53,814	934
HOCKING COUNTY WIC PROGRAM	201,673	184,877	16,796	3,379	30,813	464
HOLMES COUNTY WIC PROGRAM	144,485	129,425	15,060	2,330	21,571	320
JACKSON COUNTY WIC PROGRAM	213,860	196,892	16,968	4,107	32,815	564
JEFFERSON COUNTY WIC PROGRAM	276,481	258,073	18,408	5,367	43,012	737
KNOX COUNTY WIC PROGRAM	273,287	254,783	18,504	5,294	42,464	727
LAKE - GEAUGA COUNTY WIC PROGRAM	826,609	791,450	35,159	18,700	131,908	2,568
LAWRENCE COUNTY WIC PROGRAM	335,133	314,847	20,286	6,255	52,475	859
LICKING COUNTY WIC PROGRAM	625,791	596,635	29,156	13,516	99,439	1,856
LOGAN COUNTY WIC PROGRAM	198,687	181,125	17,562	3,517	30,188	483
LORAIN COUNTY WIC PROGRAM	1,210,351	1,165,122	45,229	30,505	194,187	4,189
LUCAS COUNTY WIC PROGRAM	2,308,039	2,233,825	74,214	62,364	372,304	8,564
MADISON COUNTY WIC PROGRAM	238,834	221,272	17,562	4,872	36,879	669
MAHONING COUNTY WIC PROGRAM	1,050,990	1,012,969	38,021	24,897	168,828	3,419
MARION COUNTY WIC PROGRAM	488,601	463,617	24,984	10,326	77,270	1,418
MEDINA COUNTY WIC PROGRAM	377,054	354,500	22,554	7,522	59,083	1,033
MEIGS COUNTY WIC PROGRAM	167,837	151,381	16,456	3,000	25,230	412
MIAMI COUNTY WIC PROGRAM	320,348	301,172	19,176	6,321	50,195	868
MONROE COUNTY WIC PROGRAM	123,904	108,783	15,121	2,119	18,131	291
MONTGOMERY CNTY. WIC PROGRAM	1,979,740	1,907,894	71,846	49,358	317,982	6,778
MUSKINGUM COUNTY WIC PROGRAM	510,525	485,300	25,225	10,697	80,883	1,469
NOBLE COUNTY WIC PROGRAM	104,350	89,596	14,754	1,558	14,933	214
OTTAWA COUNTY WIC PROGRAM	121,501	106,257	15,244	2,541	17,710	349

FY2023 Local WIC Project Funding and Caseload Plan

FY2022 Local WIC Project Funding Table 3.19.2021

FY2023 Local WIC Project Funding and Caseload Plan (continued)

Local WIC Project	FY23 TOTAL NOA	FY23 NSA Portion of NOA	FY23 Peer Portion of NOA*	NSA BF Requirement**	1/6 NSA Requirement for Nutrition and BF**	FY23 Caseload
PAULDING COUNTY WIC PROGRAM	\$ 131,086	\$ 115,598	\$ 15,488	\$ 2,410	\$ 19,266	331
PIKE COUNTY WIC PROGRAM	211,188	193,768	17,420	3,568	32,295	490
PORTAGE/COLUMBIANA WIC PROGRAM	1,007,443	967,521	39,922	24,096	161,254	3,309
PREBLE COUNTY WIC PROGRAM	236,894	219,332	17,562	4,500	36,555	618
RICHLAND/ASHLAND CNTY WIC PRG	750,645	717,895	32,750	17,353	119,649	2,383
ROSS/PICKAWAY COUNTY WIC PROG.	611,970	583,670	28,300	13,596	97,278	1,867
SANDUSKY COUNTY WIC PROGRAM	317,300	296,359	20,941	6,263	49,393	860
SCIOTO COUNTY WIC PROGRAM	495,112	471,500	23,612	10,362	78,583	1,423
SENECA COUNTY WIC PROGRAM	332,144	313,016	19,128	6,583	52,169	904
SHELBY CNTY WIC PGM	176,914	160,270	16,644	3,182	26,712	437
STARK COUNTY WIC PROGRAM	1,396,228	1,347,364	48,864	34,728	224,561	4,769
SUMMIT COUNTY WIC PROGRAM	2,031,357	1,961,271	70,086	53,072	326,879	7,288
TRUMBULL COUNTY WIC PROGRAM	984,744	945,140	39,604	23,434	157,523	3,218
TUSCARAWAS COUNTY WIC PROGRAM	433,268	411,500	21,768	8,906	68,583	1,223
VAN WERT COUNTY WIC PROGRAM	168,248	152,198	16,050	3,095	25,366	425
VINTON COUNTY WIC PROGRAM	125,023	110,269	14,754	1,944	18,378	267
WARREN COUNTY WIC PROGRAM	378,439	357,195	21,244	7,617	59,533	1,046
WASHINGTON/MORGAN CNTY WIC PGM	327,101	307,067	20,034	6,233	51,178	856
WAYNE COUNTY WIC PROGRAM	372,524	350,900	21,624	7,435	58,483	1,021
WILLIAMS COUNTY WIC PROGRAM	226,587	209,025	17,562	4,282	34,838	588
WOOD COUNTY WIC PROGRAM	355,905	334,761	21,144	7,136	55,794	980
WYANDOT COUNTY WIC PROGRAM	108,329	93,942	14,387	1,362	15,657	187
STATEWIDE	<u>\$ 49,307,599</u>	<u>\$ 47,038,716</u>	<u>\$ 2,268,883</u>	<u>\$ 1,167,834</u>	<u>\$ 7,839,789</u>	<u>160,371</u>

* These are special USDA peer grant funds that can only be used to support the peer helper program. Local agencies may supplement the peer program with NSA funds.

** The amount listed for each project under 1/6 Requirement for Nutrition & BF, and BF\$* is the portion of NSA Grant that must be used for support activities. These dollars are part of the NSA NOA total, not additional dollars.

Project Name:

Attachment 1 - Clinic and Staff Data Sheet – FY 2023

WIC CLINIC NAME:		GMIS PROJECT NUMBER:	
CLINIC NUMBER:		ASSIGNED CASELOAD CEILING:	
ADDRESS:		CITY:	ZIP:
PHONE: ()		FAX #: ()	
SITE SUPERVISOR/CONTACT NAME:		IDENTIFY CHANGES:	

Type of WIC System: ☐ Network (includes 1 Server) _____ Number of Workstations on LAN

☐ Standalone

☐ Portable (Laptop)

☐ Paper

Please list your office and clinic hours with any special activities noted (including group nutrition education, migrant clinics, staff meetings, etc.). In the Special Activities column, please note if clinic hours vary from week to week (for example, clinic open until 7:00 pm every other week).

DAY	WIC OFFICE HOURS	CLINIC HOURS	SPECIAL ACTIVITIES
Monday			
Tuesday			
Wednesday			
Thursday			
Friday			
Saturday			

List all WIC funded staff at this clinic location (all WIC funded staff must appear on one of these forms).

Last Name, First Name

Position

Copy and paste additional pages for each clinic

Budget Information

FY23 Attachment 2
Breastfeeding Peer Helper Program Budget and Expenditure Form

PROGRAM NAME:						GMIS PROJECT NUMBER:	
GRANT YEAR: FY 2023		____ Original Revision # ____					
PERSONNEL				PEER PROGRAM			
		PEER PROGRAM	PEER PROGRAM	FRINGE	PEER PROGRAM		
POSITION	NAME	HOURS	SALARY	BENEFITS	TOTAL		
					\$0.00		
					\$0.00		
					\$0.00		
					\$0.00		
					\$0.00		
					\$0.00		
					\$0.00		
					\$0.00		
					\$0.00		
					\$0.00		
					\$0.00		
					\$0.00		
					\$0.00		
					\$0.00		
					\$0.00		
TOTAL PERSONNEL					\$0.00		
OTHER DIRECT COSTS (Items listed must match line items in GMIS.)							

Budget Information

TOTAL OTHER DIRECT COSTS					\$0.00		
EQUIPMENT (Items listed must match line items in GMIS.)							
TOTAL EQUIPMENT					\$0.00		
TOTAL PEER HELPER BUDGET					\$0.00		
Peer Dollars of NOA Awarded (See Funding table)					\$0.00		
Additional NSA Funds Used to Supplement Peer Dollars of NOA					\$0.00		

Budget Information

Budget Information

Employee	Function/Title	HP / BF Credentials	Program Time (%)	Yearly Salary (\$)	Program Salary Cost (\$)	Program Salary per NCBA Hr.	Fringe Rate (%)	Program Fringe Cost (\$)	Program Total Cost (\$)	NCBA Cost	Hrs/Wk	NCBA \$/y	Other Funding Sources	Time (%)	Non-WIC Salary
L. Lynn	Health Professional	RD, LD	96%	\$ 37,361	\$ 35,867	\$ 17.69	32.50%	\$ 11,657	\$ 47,524	Admin	0	n.a	General Fund	2%	\$ 747
										Breastfeeding	5	\$ 6,092.82	Block Grant	2%	\$ 747
										Clinic	13	\$ 15,841.33		0%	n.a.
										Nutrition	21	\$ 25,589.85		0%	n.a.
P. Cline	Health Professional	RD, LD	84%	\$ 40,751	\$ 34,231	\$ 16.46	32.50%	\$ 11,125	\$ 45,356	Admin	0	n.a	General Fund	9%	\$ 3,668
										Breastfeeding	6	\$ 6,803.40	Block Grant	7%	\$ 2,853
										Clinic	12	\$ 13,606.80		0%	n.a.
										Nutrition	22	\$ 24,945.80		0%	n.a.
T. Wynette	Support Staff		98%	\$ 26,069	\$ 25,548	\$ 14.04	49.80%	\$ 12,723	\$ 38,271	Admin	35	\$ 38,271.00	General Fund	2%	\$ 521
										Breastfeeding	0	n.a.		0%	n.a.
										Clinic	0	n.a.		0%	n.a.
										Nutrition	0	n.a.		0%	n.a.
R. Cash	Support Staff		5%	\$ 31,000	\$ 1,550	\$ 14.90	49.80%	\$ 772	\$ 2,322	Admin	2	\$ 2,322.00	General Fund	93%	\$ 28,830
										Breastfeeding		n.a.	Block Grant	2%	\$ 620
										Clinic		n.a.		0%	n.a.
										Nutrition		n.a.		0%	n.a.
M. Cicone	Support Staff		20%	\$ 33,075	\$ 6,615	\$ 15.90	49.80%	\$ 3,294	\$ 9,909	Admin	8	\$ 9,909.00	General Fund	80%	\$ 26,460
										Breastfeeding		n.a.	Block Grant	0%	n.a.
										Clinic		n.a.		0%	n.a.
										Nutrition		n.a.		0%	n.a.
G. Wilson	Support Staff		100%	\$ 25,384	\$ 25,384	\$ 13.95	49.80%	\$ 12,641	\$ 38,025	Admin	0	n.a		0%	n.a.
										Breastfeeding	0	n.a.		0%	n.a.
										Clinic	13	\$ 14,123.57		0%	n.a.
										Nutrition	22	\$ 23,901.43		0%	n.a.
K. Clarkson	Health Professional	RD, LD	98%	\$ 38,785	\$ 38,009	\$ 20.88	49.80%	\$ 18,928	\$ 56,937	Admin	35	\$ 56,937.00	General Fund	2%	\$ 776
										Breastfeeding		n.a.		0%	n.a.
										Clinic		n.a.		0%	n.a.
										Nutrition		n.a.		0%	n.a.
K. Underwood	Support Staff		98%	\$ 29,296	\$ 28,710	\$ 15.77	49.80%	\$ 14,298	\$ 43,008	Admin	35	\$ 43,008.00	General Fund	2%	\$ 586
										Breastfeeding		n.a.		0%	n.a.
										Clinic		n.a.		0%	n.a.
										Nutrition		n.a.		0%	n.a.
C. Dion	Support Staff		40%	\$ 28,442	\$ 11,377	\$ 14.59	49.80%	\$ 5,666	\$ 17,043	Admin	15	\$ 17,043.00	General Fund	40%	\$ 11,377
										Breastfeeding		n.a.	Block Grant	20%	\$ 5,688
										Clinic		n.a.		0%	n.a.
										Nutrition		n.a.		0%	n.a.
F. Hill	Support Staff		100%	\$ 25,000	\$ 25,000	\$ 12.02	49.80%	\$ 12,450	\$ 37,450	Admin	0	n.a		0%	n.a.
										Breastfeeding	15	\$ 14,043.75		0%	n.a.
										Clinic	13	\$ 12,171.25		0%	n.a.
										Nutrition	12	\$ 11,235.00		0%	n.a.

Budget Information

Employee	Function/Title	HP / BF Credentials	Program Time (%)	Yearly Salary (\$)	Program Salary Cost (\$)	Program Salary per NCBA Hr.	Fringe Rate (%)	Program Fringe Cost (\$)	Program Total Cost (\$)	NCBA Cost	Hrs/Wk	NCBA \$/y	Other Funding Sources	Time (%)	Non-WIC Salary
I. Yearwood	Director - HP	RD, LD	25%	\$ 61,000	\$ 15,250	\$ 29.33	49.80%	\$ 7,595	\$ 22,845	Admin		n.a	General Fund	25%	\$ 15,250
										Breastfeeding	10	\$ 22,845.00	Block Grant	50%	\$ 30,500
										Clinic		n.a.		0%	n.a.
										Nutrition		n.a.		0%	n.a.
A. Krause	Support Staff		98%	\$ 21,840	\$ 21,403	\$ 11.76	49.80%	\$ 10,659	\$ 32,062	Admin	35	\$ 32,062.00	General Fund	2%	\$ 437
										Breastfeeding		n.a.		0%	n.a.
										Clinic		n.a.		0%	n.a.
										Nutrition		n.a.		0%	n.a.
C. Crow	Health Professional	RD, LD	100%	\$ 39,782	\$ 39,782	\$ 19.13	49.80%	\$ 19,811	\$ 59,593	Admin	0	n.a		0%	n.a.
										Breastfeeding	6	\$ 8,938.95		0%	n.a.
										Clinic	13	\$ 19,367.73		0%	n.a.
										Nutrition	21	\$ 31,286.33		0%	n.a.
J. Carter-Cash	Peer Helper		100%	\$ 14,258	\$ 14,258	\$ 10.55	49.80%	\$ 7,100	\$ 21,358	Admin	1	\$ 821.46		0%	n.a.
										Breastfeeding	25	\$ 20,536.54		0%	n.a.
										Clinic		n.a.		0%	n.a.
										Nutrition		n.a.		0%	n.a.
				\$ 452,043	\$ 322,984			\$ 148,719	\$ 471,703			395 \$ 471,703			

	NCBA Hrs.	NCBA Costs	% NCBA Hours	% NCBA Cost
Admin	166	\$ 200,373.46	42.0%	42.5%
Breastfeeding	67	\$ 79,260.46	17.0%	16.8%
Clinic	64	\$ 75,110.68	16.2%	15.9%
Nutrition	98	\$ 116,958.40	24.8%	24.8%
Total	395	\$ 471,703.00	100.0%	100.0%

(Attachment 4)

**VOTER REGISTRATION ASSISTANCE PLAN
Fiscal Year 2023**

WIC PROGRAM

(Project Name)

(GMIS Project Number)

Review and check off assurances for the following five items pertaining to the implementation of agency based voter registration in the local WIC project area.

1. ____ The name of the voter registration coordinator and the locations of all the local clinic sites where voter registration is being conducted were reviewed and submitted in response to the FY2022 grant application.
2. ____ This local WIC project will be conducting voter registration at each application and recertification visit according to section 207 of the Ohio WIC Policy and Procedure Manual.
3. ____ Each WIC applicant will be provided a copy of the *Designated Voter Registration Notice of Rights* form at the time of application and recertification.
4. ____ Each local WIC project staff person who will be giving out and accepting voter registration forms will be trained according to section 207 of the Ohio WIC Policy and Procedure Manual.
5. ____ The local WIC voter coordinator is: _____.
The coordinator has met with a representative of the County Board of Elections and discussed and agreed that the *Agency Based Voter Registration Transmission Form* and the completed *Voter Registration Forms* will be transmitted to the Board of Elections within five days through:

(Check All That Apply)

____ U.S. mail, ____ courier service, ____ pickup by Elections Board staff, ____ delivered by WIC staff, or ____ other (explain below)

Employee Time Study ReportEmployee Name: 0
Type in Total Regular WIC hrs/wk: 0Position: 0
Clinic(s): _____Date Time Study was Conducted: _____ From: 1/0/00 To: 1/0/00

Date	Nutrition Education (N)	Clinic Services (C)	Breast-feeding (B)	Admin-istration (A)	Peer Breast-feeding (PHB)	Hours Per Day (HPD)
1/0/00	0.00	0.00	0.00	0.00	0.00	0.00
1/0/00	0.00	0.00	0.00	0.00	0.00	0.00
1/0/00	0.00	0.00	0.00	0.00	0.00	0.00
1/0/00	0.00	0.00	0.00	0.00	0.00	0.00
1/0/00	0.00	0.00	0.00	0.00	0.00	0.00
1/0/00	0.00	0.00	0.00	0.00	0.00	0.00
1/0/00	0.00	0.00	0.00	0.00	0.00	0.00
1/0/00	0.00	0.00	0.00	0.00	0.00	0.00
1/0/00	0.00	0.00	0.00	0.00	0.00	0.00
1/0/00	0.00	0.00	0.00	0.00	0.00	0.00
Total Hours	0.00	0.00	0.00	0.00	0.00	0.00

Percent Nutrition Education: #DIV/0!Percent Clinic Services: #DIV/0!Percent Breastfeeding: #DIV/0!Percent Administration: #DIV/0!Percent PH Breastfeeding: #DIV/0!

Type comments below (Please explain if there was any activity out of the ordinary)

The Hours listed below
are the hours to be used
in the Personnel Budget
for NCBA
N Hours #DIV/0!
C Hours #DIV/0!
B Hours #DIV/0!
A Hours #DIV/0!
PHB Hours #DIV/0!

*If the decimal is 0.5 or greater round up

*If the decimal is 0.4 or less round down

* Add PHB+B hours together for B hours on the Personnel Budget

For Director's use only

If employee's regular work hours change after the Time Study has been completed causing an alteration in the NCBA and PHB hours, enter employee's new hours and give justification to the change in NCBA and PBH; e.g., change in FT to PT status. Use the new hours on the Personnel Budget for NCBA.

Enter employee's new hours

*self calculates

N Hours #DIV/0!
C Hours #DIV/0!
B Hours #DIV/0!
A Hours #DIV/0!
PHB Hours #DIV/0!

Justification:

Date:

*if the employee's NCBA and PBH hours are not reflective of the **percent of time spent** as calculated by the current time study; enter in actual NCBA and PBH and provide justification; e.g., HP no longer prints coupons decreasing clinic time. Use the new hours on the Personnel Budget for NCBA.

N Hours
C Hours
B Hours
A Hours
PHB Hours

Justification:

Date:

When you have completed the form please type in your name below, date, and click on the 'Authenticate Signature' box verifying you have reviewed the information and it is correct to the best of your knowledge.

Employee Name: _____ Date: _____ ☐ Check to Authenticate SignatureSupervisors Name: _____ Date: _____ ☐ Check to Authenticate Signature

(Attachment 6)

**WIC FARMERS' MARKET NUTRITION
PROGRAM RESPONSIBILITIES – FY 2023**

WIC PROGRAM

(Project Name)

(GMIS Project Number)

The responsibilities of the parties are set forth below:

A. State WIC Agency Responsibilities. The State WIC Agency Shall:

1. Assist Local WIC Agency in developing and implementing participation in the WIC Farmers' Market Nutrition Program (FMNP), as authorized by Section 17(m) of the Child Nutrition Act of 1966, as amended, (42 USC 1786(m)).
2. Provide consultation and guidance in the interpretation of all FMNP regulations, guidelines and instructions from the United States Department of Agriculture, Food and Nutrition Services (USDA, FNS) and the State WIC Agency.
3. Provide consultation and technical guidance to Local WIC Agency relevant to the provision of WIC FMNP services.
4. Provide Local WIC Agency with guidance regarding FMNP coupon issuance procedures.
5. Provide guidance in the development and coordination of the nutrition education portion of WIC FMNP operations including identification of procedures to ensure that nutrition education is provided to all FMNP participants.
6. Provide Local WIC Agency with a list of authorized FMNP farmers in counties served by the WIC FMNP.
7. Assist the Local WIC Agency in training farmers authorized to accept FMNP coupons.
8. Monitor the activities of Local WIC Agency using methods including, but not limited to, on-site evaluations as it pertains to the FMNP.

B. Local WIC Agency Responsibilities. The Local WIC Agency Shall:

1. Assist the State WIC Agency in implementing and operating the WIC Farmers' Market Nutrition Program (FMNP), as authorized by Section 17(m) of the Child Nutrition Act of 1966, as amended, (42 USC 1786(m)), to provide locally grown fresh fruits, herbs, and vegetables to eligible participants.

2. Cooperate with FMNP farmers, State WIC Agency, or federal officials to resolve questions or issues as they arise.
3. Issue FMNP coupons in accordance with and as designated by State WIC Agency criteria through specified clinics, and to specific categories and numbers of participants.
4. Verify receipt of FMNP coupons from State WIC Agency and record coupons issued to eligible participants based upon the eligibility criteria established by State WIC Agency. Coupon issuances shall be properly recorded in the WIC Certification System.
5. Provide nutrition education on selecting, using and storing fresh fruits, herbs, and vegetables to all FMNP participants.
6. Provide education how to properly use and redeem FMNP coupons at authorized FMNP farmers including providing a list of all authorized FMNP foods to all FMNP participants.
7. Develop and distribute a pamphlet listing the dates, times and locations of the authorized FMNP farmers' markets and farm stands located in the county to all FMNP participants.
8. Conduct an FMNP participant survey as directed by State WIC Agency.
9. Assist the State WIC agency in training and contracting farmers to be authorized to accept FMNP coupons.
10. Assist the State WIC agency in conducting on-site monitoring visits to authorized FMNP farmers, authorized FMNP farmers' markets and authorized FMNP farm stands in the county.
11. Direct employees involved in the FMNP, when requested, to attend training sessions conducted by State WIC Agency.
12. Surrender to State WIC Agency, upon expiration or termination of this Agreement, all equipment and work product pertaining to the administration of the FMNP.

C. Mutual Understanding:

State WIC Agency reserves the right to redistribute Local WIC Agency's FMNP coupons for reasons including, but not limited to, funding shortages and/or failure to meet and maintain FMNP coupon issuance and redemption rates.

*(All projects must answer one of the three questions below
this table and return as an attachment.)*

Allen	Guernsey	Monroe
Ashland	Hamilton	Montgomery
Ashtabula	Hancock	Muskingum
Athens	Hardin	Paulding
Belmont	Henry	Perry
Butler	Highland	Pickaway
Champaign	Holmes	Pike
Clark	Huron	Portage
Clermont	Jefferson	Putnam
Clinton	Knox	Richland
Columbiana	Lake	Ross
Coshocton	Lawrence	Sandusky
Cuyahoga	Licking	Scioto
Darke	Logan	Seneca
Defiance	Lorain	Stark
Delaware	Lucas	Summit
Erie	Madison	Trumbull
Fairfield	Mahoning	Tuscarawas
Franklin	Marion	Union
Fulton	Medina	Van Wert
Geauga	Meigs	Wayne
Greene	Mercer	Williams
	Miami	Wood
		Wyandot

☐ Yes, the project wishes to operate the FMNP.

☐ No, the project no longer wishes to participate in the FMNP.

☐ The project does not currently participate in FMNP and does not wish to participate.

Attachment 7

PRIVATE PHYSICIAN/HOSPITAL/CLINIC MEDICAL SERVICES MEMORANDUM OF AGREEMENT

Fiscal Years 2023 - 2027

(Project Name)

(GMIS Project Number)

Physician's Name:

Specialty:

Office Address:

Office Telephone Number:

Office Hours:

Please underline the categories of people to whom you provide health services:

Pregnant Women

Breastfeeding Women

Postpartum Women

Infants 0 -1

Children 1-5

Do you accept Medicaid payment? ☐ Yes ☐ No

If yes, what is your provider number?

Do you accept reduced fees for services? ☐ Yes ☐ No

List hospital affiliations (optional):

This institution is an equal opportunity provider.

MEMORANDUM OF AGREEMENT FY 2023 - 2027

By and between the _____ and _____, whereas, the _____, as a designated local agency
(Local Agency) (Physician) (Local Agency)

for the Special Supplemental Nutrition Program for Women, Infants and Children (WIC Program), wishes to provide WIC Program services to eligible women, (pregnant, postpartum, and breastfeeding), infants, and children, but does not provide the health services which the WIC Program requires; and whereas, _____, is a physician licensed by the State Medical Board of Ohio, pursuant to
(Physician)

Chapter 4731 of the Ohio Revised Code or the State Medical Board of _____ to practice medicine or surgery or osteopathic medicine and surgery; now therefore, it is mutually agreed by and between the _____ (hereinafter referred to as the "Local Agency") and _____ (hereinafter referred to as the
(Local agency) (Physician)
"Physician") that the covenants enumerated in this agreement will be kept and performed.

1. The Physician shall provide such pediatric, obstetrical, lactation, and other services as the Physician deems appropriate in the exercise of his or her professional medical judgment to persons who seek such services upon referral from the Local Agency.
2. With the written consent of the patient, the Physician shall provide the Local Agency with such information pertaining to the patient as the Local Agency may require in order to determine the patient's eligibility for participation in the WIC Program.
3. The Physician understands that the Local Agency shall not reimburse the Physician for providing health services to patients who the Local Agency refers to the Physician.
4. The Physician or clinic shall, in providing its services and in its terms and conditions of employment, comply with all requirements under federal and state law pertaining to nondiscrimination and equal employment opportunity, including Title VI of the 1964 Civil Rights Act and pertinent federal regulations.
5. This agreement shall take effect on October 1, 2022, and shall remain in effect through September 30, 2027 unless terminated by either party upon written notice of termination being served by the party terminating on the other party. A 30 day notification of termination by the terminating party is required.

BY: _____
Signature of the WIC Program Director

Date

Signature of Physician or Clinic Administrator

Date

This institution is an equal opportunity provider.

Attachment 8

Nutrition Education Plan for Low Nutrition Risk Participants

FY _____ Project _____

Nutrition Education Coordinator _____ Approved by: _____

SAMPLE October Event: Halloween (I,C,B,N) and Dental (All) Class: Infant Feeding (P) Outside: Head Start Parent's Night Newsletter: Immunizations and Flu Season (All) Youtube Video: (B)	SAMPLE November Newsletter: Holiday Foods (All) State Modules: (All) WICHealth.org: (C, N) Class: Breastfeeding Support Group: (B ,I) Class: Infant Feeding (P) Bulletin Board: Holiday Foods (All)	SAMPLE December Newsletter: Holiday Foods (All) Event: Santa & Mrs. Claus visit (all) Event: Librarian visit and story time (C) Class: Older Infant Feeding (I) Class: OSU Extension Budget Class (P,B,N) Bulletin Board: Holiday Foods (All)
October	November	December
January	February	March
April	May	June
July	August	September

Attachment 9

Clinic Self-Assessment Activity

Our physical environment/surroundings have an impact on our ability to learn, focus and participate. Feeling uncomfortable in one's surroundings may prevent one from active participation. As we focus on participant-centered encounters, we need to provide a comfortable, non-threatening clinic.

The purpose of this activity is to help you apply Value Enhanced Nutrition Assessment (VENA) principles in your work environment. Walk in your clinic as if you are a participant entering for the very first time. Look around. What do you see? How do you feel? Now, please take time to reflect on the statements below. Check (✓) the response that best describes your level of agreement. Please include ideas, thoughts or comments in the last column. Use your ideas to fuel your creativity and work within the confines of your resources. Feel free to use the back of the page for additional comments. Next, review the responses as an agency in an all-staff discussion to determine how you will improve your clinic environment.

Please check the response that best describes your level of agreement	Strongly Agree	Agree	Neutral	Disagree	Strongly Disagree	Thoughts/Comments
<p>Our clinic is welcoming to participants: Brightly painted walls, murals, welcome signs in languages spoken by participants.</p> <p>Artwork, posters, bulletin boards with community activities reflects participant population.</p> <p>Appropriate toys, opportunities for physical play.</p>						
Our clinic provides a warm and friendly environment.						
Our waiting room has enough room and chairs to accommodate all family members without being crowded or noisy.						
Our clinic has culturally-appropriate materials.						
Our clinic has a comfortable designated area for breastfeeding.						
<p>I have ideas for making our clinic more welcoming to our participants.</p> <p><i>Share them!</i></p>						

Attachment 10

Assurance of Civil Rights Compliance

The State Agency hereby agrees that it will comply with Title VI of the Civil Rights Act of 1964 (42 U.S.C. 2000d et seq.), Title IX of the Education Amendments of 1972 (20 U.S.C. 1681 et seq.), Section 504 of the Rehabilitation Act of 1973 (29 U.S.C. 794), Age Discrimination Act of 1975 (42 U.S.C. 6101 et seq.); Title II and Title III of the Americans with Disabilities Act (ADA) of 1990 as amended by the ADA Amendment Act of 2008 (42 U.S.C. 12131-12189) as implemented by Department of Justice regulations at (28 CFR Parts 35 and 36); Executive Order 13166, "Improving Access to Services for Persons with Limited English Proficiency." (August 11, 2000), all provisions required by the implementing regulations of the U.S. Department of Agriculture (7 CFR Part 15 et seq); and FNS directives and guidelines to the effect that no person shall, on the ground of race, color, national origin, age, sex, or disability, be excluded from participation in, be denied the benefits of, or otherwise be subjected to discrimination under any program or activity for which the Agency receives Federal financial assistance from FNS; and hereby gives assurance that it will immediately take measures necessary to effectuate this agreement. By providing this assurance, the State Agency agrees to compile data, maintain records and submit records and reports as required to permit effective enforcement of the nondiscrimination laws, and to permit Department personnel during normal working hours to review and copy such records, books and accounts, access such facilities, and interview such personnel as needed to ascertain compliance with the non-discrimination laws. If there are any violations of this assurance, the Department of Agriculture shall have the right to seek judicial enforcement of this assurance.

This assurance is given in consideration of and for the purpose of obtaining any and all Federal financial assistance, grants, and loans of Federal funds, reimbursable expenditures, grant, or donation of Federal property and interest in property, the detail of Federal personnel, the sale and lease of, and the permission to use Federal property or interest in such property or the furnishing of services without consideration or at a nominal consideration, or at a consideration that is reduced for the purpose of assisting the recipient, or in recognition of the public interest to be served by such sale, lease, or furnishing of services to the recipient, or any improvements made with Federal financial assistance extended to the Program applicant by USDA. This includes any Federal agreement, arrangement, or other contract that has as one of its purposes the provision of cash assistance for the purchase of food, and cash assistance for purchase or rental of food service equipment or any other financial assistance extended in reliance on the representations and agreements made in this assurance.

This assurance is binding on the State Agency, its successors, transferees, and assignees as long as it receives assistance or retains possession of any assistance from the Department. The person or persons whose signatures appear below are authorized to sign this assurance on the behalf of the State Agency.

Signature: _____

Date: _____

Title: _____

Attachment 11
MEMORANDUM BETWEEN
THE OHIO DEPARTMENT OF HEALTH AND
THE LOCAL WOMEN, INFANTS, AND CHILDREN (WIC) AGENCY

The Ohio Department of Health (ODH), the Ohio Department of Medicaid (ODM), the Ohio Department of Job and Family Services (ODJFS), the Ohio Department of Administrative Services (DAS) and Navigator Management Partners have entered into a Data Use Agreement identified as Contract Change Request CR048 to Contract 0A1171, executed between Navigator Management Partners and DAS, which governs the exchange of data between and among Navigator Management Partners and each state agency. Pursuant to Contract Change Request CR048, ODJFS has authorized Navigator Management Partners to disclose certain matched and curated ODJFS TANF/SNAP participant Data to ODH and local Women, Infants, and Children (WIC) agencies for purposes of outreach efforts, coordination of WIC services, and determination of adjunctive eligibility.

This Memorandum serves as a supplemental requirement to the Local WIC agency's agreement to provide WIC program service delivery for the period October 1, 2022 through September 30, 2027, as a result of your approved application and subsequent receipt and acceptance Notice of Awards per the Special Supplemental Nutrition Program (WIC Administration) Competitive Solicitation cycle referenced above.

1. To facilitate the Local WIC agency's outreach and coordination of WIC services efforts, ODH through the Innovate Ohio Platform (IOP) pursuant to Contract Change Request CR048 will share Medicaid/TANF/SNAP participant information of individuals who are or may be eligible for WIC services with the Local WIC agency. As a result, the following confidentiality and security language shall be added with regard to this deliverable pursuant to this Memorandum:
 - a. The Local WIC agency agrees that it shall not use any information, systems, or records made available to it for any purpose other than to fulfill the obligations specified herein. The Local WIC agency specifically agrees to comply with state and federal confidentiality and information disclosure laws, rules, and regulations applicable to programs under which this Memorandum exists, including, but not limited to:

For Medicaid:

- a. 42 CFR 431.10, ODM will act as the single state agency for Ohio's Medicaid Program.

For the Supplemental Nutrition Assistance Program (SNAP):

- a. United States Code, 7 USC 2020(e)(8), 12 USC 3402 and 3408;
- b. Code of Federal Regulations, 7 CFR 272.1 and 273.2, 12 CFR 205;
- c. Ohio Revised Code, ORC 5101.26 and 5101.27; and
- d. Corresponding Ohio Administrative Code Rules.

For Temporary Assistance to Needy Families (TANF) and other programs administered under Title IV-A of the Social Security Act:

- a. United States Code, 42 USC 602(a)(1)(A)(iv) and 608(a)(9)(B), 12 USC 3402 and 3408;
- b. Code of Federal Regulations, 45 CFR 205.50;
- c. Ohio Revised Code, ORC 4123.27, 5101.181, 5101.182, 5101.26, 5101.27, 5101.28, and 5101.30, 5101.99; and
- d. Corresponding Ohio Administrative Code rules.

-
- B. Medicaid/TANF/SNAP participant records obtained from ODH must be maintained in a separate database and be clearly identifiable. The Local WIC agency will retain any Medicaid/TANF/SNAP identifiable records received from ODH only for the period of time required for any processing related to the activities under this Agreement. The Local WIC agency agrees that any data made available by ODH shall be returned to ODH or destroyed not later than 90 calendar days following termination of this Memorandum and shall certify that no copies of source data were retained by the Local WIC agency. Assurance of compliance with this requirement will be monitored, reviewed and documented as part of the Local WIC agency biennial management evaluation.
 - C. The Local WIC agency shall implement administrative, physical, and technical safeguards that reasonably and appropriately protect the confidentiality, integrity, and availability of the electronic protected personal data information that it creates, receives, maintains, or transmits on behalf of ODH against use or disclosure not provided for by this Memorandum. ODH, in consultation with and approval by ODM and ODJFS, shall review any research or findings prior to dissemination or publication to ensure the research is void of any names or data by which any individual could be identified or deductively inferred.
 - D. The Local WIC agency agrees that access to the records and data provided by ODH and described herein will be restricted to only those authorized employees, officials, subcontractors, and other persons who need it to perform duties related to this Memorandum.
 - E. The Local WIC agency agrees that the above records and/or data and any records, reports, databases, and/or other derivative documents created from the information provided under this Memorandum shall be stored in an area that is physically safe from access by unauthorized persons during duty and non-duty hours. Information provided under this Memorandum shall be protected electronically to prevent unauthorized access by computer, remote access, or any other means. No records will be accessed, tested, maintained, backed up or stored outside of the United States.
 - F. The Local WIC agency shall assure that all persons who have access to the above referenced information shall be fully apprised as to the confidential nature of the information, the safeguards required to protect the information, and the applicable civil and criminal sanctions and penalties associated with any intentional or non-intentional disclosure. No subcontractor shall receive any information without a written agreement with ODH, and approval by ODM and ODJFS, incorporating these assurances. The Local WIC agency shall provide appropriate training to all staff that work with the records in regard to all confidentiality and security measures needed.
 - G. The Local WIC agency shall not disclose any information provided by ODH to any third party without the specific written authorization of the Director of ODM, ODJFS and ODH.
 - H. The Local WIC agency shall permit onsite inspection by the State of Ohio (including but not limited to ODM, ODJFS, ODH, the Auditor of the State of Ohio, the Inspector General of Ohio, or any duly authorized law enforcement officials) and by agencies of the United States government.
 - I. ODH will prepare data pursuant to the security and encryption standards found in Ohio Administrative Policy IT-13, Data Classification; Ohio IT Standard ITS-SEC-01, Data Encryption and Cryptography; Ohio Administrative Policy IT-14, Data encryption and securing sensitive data; and NIST Special Publication 800-53, Revision 4. The Local WIC agency shall retain this encryption while the data is in a portable format (e.g. tape, laptop, flash/USB drive).
 - J. The Local WIC agency will immediately notify ODH of any suspected or actual violation of the terms of this Memorandum.
 - K. The Local WIC agency, if responsible for a breach of data security, shall act in compliance with Ohio law at the time of the breach. The Local WIC agency will notify the ODH Agreement Manager within 24 hours of a data breach.

-
- L. The Local WIC agency agrees and acknowledges that the information provided by ODH may be considered confidential or proprietary under the laws of the State of Ohio or under federal law. If the Local WIC agency, as a public entity, receives a public records request for information related to this Memorandum, the Local WIC agency will promptly notify ODH of the request. If ODH in consultation with ODM and ODJFS believes there is information that is confidential or proprietary and should not be released, the Local WIC agency will provide a reasonable period of time for ODH and/or ODM and ODJFS to seek to have the confidential or proprietary information withheld from the document prior to releasing the document.
 - L. The Local WIC agency agrees and acknowledges that the information provided by either party may be considered confidential or proprietary under the laws of the State of Ohio or under federal law. If ODH, as a public entity, receives a public records request for information related to this Memorandum, it will promptly notify the Local WIC agency of the request. If the Local WIC agency believes there is information that is confidential or proprietary and should not be released, ODH will provide a reasonable period of time for the Local WIC agency to seek to have the confidential or proprietary information withheld from the document prior to releasing the document.
 - M. The terms of this Memorandum shall be included in all subcontracts executed by the Local WIC agency for any and all work under the Memorandum.
 - N. Upon breach or default of any of the provisions, obligations or duties set forth in this Memorandum, ODH may exercise any administrative, contractual, equitable or legal remedies available, without limitation. The waiver of any occurrence of breach or default is not a waiver of subsequent occurrences, and ODH retains the right to exercise all remedies hereinabove mentioned.
 - O. If either party fails to perform an obligation or obligations under this Memorandum and thereafter such failure is waived by the other party, such waiver will be limited to the particular failure so waived and shall not be deemed to waive other failures hereunder. Waiver by ODH shall not be effective unless it is in writing signed by the ODH Director.

- 2. All other terms of the Agreement between ODH and the Local WIC agency are hereby affirmed.

Attachment 12

PROGRAM ATTACHMENT CHECKLIST

FY 2023

Project Name:

GMIS Project Number:

Please complete and return this page as your verification that all attachments are included with your Request for Proposal. ALL Attachments are mandatory for all projects.

1. ☐ CLINIC AND STAFF DATA SHEET/S
2. ☐ PEER PROJECT BUDGET AND EXPENDITURE FORM
3. ☐ BUDGET TOOL
4. ☐ VOTER REGISTRATION ASSISTANCE PLAN
5. ☐ TIME STUDIES (includes 5a and 5b)
6. ☐ FARMERS' MARKET
7. ☐ PRIVATE PHYSICIAN/HOSPITAL/CLINIC MEDICAL SERVICES MEMORANDUM OF AGREEMENT (MOA)
8. ☐ NUTRITION EDUCATION PLAN FOR LOW NUTRITION RISK PARTICIPANTS
9. ☐ CLINIC SELF-ASSESSMENT
10. ☐ ASSURANCE OF CIVIL RIGHTS COMPLIANCE
11. ☐ MEDICAID/TANF/SNAP CROSS ENROLLMENT DATA INITIATIVE