


MEMORANDUM

Date: March 6, 2018

To: Ohio Equity Institute 2.0 Applicants

From: Sandy Oxley, Chief 
Bureau of Maternal, Child and Family Health
Ohio Department of Health

Subject: Notice of Availability of Funds- State Fiscal Year 2019
October 1, 2018 – September 30, 2019

The Ohio Department of Health (ODH) Bureau of Maternal, Child and Family Health (BMCFH), announces the availability of funds to support the Ohio Equity Institute (OEI) 2.0 grant. Up to nine entities will be selected to serve one or more of the following counties: Butler, Cuyahoga, Franklin, Hamilton, Lucas, Mahoning, Montgomery, Stark and Summit. The Ohio Equity Institute seeks to improve birth outcomes and reduce disparities in birth outcomes.

All applications and attachments are due by 4:00 p.m. on Monday, May 7, 2018. Electronic applications received after Monday, May 7, 2018 will not be considered for funding. Faxed, hand-delivered or mailed applications will not be accepted.

All potential applicants are encouraged to attend a Bidders' Conference that will be held via teleconference/webinar on **Tuesday, April 3 from 9:00am to 11:00am**. The Bidders' Conference will provide an opportunity for interested parties to learn more about the Request for Solicitation. Call-in information: (855) 405-1648, Meeting ID 67958#; Skype for Business information: <https://meet.im.ohio.gov/10117060/KDHQ66HS>. Due to technical challenges, **this Bidders' Conference will not be recorded.**

This is a competitive solicitation; all interested parties must submit a Notice of Intent to Apply for Funding (NOIAF—Appendix A), no later than 4:00PM on Tuesday, April 10, 2018 to be eligible for these funds.

All grant applications must be submitted via the Internet, using the Grants Management Information System (GMIS 2.0). Applicants must attend or must document, in writing, prior attendance at GMIS 2.0 training in order to receive authorization for Internet submission. **Please complete and submit the ODH GMIS 2.0 Form (Appendix B) no later than 4:00pm on Tuesday, April 10, 2018 to the Grants Administration Unit to begin the process to authorize your account.** GMIS training will take place on Tuesday, April 17, 2018.

ODH encourages the immediate submission of the Notice of Intent to Apply for Funding. If you have questions regarding this application, please contact Tonni Oberly, OEI Coordinator, by phone at (614) 644-7618, or by email at Tonni.Oberly@odh.ohio.gov or Dana Mayer, Infant Vitality Program Administrator, by phone at (614) 466-4013, or by e-mail at Dana.Mayer@odh.ohio.gov.

Competitive Solicitation Approval Document for the Ohio Equity Institute 2.0

The Health Equity discussion has occurred and the health equity section of this solicitation has been approved for this program.

Chip Allen Date

Assessments:

Does your solicitation require subrecipients to conduct/complete any type of assessment?

☐ Yes ☒ No If yes, please work with Brandi Robinson.

Brandi Robinson Date

Office Approvals:

Bureau Chief Date

Office Chief Date

Out-of-State Training/Conferences/Meetings:

Does your solicitation include mandatory out-of-state training, conferences or meetings?

☐ Yes ☒ No

If yes, on which page of the solicitation is that information listed? _____

CART Approval:

CART approval Date

GSU Approval:

Jennifer McCauley Date

This signed document serves as programs approval to post the solicitation. The solicitation packet and PDF must be returned to GSU for posting.



ALL APPLICATIONS MUST BE SUBMITTED VIA THE INTERNET

OHIO DEPARTMENT OF HEALTH

BUREAU OF

Maternal, Child and Family Health

Ohio Equity Institute 2.0

SOLICITATION

FOR

FISCAL YEAR 2019

(10/01/18 – 09/30/19)

Local Public Applicant Agencies

Non-Profit Applicants

COMPETITIVE GRANT APPLICATION INFORMATION

☐ Base Only Funding ☐ Base and Deliverable Funding ☒ 100% Deliverable Funding

Revised 06/19/2017

For grant starts 4/1/2018 and thereafter

Table of Contents

I. APPLICATION SUMMARY and GUIDANCE

A.	Policy and Procedure	1
B.	Application Name	2
C.	Purpose.....	2
D.	Qualified Applicants	3
E.	Service Area.....	3
F.	Number of Grants and Funds Available	4
G.	Due Date	4
H.	Authorization	5
I.	Goals	5
J.	Program Period and Budget Period.....	5
K.	Public Health Accreditation Board Standards.....	5
L.	Public Health Impact Statement.....	6
M.	Incorporation of Strategies to Eliminate Health Inequities.....	6
N.	Human Trafficking.....	8
O.	Appropriation Contingency	8
P.	Programmatic, Technical Assistance and Authorization for Internet Submission ...	8
Q.	Acknowledgment	8
R.	Late Applications	9
S.	Successful Applicants	9
T.	Unsuccessful Applicants	9
U.	Review Criteria	9
V.	Freedom of Information Act	10
W.	Ownership Copyright.....	10
X.	Reporting Requirements	10
Y.	Special Condition(s).....	12
Z.	Unallowable Costs	12
AA.	Client Incentives and Enabler	13
AB.	Audit	13
AC.	Submission of Application.....	14

II. APPLICATION REQUIREMENTS AND FORMAT

A.	Application Information.....	15
B.	Budget	15
C.	Assurances Certification	17
D.	Project Narrative	17
E.	Civil Rights Review Questionnaire – EEO Survey	22
F.	Federal Funding Accountability and Transparency Act (FFATA) Requirement ...	22
G.	Public Health Impact.....	23
H.	Attachment(s).....	23

III. APPENDICES

- A. Notice of Intent to Apply For Funding
- B. GMIS Training Request Form
- C. C1. Deliverable – Objective Descriptions
C2. Deliverable – Objective Allocations Application Review Form
- D. Application Review Form
- E. Other Program Documents |

Program:

- E1. Workplan Template
- E2. Neighborhood Navigator Eligibility Requirements
- E3. Neighborhood Navigator Position Description
- E4. Neighborhood Navigator Screening Tool Minimum Requirements
- E5. Minimum Neighborhood Navigator Portfolio Resource Requirements
- E6. Minimum Required Number of Unique Women Served
- E7. Epidemiologist Position Description
- E8. Minimum Quarterly Report Required Indicators
- E9. Project Coordinator Position Description
- E10. Monthly Progress Report Minimum Requirements
- E11. Social Determinants of Health Team Charter Template
- E12. Social Determinants of Health Action Plan Template
- E13. Number of Eligible Women by Zip Code, 2016
- E14. Fiscal Breakdown |

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 10, 2018 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. Request for Taxpayer Identification Number and Certification (W-9), and Authorization Agreement for Direct Deposit of EFT Payments Form (EFT).

The above mentioned forms are located on the Ohio Department of Administrative Services website at: <http://ohiosharedservices.ohio.gov/SupplierOperations/Forms.aspx>

or directly at the following websites:

- Request for Taxpayer Identification Number and Certification (W-9),
<http://www.irs.gov/pub/irs-pdf/fw9.pdf?portlet=103>
- Authorization Agreement for Direct Deposit of EFT Payments Form (EFT)
http://www.ohiosharedservices.ohio.gov/SupplierOperations/doc/EFT_Payment_Authorization_OBM4310.pdf
- Supplier Information Form
http://www.ohiosharedservices.ohio.gov/SupplierOperations/doc/Supplier_Information_Form_OBM5657.pdf

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

- A. Policy and Procedure:** Uniform administration of all the ODH grants is governed by the ODH Grants Administration Policies and Procedures (OGAPP) manual. This manual 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:

<http://www.odh.ohio.gov>.

(Click on Grant/Contracts, ODH Grants, Grants Administrative Policies and Procedures Manual (OGAPP)) or copy and paste the following link into your web browser:

<http://www.odh.ohio.gov/~media/ODH/ASSETS/Files/funding%20opportunities/OGAPP%20Manual%20V100-2%20Rev%2010-1-2014.ashx>

Please refer to Policy and Procedure updates 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 examples listed on the GMIS bulletin board.

- Subrecipient understands and agrees that it must follow the federal cost principle that applies to its type of organization (2 CFR, Part 225; 2 CFR, Part 220; or, 2 CFR, Part 230).

- Sub-recipient's budgeted costs are reasonable, allowable and allocable under OGAPP and federal rules and regulations.
- The OGAPP and the rules and regulations have been read and are understood.
- Subrecipient understands and agrees that costs may be disallowed if deemed unallowable or in violation of OGAPP and federal rules and regulations.
- The appropriate programmatic and administrative personnel involved in this application are aware of agency policy in regard to subawards and are prepared to establish the necessary inter-institutional agreements consistent with those policies.
- Subrecipient agrees and understands that costs incurred in the fulfillment of the Deliverables must be allowable under OGAPP and federal rules and regulations to qualify for reimbursement.

B. Application Name: Ohio Equity Institute 2.0

C. Purpose: In 2013, the Ohio Department of Health (ODH) began partnering with nine (9) Ohio communities to improve overall birth outcomes and reduce the racial disparities in infant mortality. The Ohio Institute for Equity in Birth Outcomes, or Ohio Equity Institute (OEI) was designed by ODH and CityMatCH to strengthen the scientific focus and evidence base for realizing equity in birth outcomes. The Institute is a data-driven, community-led, high-visibility movement by 9 urban Ohio counties.

The original structure of OEI was based on: 1) Race, racism and inequities in birth outcomes, 2) Epidemiology of birth outcomes, 3) Evidence-based interventions for vulnerable populations, 4) Leadership and 5) Evaluation. Through the combination of evidence-based strategies shown to improve birth outcomes (ex. progesterone, CenteringPregnancy®, birth spacing, safe sleep, etc.) and data-driven decisions specific to target populations in participating communities, each OEI team was tasked with assessing local capacity and examining data to inform the design, implementation, and evaluation of a project.

In 2016, participating counties accounted for 59% of all infant deaths in Ohio and 86% of the state's black infant deaths. Additional data highlighting the disparity in birth outcomes can be seen below.

	% Preterm Births (<37 Weeks), 2016		
County	White	Black	Total
Butler	9.9%	13.5%	10.5%
Cuyahoga	9.2%	16.0%	11.9%
Franklin	9.9%	12.8%	10.8%
Hamilton	9.1%	13.9%	10.9%
Lucas	9.4%	14.0%	10.5%
Mahoning	12.0%	14.3%	12.9%
Montgomery	10.0%	14.7%	11.3%
Stark	9.2%	11.3%	9.8%
Summit	10.5%	17.7%	11.8%

Source: Ohio Department of Health, Bureau of Vital Statistics

	% Low Birthweight Births (<2,500 grams), 2016		
County	White	Black	Total
Butler	7.7%	10.3%	7.9%
Cuyahoga	7.7%	15.8%	10.9%
Franklin	7.6%	12.6%	9.3%
Hamilton	7.0%	14.7%	9.8%
Lucas	7.9%	14.3%	9.7%
Mahoning	8.3%	14.0%	9.9%
Montgomery	8.0%	13.5%	9.5%
Stark	7.7%	12.6%	8.3%
Summit	7.5%	17.4%	9.7%

Source: Ohio Department of Health, Bureau of Vital Statistics

The 2016 state health assessment describes the status of health and wellbeing in Ohio and highlights the state's many opportunities to improve health outcomes, reduce disparities and control healthcare spending. In the assessment, maternal and infant health was identified as one of Ohio's greatest health challenges.

Infant mortality is defined as the death of a live-born baby before his or her first birthday. An infant mortality rate is the number of babies who died during the first year of life per 1,000 live births. Ohio's target is to achieve fewer than 6.0 infant deaths per 1,000 live births in every racial and ethnic group, which aligns with the national Healthy People 2020 objective.

In 2016, 1,024 Ohio infants died before their first birthday, compared to 1,005 in 2015. Ohio's 2016 All Races Infant Mortality Rate was 7.4 deaths per 1,000 live births, compared to 7.2 in 2015. Ohio's Black Infant Mortality Rate in 2016 remains well above the Healthy People 2020 objective, and black infants in Ohio died at nearly three times the rate of white infants.

The 2017-2019 [State Health Improvement Plan](#) lays out specific steps to achieve measurable improvements in our current infant mortality rates. The three leading causes of infant deaths in Ohio are prematurity/pre-term births, sleep-related deaths and birth defects. To improve maternal and infant health, Ohio communities must eliminate disparities in perinatal infant and maternal health by implementing proven and effective evidence-based strategies. |

- D. *Qualified Applicants:*** | All applicants must be a local public or non-profit agency. Applicant agencies must attend or document in writing prior attendance at Grants Management Information System 2.0 (GMIS) training and must have the capacity to accept an electronic funds transfer (EFT). If an applicant agency needs GMIS training prior to the establishment of access to the application, then a GMIS training form must be submitted (Appendix B) and training completed by April 17, 2018. |

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 7, 2018.** |

- E. Service Area:** | Up to nine (9) entities will be selected to serve one or more of the following counties: Butler, Cuyahoga, Franklin, Hamilton, Lucas, Mahoning, Montgomery, Stark, and Summit.

Subrecipients will be responsible for serving eligible women and enacting purposeful systems change across their designated county or counties. (Program eligibility can be found in Appendix E2.) Service areas will be determined by subgrantees at a zip code level based on required use of aligned Vital Statistics data. (Appendix E13.) These service areas will be referred to as hotspots.

Subrecipients will utilize data from a variety of sources which include, but are not limited to: Vital Statistics, Child Fatality Review (CFR), Fetal Infant Mortality Review (FIMR), Pregnancy-Associated Mortality Review (PAMR), Neighborhood Navigators, Ohio Department of Medicaid-funded Infant Mortality Reduction Initiatives, and OCHIDS Moms and Babies First to further determine targeted outreach.

Applicants must define the proposed county or counties and hotspot areas at a zip code level in the project narrative. |

- F. Number of Grants and Funds Available:** | Agencies may subcontract with other entities to provide services. Two or more entities may collaborate on one application to provide programs and services. The sources of funds to support the OEI 2.0 grant are both state and federal funds. No more than one entity per county will be awarded funding for this program. Up to 9 grants may be awarded for a total amount of up to \$2,910,730. Eligible entities may apply for up to the amount stated per county as defined in the table below.

County	Maximum Funds Available
Butler	\$ 212,484.00
Cuyahoga	\$ 531,114.00
Franklin	\$ 509,872.00
Hamilton	\$ 403,662.00
Lucas	\$ 276,210.00
Mahoning	\$ 212,484.00
Montgomery	\$ 297,452.00
Stark	\$ 212,484.00
Summit	\$ 254,968.00
Total	\$ 2,910,730.00

Applications to serve multiple counties will be accepted. The maximum dollars which may be available for each county can be found in the table above. Applicants proposing to serve multiple counties may apply for the sum of the funds available for all counties to be served. Dollars designated for a county must be spent to specifically implement the services and activities proposed in this grant solicitation.

Applicants must budget at a minimum of \$100,000 for epidemiology components. |

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 or via ground delivery–by **4:00 p.m. by Monday, May 7, 2018**. Applications and required attachments received after this deadline will not be considered for review.

Contact (Tonni Oberly, OEI Coordinator, (614) 644-7618, Tonni.Oberly@odh.ohio.gov) with any questions.

- H. Authorization:** Authorization of funds for this purpose is contained in ORC 3.7014 and/or the *Catalog of Federal Domestic Assistance (CFDA) Number* 93.994.

- I. Goals:** Goals of this project include the reduction of low birth weight, very low birth weight, preterm birth and very preterm birth among women served in targeted counties.

- Achieve 7.8% low birth weight and 1.4% very low birth weight among women served by OEI Neighborhood Navigators. ([Healthy People 2020 Objectives](#))
- Achieve 9.4% preterm birth and 1.5% very preterm birth among women served by OEI Neighborhood Navigators. ([Healthy People 2020 Objectives](#))

In this project, the subrecipient shall leverage the resources and services developed and/or coordinated in the first iteration of the Ohio Equity Institute (SFY14-18) with the objective of connecting the most at-risk women from target counties to evidence-based clinical and social service resources. At the local level, the ODH-funded OEI team will consist of a Project Coordinator, Neighborhood Navigator(s) and an Epidemiologist.

These goals will be accomplished by:

- Understanding the local community and target population through data analysis;
- Connecting at-risk women prenatally to compressive clinical care and other needed services by facilitating access to services by acting as a liaison between health and social services and the community; and
- Addressing and mitigating the social determinants of health that impact pregnant women through the adoption or improvement of policies and/or practices at the local level.
 - Reducing barriers for high-risk, pregnant women to access clinical and social services by improving the quality, availability and cultural competence of service delivery.
 - Working with local leadership and partners who can directly address identified barriers through the adoption or improvement of policies and/or practices.

- J. Program Period and Budget Period:** The program period will begin 10/1/18 and end on 9/30/19. The budget period for this application is 10/1/18 through 9/30/19.

- K. Public Health Accreditation Board (PHAB) Standard(s):** Identify the PHAB Standard(s) that will be addressed by grant activities. (This grant program will address PHAB standards:

- 3.1: Provide health education and health promotion policies, programs, processes and interventions to support prevention and wellness.
- 3.2: Provide information on public health issues and public health functions through multiple methods to a variety of audiences
- 4.1: Engage with the public health system and community in identifying and addressing health problems through collaborative processes
- 4.1: promote the community's understand of and support for policies and strategies that improve the public's health

The PHAB standards are available at the following website:

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

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:

The Public Health Accreditation Board (PHAB) Standard(s) to be addressed by grant activities:

- A description of the demographic characteristics (e.g., age, race, gender, ethnicity, socio-economic status, educational levels) of the target population and the geographical area in which they live (e.g., census tracts, census blocks, block groups;
- A summary of the services to be provided or activities to be conducted; and,
- A plan to coordinate and share information with appropriate local health districts.

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.

M. Incorporation of Strategies to Eliminate Health Inequities

Special Note: ODH Staff Who Develop Solicitations

ODH supports initiatives that are proactive in the pursuit of health equity. To this end all ODH Solicitations are expected to incorporate interventions which contribute to a sustained and multifaceted approach to overcome health disparities and health inequities in Ohio. ODH programs developing competitive or continuation Solicitations must meet

with the Health Equity Office for technical assistance during the design phase of the document.

Consultations are done in partnership with ODH program personnel and can cover the spectrum from strategy development to identifying evaluation criteria. Consultations enable ODH programs to effectively customize standard health equity language below. This helps maintain programmatic fidelity, maximize subject-matter expertise and incorporate best practices. Consultations include (1) a determination of the relevancy for health inequity elimination strategies; (2) recommendation of actual health equity language for the Solicitation; and (3) recommendations on the use of data and technology to focus grant activities and enhance effectiveness.

Health Equity Component (Standard Health Equity Language)

The ODH is committed to the elimination of health inequities. Racial and ethnic minorities and Ohio's economically disadvantaged residents experience health inequities and, therefore, do not have the same opportunities as other groups to achieve and sustain optimal health. Throughout the various components of this application (e.g., Program Narrative, Objectives) applicants are required to:

- 1) Explain the extent to which health disparities and/or health inequities are manifested within the problem addressed by this funding opportunity. This includes the identification of specific group(s) who experience a disproportionate burden of disease or health condition (this information must be supported by data).
- 2) Explain and identify how specific social and environmental conditions (social determinants of health) put groups who are already disadvantaged at increased risk for health inequities.
- 3) Explain how proposed program interventions will address this problem.
- 4) Link health equity interventions in the grant proposal to national health equity strategies using the GMIS Health Equity Module. These four items should be incorporated into the grant language in specific areas of the application and not left to the applicant to decide where to insert this information. Also, care should be taken to avoid repetition to keep the responses focused and specific.

The following section will provide basic framework, links and guidance to information to understand and apply health equity concepts.

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

Certain groups in Ohio face significant barriers to achieving the best health possible. These groups include Ohio's poorest residents and racial and ethnic minority groups. 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, work and play. Health disparities are unnatural

*and can occur because of 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, good housing, good education, safe neighborhoods, freedom from racism and other forms of discrimination. These are referred to as **social determinants of health**. Social determinants are the root causes of health disparities. The systematic and unjust distribution of social determinants resulting in negative health outcomes is referred to as **health inequities**. As long as health inequities persist, those aforementioned groups will not achieve their best possible health. The ability of marginalized groups to achieve optimal health (like those with access to social determinants) is referred to as **health equity**. Public health programs that incorporate social determinants into the planning and implementation of interventions will greatly contribute to the elimination of health inequities.*

GMIS Health Equity Module:

The GMIS Health Equity Module links health equity initiatives in grant proposals to national health equity strategies such as those found in *Healthy People 2020* or the *National Stakeholder Strategy for Achieving Health Equity*. Applicants are required to select the goals and strategies from the module which best reflect how their particular grant proposal addresses health disparities and/or health inequities. Applicants can choose more than one goal and/or strategy.

For more resources on health equity, please visit the ODH website at:

<http://www.healthy.ohio.gov/healthequity/equity.aspx>.

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

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

☒ X Applicable ☐ Not Applicable to Ohio Equity Institute 2.0

O. 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.**

P. Programmatic, Technical Assistance and Authorization for Internet Submission: Initial authorization for Internet submission, for new agencies, will be granted after participation in the GMIS training session. All other agencies will receive their authorization after the posting of the Solicitation to the ODH website and the receipt of the NOI AF. Please contact Tonni Oberly, OEI Coordinator, (614) 644-7618, Tonni.Oberly@odh.ohio.gov

Applicant must attend or must document in the NOI AF prior attendance at GMIS

training in order to receive authorization for internet submission.

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

R. 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 7, 2017 at 4:00 p.m.**

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

S. 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.

T. 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.

U. 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. Contributes to the advancement and/or improvement of the health of Ohioans;
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;
7. Provides an evaluation plan, including a design for determining program success;
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. Your program narrative should be responsive to and align with the components required in the Application Review Form in Appendix D.]

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.**

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

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

ODH must approve, in advance, the content of any work produced under this grant. All work must clearly state:

“This work is funded either in whole or in part by a grant awarded by the Ohio Department of Health, |Bureau of Maternal, Child and Family Health|, |Ohio Equity Institute 2.0| and as a sub-award of a grant issued by |the Ohio Department of Health |under the |Ohio Equity Institute 2.0 |grant, grant award number |[insert grant award number]|, and CFDA number |93.994|.”

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

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

Reports shall be submitted as follows:

1. Program Reports: Subrecipients Program Reports must be completed and submitted via GMIS, as required by the subgrant program by the following dates: |

<i>Period</i>	<i>Report Due Date</i>
<i>October 1 – 31, 2018</i>	<i>November 10, 2018</i>
<i>November 1 – 30, 2018</i>	<i>December 10, 2018</i>
<i>December 1 – 31, 2018</i>	<i>January 10, 2019</i>
<i>January 1 – 31, 2019</i>	<i>February 10, 2019</i>
<i>February 1 – 28, 2019</i>	<i>March 10, 2019</i>
<i>March 1 – 31, 2019</i>	<i>April 10, 2019</i>
<i>April 1 – 30, 2019</i>	<i>May 10, 2019</i>
<i>May 1 – 31, 2019</i>	<i>June 10, 2019</i>
<i>June 1 – 30, 2019</i>	<i>July 10, 2019</i>
<i>July 1 – 31, 2019</i>	<i>August 10, 2019</i>
<i>August 1 – 31, 2019</i>	<i>September 10, 2019</i>
<i>September 1 – 30, 2019</i>	<i>October 10, 2019</i>

Any paper non-Internet compatible report attachments must be submitted to GSU Central Master Files by the specific report due date. **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.

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

List any mandatory meeting requirements here:

- Face-to-face meetings (x2)
- Regional technical assistance (x4)
- Individual technical assistance (as scheduled)
- Technical assistance from external partners (as scheduled)

2. **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 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:

<i>Period</i>	<i>Report Due Date</i>
<i>October 1 – 31, 2018</i>	<i>November 10, 2018</i>
<i>November 1 – 30, 2018</i>	<i>December 10, 2018</i>
<i>December 1 – 31, 2018</i>	<i>January 10, 2019</i>
<i>January 1 – 31, 2019</i>	<i>February 10, 2019</i>
<i>February 1 – 28, 2019</i>	<i>March 10, 2019</i>
<i>March 1 – 31, 2019</i>	<i>April 10, 2019</i>
<i>April 1 – 30, 2019</i>	<i>May 10, 2019</i>
<i>May 1 – 31, 2019</i>	<i>June 10, 2019</i>
<i>June 1 – 30, 2019</i>	<i>July 10, 2019</i>
<i>July 1 – 31, 2019</i>	<i>August 10, 2019</i>
<i>August 1 – 31, 2019</i>	<i>September 10, 2019</i>
<i>September 1 – 30, 2019</i>	<i>October 10, 2019</i>

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

<i>Period</i>	<i>Report Due Date</i>
<i>October 1 – December 31, 2018</i>	<i>January 10, 2019</i>
<i>January 1 – March 31, 2019</i>	<i>April 10, 2019</i>
<i>April 1 – June 30, 2019</i>	<i>July 10, 2019</i>
<i>July 1 – September 30, 2019</i>	<i>October 10, 2019</i>

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

- 3. 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, 2019. 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.

- 4. 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.

- Y. 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.

- Z. 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;
23. These grant funds may not be used to supplant existing efforts and activities. The reporting requirements of these grant funds may not be duplicative of existing efforts. Neighborhood Navigators must identify, serve and report on women not currently being served by the funded entity.

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 *an allowable cost*. The following client incentives are allowed. Gift cards, diapers, gas cards.

All incentives and incentive amounts are subject to ODH approval. Any unused gift cards at the end of the grant period will be subject to reimbursement in that amount to ODH.

Client Enablers are *an unallowable cost*. The following client enablers are allowed. As approved by ODH.

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 via e-mail to audits@odh.ohio.gov 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:

- Properly label each item of the application packet (e.g., Budget Narrative, Program Narrative).
- Each section should use 1.5 spacing with one-inch margins.
- Program and Budget Narratives must be submitted in portrait orientation on 8 ½ by 11 paper.
- Number all pages (print on one side only).
- Program Narrative should not exceed 30 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
 - Primary Reason
 - Funding
 - Justification
 - Personnel
 - Other Direct Costs
 - Equipment
 - Contracts
 - Compliance Section
 - Summary
5. Civil Rights Review Questionnaire
6. Assurances Certification
7. Federal Funding Accountability and Transparency Act (FFATA) reporting form
8. Change request in writing on agency letterhead (**Existing agency with tax identification number, name and/or address change(s).**)
9. Health Equity Module
10. Public Health Impact Statement Summary (non-health department only)
11. Statement of Support from the Local Health Districts (non-health department only)
12. Attachments as required by Program |
 - Workplan
 - Logic model
 - Samples of data reports and/or presentations that were created for audience(s) other than ODH staff
 - Fiscal Breakdown (Appendix E14) |

One copy of the following document(s) must be e-mailed to audits@odh.ohio.gov or mailed to the address listed below:

<p>Complete Copy & E-mail or Mail to ODH</p>

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

GMIS access will be provided to an agency after it has completed the required ODH sponsored training. Agencies who have previously completed GMIS training will receive access after the Solicitation is posted to the ODH website.

All applications must be submitted via GMIS. Submission of all parts of the grant application via the ODH's GMIS system indicates acceptance of OGAPP. Submission of the application

signifies authorization by an agency official and constitutes electronic acknowledgment and acceptance of OGAPP rules and regulations in lieu of an executed Signature Page document.

- A. Application Information:** Information on the applicant agency and its administrative staff must be accurately completed. This information will serve as the basis for necessary communication between the agency and the ODH.
- B. Budget:** Prior to completion of the budget section, please review page 12-13 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 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 10/1/18 to 9/30/19.

Funds may be used to support personnel, their training, travel (see OBM website) <http://obm.ohio.gov/TravelRule/default.aspx> 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.**

Please refer to the memorandum issued by the Director on November 26, 2013 Subject: Contracts. The memorandum was posted on the GMIS Bulletin Board on November 27, 2013.

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 please see section B2.10 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:** Outline the community's existing infant mortality reduction and improved birth outcome efforts. Summarize the proposed methodology to execute the deliverables of this grant. Outline proposed relationships with partners or existing efforts, as well as necessary partnerships to address social determinants of health. Describe how data will be used to identify social determinants of health which drive health outcomes in identified service area(s) with documented disparate poor birth outcomes. (No more than 5 pages.)

- 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 a manner 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.

Provide specific information that addresses the entity's experience and capacity to successfully complete the project within the deliverable due dates, including the applicant's historical impact on infant mortality reduction and improved birth outcomes in their community.

Provide documentation of commitments to acquire Memorandums of Understanding

from all identified community partners and resource network.

- 3. Problem/Need:** Identify and describe the local health status concern(s) that will be addressed by the program using state and local data. Clearly identify the population included in baseline data.

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.

- Utilize data to identify zip codes/census tracts with increased proportions of women who experienced a poor birth outcome.
- Based on data, describe the social determinants of health which drive poor birth outcomes in the proposed service area(s).

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

- Describe how your agency will collaborate with other agencies and organizations addressing this problem/need.
- Identify the gaps in existing infant mortality reduction efforts and maternal health services.

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. As an attachment, submit a project logic model identifying inputs, activities, outputs and short-, medium- and long-term goals, demonstrating plans to address poor birth outcomes and social determinants of health impacting infant mortality, preterm birth and low birth weight in the identified service area(s). Also as an attachment, submit a workplan outlining timelines to complete proposed activities. (Reference Appendix E1 for the workplan template.). Your program narrative should be responsive to and align with the components required in the Application Review Form in Appendix D and support the following scope of work:

Neighborhood Navigator

- All sub-grantees shall employ or contract the services of Neighborhood Navigator(s). All Navigators are preferred to be a Community Health Worker certified by one of the Ohio Board of Nursing's Approved Community Health Worker Training Programs as set forth in [Chapter 4723.82 of Ohio Administrative Code](#). This position shall:
 - Connect at-risk women to comprehensive clinical care and other needed services. Navigators will facilitate access to services by acting as a liaison between health and social services and the community. The Navigator will reduce disparities in birth outcomes by identifying and engaging at-risk women, conducting a risk screen, and acting as a comprehensive link to community resources through services focusing on success in health.
 - Hotspots will be used to prioritize areas of high need and targeted outreach.
 - 80% of women served must reside in hotspot areas.
 - At-risk is defined by the required eligibility criteria in Appendix E2.

- Neighborhood Navigators have a unique opportunity to build trust within the community and provide an informed understanding of the systematic barriers to clinical care and other needed services. Therefore, all Navigators must demonstrate cultural competency and knowledge of the population they will serve.
- With the goal of affecting the social determinants of health through resident-to-resident engagement aimed at connecting women to needed services, the insight of the Neighborhood Navigators will inform the purposeful systems changes developed and proposed by the Project Coordinator.
- All expected job duties, required skills and experience are detailed in Appendix E3.

Responsibilities include:

- Identify and engage eligible women in need of clinical and social services across the designated county or counties.
 - Screen women to determine eligibility and need.
 - Eligibility and need will be determined utilizing the ODH-defined screening tool and will be documented using the ODH-determined platform. A complete list of eligibility requirements can be found in Appendix E2.
 - 80% of women served must be African American.
 - 80% of women served must be from the identified hotspots.
 - The ODH-defined screening tool components will, at a minimum, include all requirements referenced in Appendix E4.
- Develop and maintain a portfolio of resources to facilitate connections and referrals for eligible women to needed clinical and social services as identified by the screening tool.
 - The portfolio should, at a minimum, include referral resources for the services identified in Appendix E5.
- Serve the eligible population by assisting women in making direct connections to evidence-based interventions and community resources in response to identified needs, as determined by the screening tool.
 - Per Appendix E6, per quarter, connect or refer the defined minimum number of women to services.
 - Per quarter, ensure that 75% of all identified needs are addressed by an appropriate connection or referral.
- Follow-up with women to ensure identified health and social service needs have been addressed via a successful connection or referral, and any barriers or access issues have been documented within 14 days of connection.
 - Follow-up, at a minimum, must be conducted and documented 3 times within 21 days of connection.
 - No response after 3 documented follow-up attempts qualifies for closing of Navigator services at that time.
- Review documented barriers or access issues with Project Coordinator.
- Document and collect program participant data.
 - A tool and platform for data collection will be provided by ODH.

Project Coordinator

- All sub-grantees shall employ or contract the equivalent of one (1) FTE Project Coordinator. This position shall:
 - Actively participate in the local infant mortality community-led initiative or coalition.

- Should the community-led initiative or coalition be the same entity as the applicant agency, continue to manage and coordinate the community-led initiative or coalition.
- Manage, coordinate, and direct the local Ohio Equity Institute project and coordinate project staff.
 - On the 10th of each month, submit the OEI monthly report via GMIS.
 - The report at a minimum shall include all content referenced in Appendix E10. A complete list of reporting requirements and reporting template will be provided by ODH prior to the start of the grant period.
 - Submit finalized logic model via GMIS.
 - Submit finalized workplan via GMIS.
- Monitor program responsibilities and progress according to workplan.
- Monitor program budgets and expenditures.
- Work closely with the OEI Epidemiologist to utilize analysis of community data sources which include, but not limited to: Neighborhood Navigator screening tool, Neighborhood Navigators, Vital Statistics, Child Fatality Review (CFR), Fetal Infant Mortality Review (FIMR), Pregnancy-Associated Mortality Review (PAMR), Ohio Department of Medicaid-funded Infant Mortality Reduction Initiatives, and OCHIDS Moms and Babies First to guide policy and/or practice changes.
- Manage the OEI Neighborhood Navigator(s) and provide guidance to addressing documented barriers or access issues in the community.
- Participate on the local Fetal and Infant Mortality Review (FIMR) Community Action Team (CAT) and maintain regular contact with the FIMR Coordinator.
- Facilitate the development, adoption, or improvement of policies and/or practices which will directly impact the social determinants of health related to infant mortality, preterm birth or low birth weight.
 - Establish local social determinants of health team, including team charter and roster.
 - Submit local team charter and roster via GMIS.
 - Develop a local social determinants of health team action plan.
 - The action plan will serve as an executive summary or annual snapshot of the social determinants of health work.
 - The action plan template addresses key milestones and meeting schedules. There should be at least 3 key milestones. Action steps will be listed for each milestone, expected results by a given date and assigned responsibility. The action plan is meant to guide the work and should be used at regular meetings to track progress and measure accountability.
 - Conduct a root cause analysis of local social determinant of health contributors to poor birth outcomes.
 - Develop action plan based on geographically referenced analysis of social determinants of health contributing to poor birth outcomes.
 - Submit local team action plan via GMIS.
 - Implement social determinants of health team action plan with appropriate and necessary partners.
- Facilitate data sharing between OEI and community-led initiative or coalition, in the event that they are not the same entity.

- Ohio Department of Medicaid-funded aggregate reporting and OEI data to be shared with community-led initiative or coalition and local health department.
 - Community-led initiative or coalition data to be shared with OEI to improve targeted outreach and improvement of service delivery.
- All expected job duties and required skills and experience are detailed in Appendix E9.

Epidemiologist

- All sub-grantees shall employ or contract the equivalent of one (1) FTE epidemiologist. This position shall:
 - Serve as local expert for projects related to infant mortality and MCH epidemiology.
 - Secure access to and regularly analyze data from a variety of sources including, but not limited to: Vital Statistics, Child Fatality Review (CFR), Fetal Infant Mortality Review (FIMR), Pregnancy-Associated Mortality Review (PAMR), Neighborhood Navigators, Ohio Department of Medicaid-funded Infant Mortality Reduction Initiatives, and OCHIDS Moms and Babies First to determine targeted outreach and geographies of local OEI initiative.
 - Additional resources such as Claritas Market Research data, Health Index and threshold calculation tools will be provided by ODH for use during the grant period.
 - Produce findings from analyses and interpret results for program review, priority setting, outcomes evaluation, and quality improvement.
 - Participate on the local Fetal Infant Mortality Review (FIMR) Case Review Team (CRT).
 - All expected job duties and required skills and experience are detailed in Appendix E7.
- Develop program service area hotspots.
 - Based on the data provided in Appendix E13, determine the zip codes to be designated as hotspot service areas. Priority service areas should encompass enough geography to reach the minimum number of women required to be served, as outlined in Appendix E6.
 - Describe methodology of hotspot prioritization.
 - Designated hotspots are not required to be contiguous.
 - Consider the annual variability in birth counts when determining reach needed to serve minimum required number of women.
 - Within 30 days of grant award, utilize the required methodology provided by ODH to finalize proposed hotspots.
 - Utilize 2017 Vital Statistics data, if finalized,
 - Reference SAS code to be provided by ODH staff.
- Required Analyses: PPOR
 - Perinatal Periods of Risk (PPOR) is a comprehensive approach to help communities use data to reduce infant mortality. Designed for use in US cities with high infant mortality rates, PPOR brings community stakeholders together to build consensus and partnership based on local data. PPOR provides an analytic framework and steps for investigating and addressing the specific local causes of high fetal and infant mortality rates and disparities. Initial analyses are based only on vital records data (births, deaths, and fetal deaths); later steps utilize all available sources of data and information. The Perinatal Periods of Risk Approach has six major steps:
 - Assure Analytic and Community Readiness;
 - Conduct PPOR Analysis (Phases 1 and 2);
 - Develop Strategic Actions for Targeted Prevention;
 - Strengthen Existing and/or Launch New Prevention Initiatives;
 - Monitor and Evaluate Approach; and

- Sustain Stakeholder Investment and Political Will.
 - Source: <http://www.citymatch.org/projects/perinatal-periods-risk-ppor>
- By October 10, 2019, the OEI epidemiologist shall complete PPOR analyses through Phase 2.
- Reporting Requirement: Quarterly Report
 - The OEI epidemiologist shall draft and submit four (4) quarterly reports. The reports, at a minimum, shall include:
 - At an aggregate level, all indicators listed in Appendix E8.
 - Additional indicators, as determined by the OEI epidemiologist, to measure the progress and impact of the development, adoption, or improvement of policies and/or practices referenced in the Project Coordinator section of the methodology.
 - Programmatic evaluation indicators, as determined by ODH and the ODH-funded evaluation contractor.
 - Identification and analysis of specific SDOH in target county or counties that contribute to overall health status, infant mortality and poor birth outcomes.
 - The final reporting template and platform shall be provided by ODH prior to the start of the grant period.
 - Quarterly reports shall be submitted via GMIS on the following dates:
 - January 10, 2019
 - April 10, 2019
 - July 10, 2019
 - October 10, 2019
- Reporting Requirement: Annual Report Template
 - The OEI epidemiologist shall design, draft, and submit an annual report template. The template shall designate all data, graphics, and topics for inclusion in the annual report. The minimum set of requirements is listed below.
 - A template for the annual report shall be submitted via GMIS by the following date:
 - August 10, 2019
 - ODH staff shall provide feedback and final approval by the following date:
 - August 30, 2019
- Reporting Requirement: Annual Report
 - The OEI epidemiologist shall design, draft, and submit an annual report. The report, at a minimum, shall include:
 - At an aggregate level, all indicators listed in Appendix E8.
 - Additional indicators, as determined by the OEI epidemiologist, to measure the progress and impact of the development, adoption, or improvement of policies and/or practices referenced in the Project Coordinator section of the methodology.
 - Programmatic evaluation indicators, as determined by ODH and the ODH-funded evaluation contractor.
 - Identification and analysis of specific SDOH in target county or counties that contribute to overall health status, infant mortality and poor birth outcomes.
 - PPOR results.
 - Lessons learned from the project, including internal quality improvement.
 - Responses to SDOH that contribute to infant mortality and disparities in birth outcomes.
 - The annual report shall be submitted via GMIS on the following date:
 - October 10, 2019

These grant funds may not be used to supplant existing efforts and activities. The reporting

requirements of these grant funds may not be duplicative of existing efforts. Neighborhood Navigators must identify, serve and report on women not currently being served by the funded entity. |

- 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 <http://fedgov.dnb.com/webform>. For information about System for Award Management (SAM) go to www.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 www.whitehouse.gov/omb/open.

(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 7, 2018. |

III. APPENDICES

- A.** Notice of Intent to Apply For Funding
- B.** GMIS Training Form
- C.** C1. Deliverable – Objective Descriptions
C2. Deliverable – Objective Allocations Application Review Form
- D.** Application Review Form

E. Other Program Documents

Program:

- E1. Workplan Template
- E2. Neighborhood Navigator Eligibility Requirements
- E3. Neighborhood Navigator Position Description
- E4. Neighborhood Navigator Screening Tool Minimum Requirements
- E5. Minimum Neighborhood Navigator Portfolio Resource Requirements
- E6. Minimum Required Number of Unique Women Served
- E7. Epidemiologist Position Description
- E8. Minimum Quarterly Report Required Indicators
- E9. Project Coordinator Position Description
- E10. Monthly Progress Report Minimum Requirements
- E11. Social Determinants of Health Team Charter Template
- E12. Social Determinants of Health Action Plan Template
- E13. 2016 Number of Eligible Women by Zip Code
- E14. Fiscal Breakdown

Submission Required

See Due Date Below

NOTICE OF INTENT TO APPLY FOR FUNDING

Ohio Department of Health
Bureau of Maternal, Child and Family Health

ODH Program Title:
Ohio Equity Institute 2.0

ALL INFORMATION REQUESTED MUST BE COMPLETED.

Reimbursement Type Select one of the options below: <input type="checkbox"/> Monthly OR <input type="checkbox"/> Quarterly
--

County of Applicant Agency _____ Federal Tax Identification Number _____

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)

<input type="checkbox"/> County Agency	<input type="checkbox"/> Hospital	<input type="checkbox"/> Local Schools
<input type="checkbox"/> City Agency	<input type="checkbox"/> Higher Education	<input type="checkbox"/> 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 have been trained in and currently have access to the ODH GMIS system? ☐ YES ☐ NO

If yes, no further action is needed.

If no, at least two people from your agency are **REQUIRED** to complete the training before you will be able to access the ODH GMIS system and submit a grant proposal. Complete the GMIS training request form in the Request for Proposal.

The NOIAF must be accompanied by the agency's Proof of Non-Profit status (if applicable); Proof of Liability Coverage (if applicable); Request for Taxpayer Identification Number and Certification (W-9), Authorization Agreement for Direct Deposit of EFT Payments Form (EFT), (New Agency Only) Vendor Information Form. These forms are located on the Ohio Department of Administrative Services website at: <http://ohiosharedservices.ohio.gov/SupplierOperations/Forms.aspx>. You can also access these forms at the following websites:

- Request for Taxpayer Identification Number and Certification (W-9), <http://ohiosharedservices.ohio.gov/SupplierOperations/Forms.aspx>
- Authorization Agreement for Direct Deposit of EFT Payments Form (EFT) http://www.ohiosharedservices.ohio.gov/SupplierOperations/doc/EFT_Payment_Authorization_OBM4310.pdf
- Supplier Information Form http://www.ohiosharedservices.ohio.gov/SupplierOperations/doc/Supplier_Information_Form_OBM5657.pdf

Forms are only required for NEW AGENCIES or if UPDATES are needed for current agencies. ODH will forward the forms to Ohio Shared Services. FORMS MUST BE RECEIVED BY TUESDAY, APRIL 10TH at 4:00PM.

Mail, E-mail: Tonni Oberly, OEI Coordinator, (614) 644-7618, Tonni.Oberly@odh.ohio.gov
Ohio Department of Health, Bureau of Maternal, Child and Family Health

246 North High Street – 6th Fl. |
Columbus, OH 43215
E-mail: Tonni.Oberly@odh.ohio.gov

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.



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. Please note: *GMIS Training is only required for New Agencies to ODH. If you are new to your agency someone there should train you. Refresher guides can be found on the ODH web site: <http://www.odh.ohio.gov/en/about/grants/grants.aspx> ODH Grants Page - "GMIS Training Resource" Section.* Confirmation of your GMIS training session will be e-mailed once a date has been assigned by ODH. Also use this form when user changes are needed.

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

Name of Subgrant Program: OEI 2.0

Budget Period: 10/1/18 – 9/30/19

of Deliverables: 15

Use Budget Justification Scenario: Deliverable Funding Only

X Deliverables Only

DELIVERABLES	Due Date
1. Admin Up to 25% of total cost of the grant	Monthly or quarterly; 10 th of each month
2. Submit finalized workplan and logic model	11/10/2018
3. *Submit annual data report template	11/10/2018
4. ^Development of resource portfolio	12/10/2018
5. Submit local Social Determinants of Health Team Charter and Roster	12/10/2018
6. Submit local Social Determinants of Health Team Action Plan	4/10/2019
7. Submit final adopted SDOH policy or practice	10/10/2019
8. *Submit quarterly data report a. All indicators must be complete to qualify for payment.	10 th of January, April, July and October
9. ^Per Appendix E6, serve required minimum of unique women per quarter by providing appropriate connections or referrals <ul style="list-style-type: none"> 80% of women served must be African American 80% of women served must be from identified hotspots 	As reported in quarterly data report due the 10 th of January, April, July and October
10. ^Of women served, 75% of identified needs were addressed by an appropriate connection or referral	4/10/2019 10/10/2019
11. Submission of monthly progress report	10 th of each month
12. *Completion of PPOR through Phase 2	10/10/2019
13. *Submission of annual data report	10/10/2019
14. Technical Assistance <ul style="list-style-type: none"> Face-to-face meetings (x2) Regional technical assistance (x4) Individual TA (as scheduled) TA from external partners (as scheduled) 	Monthly or quarterly; 10 th of each month
15. *Submit final hotspots/service areas	11/10/2018

****Funding for 1 FTE Epidemiologist must be supported by \$100,000. These funds can be leveraged to support Deliverables 3, 8, 12, 13, 15 and appropriate portions of 14.***

^Funding for Deliverables 4, 9, and 10 must comprise at least 20% of total grant funding.

Name of Subgrant Program: OEI 2.0

Budget Period: 10/1/18 – 9/30/19

of Deliverables: 15

Use Budget Justification Scenario: Deliverable Funding Only

X Deliverables Only

	Deliverable - Objective 1 (Admin)	Deliverable - Objective 2 (Workplan & logic model)	*Deliverable - Objective 3 (Annual data report template)	^Deliverable - Objective 4 (Resource portfolio)	Deliverable - Objective 5 (SDOH charter & roster)
Butler	Amt provided by subrecipient	Amt provided by subrecipient	Amt provided by subrecipient	Amt provided by subrecipient	Amt provided by subrecipient
Cuyahoga	Amt provided by subrecipient	Amt provided by subrecipient	Amt provided by subrecipient	Amt provided by subrecipient	Amt provided by subrecipient
Franklin	Amt provided by subrecipient	Amt provided by subrecipient	Amt provided by subrecipient	Amt provided by subrecipient	Amt provided by subrecipient
Hamilton	Amt provided by subrecipient	Amt provided by subrecipient	Amt provided by subrecipient	Amt provided by subrecipient	Amt provided by subrecipient
Lucas	Amt provided by subrecipient	Amt provided by subrecipient	Amt provided by subrecipient	Amt provided by subrecipient	Amt provided by subrecipient
Mahoning	Amt provided by subrecipient	Amt provided by subrecipient	Amt provided by subrecipient	Amt provided by subrecipient	Amt provided by subrecipient
Montgomery	Amt provided by subrecipient	Amt provided by subrecipient	Amt provided by subrecipient	Amt provided by subrecipient	Amt provided by subrecipient
Stark	Amt provided by subrecipient	Amt provided by subrecipient	Amt provided by subrecipient	Amt provided by subrecipient	Amt provided by subrecipient
Summit	Amt provided by subrecipient	Amt provided by subrecipient	Amt provided by subrecipient	Amt provided by subrecipient	Amt provided by subrecipient
Total					

	Deliverable - Objective 6 (SDOH action plan)	Deliverable - Objective 7 (Adopted policy/practice)	*Deliverable - Objective 8 (Quarterly data report submission)	^Deliverable - Objective 9 (Serve required # of women)	^Deliverable - Objective 10 (75% of needs addressed)
Butler	Amt provided by subrecipient	Amt provided by subrecipient	Amt provided by subrecipient	Amt provided by subrecipient	Amt provided by subrecipient
Cuyahoga	Amt provided by subrecipient	Amt provided by subrecipient	Amt provided by subrecipient	Amt provided by subrecipient	Amt provided by subrecipient
Franklin	Amt provided by subrecipient	Amt provided by subrecipient	Amt provided by subrecipient	Amt provided by subrecipient	Amt provided by subrecipient
Hamilton	Amt provided by subrecipient	Amt provided by subrecipient	Amt provided by subrecipient	Amt provided by subrecipient	Amt provided by subrecipient
Lucas	Amt provided by subrecipient	Amt provided by subrecipient	Amt provided by subrecipient	Amt provided by subrecipient	Amt provided by subrecipient
Mahoning	Amt provided by subrecipient	Amt provided by subrecipient	Amt provided by subrecipient	Amt provided by subrecipient	Amt provided by subrecipient
Montgomery	Amt provided by subrecipient	Amt provided by subrecipient	Amt provided by subrecipient	Amt provided by subrecipient	Amt provided by subrecipient
Stark	Amt provided by subrecipient	Amt provided by subrecipient	Amt provided by subrecipient	Amt provided by subrecipient	Amt provided by subrecipient
Summit	Amt provided by subrecipient	Amt provided by subrecipient	Amt provided by subrecipient	Amt provided by subrecipient	Amt provided by subrecipient
Total					

	Deliverable - Objective 11 (Monthly report submission)	*Deliverable - Objective 12 (PPOR)	*Deliverable - Objective 13 (Annual report submission)	Deliverable - Objective 14 (TA)	*Deliverable - Objective 15 (Service areas/hotspots)	Total
Butler	Amt provided by subrecipient	Amt provided by subrecipient	Amt provided by subrecipient	Amt provided by subrecipient	Amt provided by subrecipient	\$212,484.00
Cuyahoga	Amt provided by subrecipient	Amt provided by subrecipient	Amt provided by subrecipient	Amt provided by subrecipient	Amt provided by subrecipient	\$531,114.00
Franklin	Amt provided by subrecipient	Amt provided by subrecipient	Amt provided by subrecipient	Amt provided by subrecipient	Amt provided by subrecipient	\$509,872.00
Hamilton	Amt provided by subrecipient	Amt provided by subrecipient	Amt provided by subrecipient	Amt provided by subrecipient	Amt provided by subrecipient	\$403,662.00
Lucas	Amt provided by subrecipient	Amt provided by subrecipient	Amt provided by subrecipient	Amt provided by subrecipient	Amt provided by subrecipient	\$276,210.00
Mahoning	Amt provided by subrecipient	Amt provided by subrecipient	Amt provided by subrecipient	Amt provided by subrecipient	Amt provided by subrecipient	\$212,484.00
Montgomery	Amt provided by subrecipient	Amt provided by subrecipient	Amt provided by subrecipient	Amt provided by subrecipient	Amt provided by subrecipient	\$297,452.00
Stark	Amt provided by subrecipient	Amt provided by subrecipient	Amt provided by subrecipient	Amt provided by subrecipient	Amt provided by subrecipient	\$212,484.00
Summit	Amt provided by subrecipient	Amt provided by subrecipient	Amt provided by subrecipient	Amt provided by subrecipient	Amt provided by subrecipient	\$254,968.00
Total						\$2,910,730.00

****Funding for 1 FTE Epidemiologist must be supported by \$100,000. These funds can be leveraged to support Deliverables 3, 8, 12, 13, 15 and appropriate portions of 14.***

^Funding for Deliverables 4, 9, and 10 must comprise at least 20% of total grant funding.

Application Review Form

CATEGORY	WEIGHT
CONTRACTOR PROFILE	14
1. Entity's experience within the past three years completing projects of similar size and scope. <ul style="list-style-type: none"> a. Describe experience, success and lessons learned in implementing projects aimed to reduce disparities in birth outcomes. b. Describe experience, success and lessons learned in policy, systems, or environmental change impacting social determinants of health. 	3
2. Identified partnerships linked to population of focus. Identified organizations and community resources to be leveraged in this grant. <ul style="list-style-type: none"> a. Include letters of support from each partner identified in proposed Resource Portfolio. 	5
3. Explicitly describe sustainability plan to maintain this work both during the project and following its completion.	3
4. Describe the lead entity's experience and readiness to support a project involving poor birth outcomes, SDOH, and inequities in the population.	3
METHODOLOGY	
	30
1. Provide the goals and objectives to implement OEI 2.0 in proposed service area. <ul style="list-style-type: none"> a. Define county or counties of service. Using the data provided in Appendix E13, define priority hotspot service areas. b. Identify program goals and SMART objectives related to directly impacting the social determinants of health and completion of Neighborhood Navigator work. c. Describe the expected impact and outcomes of your proposed project as they relate to the social determinants of health, preterm birth, and low birth weight. d. Provide a project logic model identifying inputs, activities, outputs, and short-, medium-, and long- term goals demonstrating plans to address poor birth outcomes and the social determinants of health impacting infant mortality, preterm births, and low birth weight in the identified service area. <ul style="list-style-type: none"> ▪ All program components listed in the Methodology must be included in the logic model. e. Submit a workplan outlining timelines for completing proposed activities to accomplish defined deliverables, including all scopes of work proposed in project narrative. See Appendix E1 for a workplan template. 	20

2. Provide explanation to ensure these grant funds will not be utilized to supplant existing efforts. Describe actions that will be taken to ensure this funding will support service connection or referral for currently unserved women.	5
3. Describe how program activities are designed to address disparities in birth outcomes.	5
Neighborhood Navigator	24
1. Describe how eligible women will be identified.	5
2. Describe how eligible women will be engaged. a. Including the methodology for how expected minimum number of women to be served per quarter will be met.	5
3. Describe the resources to be included in the portfolio for connections and referrals. a. Portfolio should include the minimum referral resource requirements as listed in Appendix E5 unless otherwise identified and validated as unavailable by the applicant.	3
4. Describe proposed process to ensure adequate follow-up is conducted.	3
5. Describe how barriers or access issues will be documented. a. Provide expected components to be documented. b. Describe the Navigator's proposed role and process in communicating this information with the Project Coordinator.	3
6. Documentation/Data Collection a. Verify capacity to collect minimum data set identified by Appendices E4 and E10. b. Propose additional indicators to measure success of Navigators.	5
Project Coordinator	14
1. Define capacity and readiness of your team and the county or counties of service. a. Explain the specific assets of your entity to improve the overall health status including efforts to address inequities in poor birth outcomes. b. Describe your entity's level of readiness to act upon the social determinants of health that contribute to disparities in poor birth outcomes.	7
2. Demonstrate partnerships with organizations necessary to impact the social determinants of health. a. Describe the role and responsibilities of each partner that will be engaged in the project. b. Describe existing data sharing agreements among partners.	7
OEI Epidemiology and Data	18
1. Define epidemiology and data capacity. a. Describe experience using Vital Statistics data to measure and report fetal and infant birth and death data. b. Describe experience using database and statistical software packages (e.g., Access, Excel, ArcView-GIS, STATA, SAS,	5

SPSS). c. Provide samples of data reports and/or presentations that were created for audience(s) other than ODH staff.	
2. Describe experience and proposed methodology for using data from Vital Statistics, Child Fatality Review (CFR), Fetal Infant Mortality Review (FIMR), Pregnancy-Associated Mortality Review (PAMR), Neighborhood Navigators, Ohio Department of Medicaid-funded Infant Mortality Reduction Initiatives, and OCHIDS Moms and Babies First to determine targeted outreach of local OEI initiative. Describe experience with additional data sets that will contribute to this work, including indicators used to measure social determinants of health.	3
3. Describe proposed methodology for data analysis to measure the impact of Neighborhood Navigators. a. Describe data collection plan. b. Specify additional measures and/or instruments to be used.	4
4. Describe proposed methodology for data analysis to measure the progress and impact of changes in policy or practice related to SDOH. a. Describe data collection plan. b. Specify all measures and instruments to be used.	4
5. Describe experience and proposed methodology for using data to drive program review, priority setting, outcomes evaluation, and quality improvement.	2

Workplan Template

Project Workplan Template- OEI 2.0

The Workplan Template may be modified to meet your needs. (Ex. add rows and copy additional tables for additional goals)

Project Coordinator					
Key Action Steps	Timeline	Expected Outcome	Data Source and Evaluation Methodology	Person/Area Responsible	Comments
<i>Define each action step on its own row. Define as many action steps as necessary by adding rows to the table.</i>	<i>An expected completion date (month and year) must be defined for each action step.</i>	<i>An expected outcome must be defined for each action step.</i>	<i>An evaluative measure must be defined for each action step.</i>	<i>A responsible person must be identified for each action step.</i>	<i>Comments are optional.</i>
Neighborhood Navigator					
Key Action Steps	Timeline	Expected Outcome	Data Source and Evaluation Methodology	Person/Area Responsible	Comments
Epidemiologist					
Key Action Steps	Timeline	Expected Outcome	Data Source and Evaluation Methodology	Person/Area Responsible	Comments
Community Engagement (purpose: identify and engage the most at-risk women)					
Key Action Steps	Timeline	Expected Outcome	Data Source and Evaluation Methodology	Person/Area Responsible	Comments

Goal 1:					
SMART Objective 1:					
Key Action Steps	Timeline	Expected Outcome	Data Source and Evaluation Methodology	Person/Area Responsible	Comments
SMART Objective 2:					
Key Action Steps	Timeline	Expected Outcome	Data Source and Evaluation Methodology	Person/Area Responsible	Comments
SMART Objective 3:					
Key Action Steps	Timeline	Expected Outcome	Data Source and Evaluation Methodology	Person/Area Responsible	Comments

Neighborhood Navigator Eligibility Requirements

Eligibility requirements to receive services from a Neighborhood Navigator:

- Pregnant;
- Household income does not exceed 200% FPL; and
- Possess at least one of the following risk factors:
 - Previous preterm birth;
 - Previous low-birth weight delivery;
 - Under age 25;
 - User of tobacco products in home;
 - History or unstable housing or homelessness;
 - Current diagnosed medical condition;
 - History of child abuse or neglect;
 - Have demonstrated a need for substance abuse treatment; or
 - History of depression or other diagnosed mental health concerns.

Neighborhood Navigator Position Description

- **Job Summary:**

- The Neighborhood Navigator is responsible for identifying and engaging at-risk women and connecting them to comprehensive clinical care and other needed services. Navigators will facilitate access to services by acting as a liaison between health and social services and the community by developing and maintaining a portfolio of resources. The goal of the program is to improve birth outcomes among women served.

- **Key Functions/Responsibilities:**

- Responsible for establishing trusting relationships with women and their families while providing general support and encouragement.
- Interpersonal skills that foster trust, including sensitivity, empathy, flexibility, accessibility, patience, resourcefulness, enthusiasm, and the ability to be non-judgmental.
- Conduct intake interviews with women including use of the ODH-identified screening tool.
- Develop and maintain a portfolio of local referral resources to ODH-funded services, evidence-based interventions, clinical and social services.
- Connect and refer women with applicable programs and services.
- Provide follow-up to women via phone calls and other means as necessary to ensure her needs are met.
- Be knowledgeable about community resources appropriate to needs of women/families.
- Document woman/family referral and addressed risk status via the ODH-identified platform.
- Exhibit excellent working relations with women, visitors and staff, effectively communicating [insert organization name] mission.
- Coordinate with Ohio Equity Institute Project Coordinator to review documented barriers and access challenges.

- **Minimum Qualifications:**

- High School Diploma or its equivalent.
- Successful completion of a Community Health Worker certified by one of the Ohio Board of Nursing's Approved Community Health Worker Training Programs as set forth in [Chapter 4723.82 of Ohio Administrative Code](#) preferred.
- Experience working in a multi-cultural setting.
- Experience working in a community-based setting for at least 1 to 2 years preferred.
- Knowledge of some medical terminology preferred.
- Basic computer skills.
- Ability to initiate and maintain positive working relationships with staff and other organizations.
- Understand the community served - community connectedness.
- Good communication skills, such as listening well, and using language appropriately.
- Ability and willingness to provide emotional support, encouragement and motivation to women.

Neighborhood Navigator Screening Tool Minimum Requirements

(Required screening tool to be provided by ODH.)

- Personal identifiers
 - Mother's first name
 - Mother's middle initial
 - Mother's last name
 - Mother's maiden name, if married
 - Mother's race
 - Mother's date of birth
 - Father's last name
 - Child's expected gender, if known
- Demographics
 - Mother's ethnicity
 - Primary language spoken in home
 - Mother's marital status
 - Mother's race
 - Mother's housing status
 - Total household size (excluding pregnancy)
 - Number of children residing in household (excluding pregnancy)
- Pregnancy
 - Due date, if known
 - First child? (Yes/No)
 - Previous preterm birth (less than 37 weeks)
 - Previous low birth weight delivery (less than 5.5 lbs. or 2500g)
 - Medical home or primary care physician? (Yes/No)
 - Prenatal care accessed? (Yes/No)
 - Regular provider for prenatal care? (Yes/No)
 - Barriers to attending prenatal care appointments
- Current support services
 - Stress level
 - Health insurance
 - Primary caregiver eligible to/or currently receives:
 - WIC;
 - SSI/SSDI;
 - Other public assistance;
 - None.
 - Annual household income
 - Military service

Minimum Neighborhood Navigator Portfolio Resource Requirements

- ODH-funded services (as available):
 - Help Me Grow Home Visiting
 - Nurse Family Partnership, Healthy Families America or Parents as Teachers
 - Moms & Babies First
 - Cribs for Kids
 - Moms Quit for Two (Baby & Me—Tobacco Free model)
- Evidence-based interventions (as available):
 - CenteringPregnancy®
 - Pathways Community HUB
 - Evidence-based home visiting as determined by the [U.S. Department of Health & Human Services Home Visiting Evidence of Effectiveness](#)
 - Smoking cessation
 - Safe sleep
- Clinical services:
 - Prenatal care
 - Progesterone
 - Mental/behavioral health
 - Addiction
 - Reproductive health
- Special Supplemental Nutrition Program for Women, Infants, and Children (WIC)
- Department of Medicaid
- Social Services (as available):
 - Jobs and Family Services
 - Transportation
 - Housing
 - Workforce development
 - Education
 - Interpersonal violence
 - Access to utilities
 - Food insecurity

Minimum Required Number of Unique Women to Be Served

County	Minimum Unique Women to be Served (Total Grant Cycle)	Minimum Unique Women to be Served (Per Quarter)
Butler	104	26
Cuyahoga	1272	318
Franklin	1200	300
Hamilton	788	197
Lucas	344	86
Mahoning	156	39
Montgomery	396	99
Stark	108	27
Summit	292	73

Source: Ohio Department of Health, Bureau of Vital Statistics, Ohio Resident Live Births (2006-Present)

Minimum number of women to be served determined by proportion (25%) of Non-Hispanic African American women, by county of residence, who gave birth 2016 and met OEI 2.0 eligibility.

Epidemiologist Position Description

• Job Duties

- Serves as the local data contact for the Ohio Equity Institute (OEI) grant and plays a leading role in the completion of the required data report and analysis.
- Assures that all statistical and analytic requirements of the OEI grant are met within the established timeframes of the state funded and approved grant.
- Produces written reports, analyses, and presentations appropriate for the target audience (e.g., local and state agencies, external professionals, and lay audiences).
- Serves as local expert for projects related to infant mortality and MCH epidemiology.
- Applies standard and complex statistical and epidemiologic measures and determines appropriate methods for specific needs (e.g., rates, measures of association, confidence intervals, logistic and other multivariable regression).
- Operates personal computer and uses database and statistical software packages (e.g., Access, Excel, ArcView-GIS, STATA, SAS, SPSS);
- Collects necessary data elements for input into the ODH-identified data platform.
- Produces findings from analyses and interprets results for program review, priority setting, outcomes evaluation, and quality improvement.
- Directs and/or participates in completion of scientific reports (e.g., evaluation of validity and significance of findings) and assists in preparation of reports for publication.
- Provides statistical information and reports as needed for funding sources, advisory councils, local providers of services, ODH staff, and other state agencies.
- Analyzes data from Vital Statistics, Child Fatality Review (CFR), Fetal Infant Mortality Review (FIMR), Pregnancy-Associated Mortality Review (PAMR), Neighborhood Navigators, Neighborhood Navigator Screening Tool, Ohio Department of Medicaid-funded Infant Mortality Reduction Initiatives, and OCHIDS Moms and Babies First to determine targeted outreach of local OEI initiative.
- Participates on the local Fetal Infant Mortality Review Case Review Team.

• Required Skills and Experience

- Completion of graduate core program in public health, preventative medicine, or related field.
 - Coursework in epidemiology, biostatistics, health statistics, data analysis, mathematics.
- A minimum of one (1) year experience:
 - As a Maternal and Child Health epidemiology investigator;
 - Using database and statistical software packages (e.g., Access, Excel, ArcView-GIS, STATA, SAS, SPSS)
 - Using word processing and presentation software (e.g., Word, PowerPoint.)
 - Managing large data sets; and
 - Developing public health reports and giving oral presentations.
- Ability to:
 - Define problems, collect data, establish facts, and draw valid conclusions;
 - Interpret extensive variety of technical material in books, journals and manuals;
 - Understand local community and target population through data analysis.

Minimum Quarterly Report Required Indicators
(by race)

Unique women served
Total number of identified needs
Total number of identified needs addressed by an appropriate connection or referral
<u>Mother's age:</u>
12-17
18-24
25-27
28-older
Women with less than a high school education
Women with a high school degree
Women with a higher than a high school degree
Women with household incomes at or below 200 percent of the Federal Poverty guidelines
Women with household incomes at or below 150 percent of the Federal Poverty guidelines
Women with household incomes at or below 100 percent of the Federal Poverty guidelines
Women with household incomes at or below 50 percent of the Federal Poverty guidelines
Women who experienced a previous preterm birth
Women who experienced a previous low birth weight birth
Women who report a history of unstable housing or homelessness.
Women who report current unstable housing or homelessness.
Women screened for maternal depression
Women identified as being high risk for depression
Women who reported current tobacco use by self
Women who report current tobacco use in the home
Women screened for substance abuse
Women who reported current substance use.
Women who reported a safe sleep location for their infant.
Women who reported private health insurance coverage for their families
Women who reported Medicaid coverage for their families
Women who reported other health insurance coverage for their families
Women who reported no insurance coverage for their families
Women who reported a history of child abuse or neglect
Women who report current unemployment
Women served in the 1 st trimester
Women served in the 2 nd trimester
Women served in the 3 rd trimester

of referrals made for community-based supports:
ODH-funded services
Help Me Grow Home Visiting
Moms & Babies First
Cribs for Kids
Moms Quit for Two (Baby & Me Tobacco Free)
Evidence-based interventions
CenteringPregnancy©
Pathways Community HUB
Evidence-based home visiting as determined by the U.S. Department of Health & Human Services Home Visiting Evidence of Effectiveness
Smoking Cessation
Safe Sleep
Clinical services
Prenatal care
Progesterone
Mental/behavioral health
Addiction recovery
Reproductive health
Special Supplemental Nutrition Program for Women, Infants, and Children (WIC)
Department of Medicaid
Social Services
Jobs and Family Services
Transportation
Housing
Workforce development
Education
Interpersonal violence
Access to utilities
Food insecurity

*Additional outcome and evaluation indicators to be defined by ODH, ODH-funded evaluation contractor, and OEI epidemiologist.

**Individual-level data to be collected using ODH-defined platform via ODH-defined screening tool. Vital Statistics birth certificate records will be leveraged to examine birth outcomes of program participants.

Project Coordinator Position Description

• Job Summary

- The Project Coordinator will facilitate the development, adoption, or improvement of policies and/or practices which will directly impact the social determinants of health related to preterm birth and low birth weight of women in their county or counties of service. The Project Coordinator will also be responsible for managing the Neighborhood Navigator(s) and will provide guidance to addressing documented barriers or access issues in the community. The Project Coordinator will participate on the Fetal Infant Mortality Review (FIMR) Community Action Team (CAT) and be in regular contact with the FIMR Coordinator.

• Job Duties

- Actively participate in the local infant mortality community-led initiative or coalition.
- Manage and coordinate the community-led initiative or coalition, if applicable.
- Manages, coordinates, and directs the local Ohio Equity Institute project.
- Directs administrative and programmatic aspects of the local Ohio Equity Institute project including short and long-term goal development and quality assurance.
- Coordinates partnerships in the development of policy and/or practice change related to the social determinants of health in defined communities.
- Mentors and supervises Neighborhood Navigator(s) responsible for connecting the most at-risk women to needed services. Provides guidance to Neighborhood Navigator(s) to assist clients in overcoming barriers to access services.
- Works closely with the OEI Epidemiologist to utilize analysis of Vital Statistics, Child Fatality Review (CFR), Fetal Infant Mortality Review (FIMR), Pregnancy-Associated Mortality Review (PAMR), Neighborhood Navigators, Neighborhood Navigator Screening Tool, Ohio Department of Medicaid-funded Infant Mortality Reduction Initiatives, and OCHIDS Moms and Babies First to guide policy and/or practice changes related to social determinants of health.
- Monitors program responsibilities and progress according to workplan.
- Monitors program expenditures and program budgets.

• Major Worker Characteristics

- Knowledge of health-related field, or management; program planning, policy implementation & program evaluation; health care organization & health care systems delivery; budget development; technical writing; effective oral communication; supervisory principles/techniques*; employee training & development*; ability to define problems, collect data, establish facts & draw valid conclusions; handle sensitive inquiries from & contacts with officials & general public.
- *(*)Developed after employment.*

• Minimum Class Qualifications for Employment

- Completion of undergraduate core program in field of public health, health administration, preventive medicine, social work, nursing or other related field
- Or 3 yrs. exp. in health program delivery (e.g., program implementation, program coordination, program monitoring & evaluation, budget development, grant writing/review, providing technical assistance).

• Preferred Qualifications

- Demonstrated experience in positively impacting birth outcomes.
- Demonstrated experience in coordination of services that impact birth outcomes.
- Knowledge of availability of community resources that serve disparate populations.

- Demonstrated experience in implementing policy, systems, and environmental change.
 - Ability to build strong, collaborative relationships.
- **Other Requirements**
 - Must be able to provide own transportation

Monthly Progress Report Minimum Requirements

- Project update
- Did the workplan change?
 - If so, how and why?
- Did the logic model change?
 - If so, how and why?
- Narrative on Neighborhood Navigator efforts:
 - Update/overview
 - Successes
 - Challenges
 - Key barriers to accessing services identified for women served.
- Narrative on Project Coordinator:
 - Update/overview
 - Progress on SDOH team and policy/practice
 - Work with Neighborhood Navigators
 - Successes
 - Challenges
- Narrative on Epidemiologist efforts:
 - Update/overview
 - Successes
 - Challenges
- FIMR Participation
- TA that would be helpful in upcoming months.
- Provide an update on staff changes and training.

Social Determinants of Health Team Charter Template

Team Name:		Version Date:	Project Start Date:	End Date:
Meeting Schedule (set standing meeting days/time)	Day of Week (Recurring):	Time/Duration:	Location:	
Group Agreement (Ground Rules or Group Norms)				
Description (Define the Problem)				
Team Sponsor:		Team Leader:		
Team Members:	Area of Expertise:	Team Role: (e.g., meeting facilitator, recorder, document manager, data coordinator, data collection, time keeper, SME)		
1.				
2.				
3.				
4.				
5.				
6.				
7.				
8.				
9.				

Baseline Data:

(Measure of change) + (in what) + (by whom) + (by when)

Scope (Boundaries – Define where the process being improved starts and ends):

Customers (primary and other/internal and external):

[illegible]

Available Resources:

Additional Resources Required:

Key Milestones:

Start Date:

Tools Used/Action Taken:

End Date:

[illegible]

This image shows a single sheet of white paper with horizontal blue or grey ruling lines. The lines are evenly spaced and run across the width of the page. There is no handwriting or other markings on the paper.

[illegible]

This image shows a single sheet of white paper with horizontal blue or grey ruling lines. The lines are evenly spaced and run across the width of the page. There are approximately 20 lines visible. The paper has a slight shadow on its right side, suggesting it's resting on a surface.

[illegible]

Communication Plan (List how communication of changes will be made to stakeholders and how learning will be shared.)	Who	How	When

Social Determinants of Health Action Plan Template

OEI Local Social Determinants of Health Team Action Plan

TEAM:

The State Action Plan Template may be modified to meet your needs. (Ex. add rows and copy additional tables if you have more than 3 milestones)

Step 1: Defining Initial Strategies	
1. Describe each of your team's top 3 activities/strategies below. 2. Brainstorm the leading strengths and assets your team and larger community have to carry out each strategy. 3. List the barriers your team may encounter in carrying out these action steps. 4. Identify the "so what?" of your strategy.	
Strategy #1 Keyword(s):	
1-2 Sentence Description:	
Leading Strengths & Assets:	Major Barriers:
What will change as a result of this strategy?	
Strategy #2 Keyword(s):	
1-2 Sentence Description:	
Leading Strengths & Assets:	Major Barriers:
What will change as a result of this strategy?	
Strategy #3 Keyword(s):	
1-2 Sentence Description:	
Leading Strengths & Assets:	Major Barriers:
What will change as a result of this strategy?	

Step 2: Creating an Action Plan

1. List the action steps needed to carry out each identified strategy.
2. Determine clear, realistic and measurable results from doing these action steps.
3. Identify by when you will complete these action steps and who is responsible to assure completion.

Strategy #1 Keyword(s)

Action Steps	Expected Results	By When	Who is Responsible
1.			
2.			
3.			
4.			

Strategy #2 Keyword(s)

Action Steps	Expected Results	By When	Who is Responsible
1.			
2.			
3.			
4.			

Strategy #3 Keyword(s)

Action Steps	Expected Results	By When	Who is Responsible
1.			
2.			
3.			
4.			

Number of Eligible Women by Zip Code, 2016

Source: The Ohio Department of Health, Bureau of Vital Statistics. Ohio Resident Live Births (2006-Present)

*Count: Non-Hispanic, Black women who gave birth in 2016 with one or more of the following:

- Medicaid paid birth
- Most recent birth was preterm (< 37 weeks gestation)
- Most recent birth was low birth weight (< 2,500g)
- Smoked during third trimester of most recent pregnancy
- Age < 25 years
- Had diabetes prior to most recent pregnancy
- Had hypertension prior to most recent pregnancy
- Had gestational diabetes during most recent pregnancy
- Had preeclampsia (gestational hypertension) during most recent pregnancy
- Had a previous preterm birth

Note: This data is not deduplicated. A woman may be counted more than once if she delivered multiples.

Butler County	
Zip Code	Target Population (Count)
45011	101
45013	33
45014	108
45015	9
45042	15
45044	82
45050	10
45056	11
45067	3
45069	27
45241	4
45246	5
45249	0

Cuyahoga County	
Zip Code	Target Population (Count)
26164	1
32110	1
44017	8
44022	4
44040	1
44070	9
44102	197
44103	147
44104	415
44105	387
44106	154
44107	39
44108	285
44109	121
44110	222
44111	104
44112	239
44113	73
44114	13
44115	149
44116	4
44117	80
44118	149
44119	82
44120	280
44121	176
44122	71
44123	155
44124	36
44125	164
44126	2
44127	57
44128	343
44129	28
44130	37
44131	2
44132	145
44133	3
44134	26

44135	110
44136	11
44137	223
44138	2
44139	16
44140	2
44142	9
44143	75
44144	24
44145	4
44146	183
44147	2
44149	2
44190	1

Franklin County	
Zip Code	Target Population (Count)
43004	89
43016	9
43017	21
43026	53
43054	9
43065	1
43068	156
43081	107
43085	18
43109	1
43110	175
43119	38
43123	49
43125	31
43137	2
43201	85
43202	5
43203	119
43204	117
43205	128
43206	170
43207	150
43209	83
43210	2
43211	254
43212	2
43213	299
43214	23
43215	12
43217	4
43219	385
43220	11
43221	6
43222	23
43223	157
43224	375
43227	227
43228	281
43229	381
43230	113

43231	141
43232	432
43235	22

Hamilton County	
Zip Code	Target Population (Count)
45001	1
45002	2
45030	1
45052	1
45140	8
45202	68
45203	38
45204	37
45205	129
45206	89
45207	44
45208	9
45209	9
45211	225
45212	51
45213	46
45214	117
45215	120
45216	37
45217	31
45218	6
45219	54
45220	24
45223	157
45224	110
45225	212
45226	1
45227	58
45229	157
45230	24
45231	233
45232	162
45233	11
45236	29
45237	159
45238	188
45239	144
45240	165
45241	11
45242	8

45243	2
45244	2
45246	50
45247	8
45248	11
45249	3
45251	70
45252	1
45255	3

Lucas County	
Zip Code	Target Population (Count)
43528	12
43537	15
43558	1
43560	8
43604	124
43605	111
43606	113
43607	183
43608	101
43609	112
43610	46
43611	50
43612	79
43613	75
43614	69
43615	185
43616	5
43617	2
43620	54
43623	22

Mahoning County	
Zip Code	Target Population (Count)
44401	1
44405	40
44406	5
44471	5
44502	96
44503	1
44504	31
44505	92
44506	16
44507	54
44509	80
44510	33
44511	65
44512	51
44514	10
44515	35
44672	1

Montgomery County	
Zip Code	Target Population (Count)
45315	6
45322	14
45327	2
45342	24
45377	6
45401	1
45402	81
45403	28
45404	28
45405	209
45406	199
45409	2
45410	33
45414	118
45415	50
45416	47
45417	289
45419	9
45420	22
45424	82
45426	163
45429	16
45431	17
45432	6
45439	19
45440	23
45449	40
45458	19
45459	17
75203	0
75232	0

Stark County	
Zip Code	Target Population (Count)
44601	16
44608	1
44614	1
44641	3
44646	37
44647	8
44685	0
44688	1
44702	4
44703	22
44704	26
44705	95
44706	21
44707	63
44708	28
44709	29
44710	29
44714	24
44718	4
44720	7
44721	5
44730	3

Summit County	
Zip Code	Target Population (Count)
44056	7
44067	9
44087	27
44146	1
44202	1
44203	40
44216	1
44221	14
44223	18
44224	14
44236	0
44262	0
44278	17
44301	75
44302	33
44303	7
44304	20
44305	95
44306	223
44307	107
44308	2
44310	75
44311	64
44312	6
44313	66
44314	77
44319	2
44320	145
44321	7
44333	9
44685	6

Fiscal Breakdown

Provide information to detail the methodology and breakdown the costs for each deliverable listed in Appendix C1.

1. Categorize costs into the following:
 - a. Personnel;
 - b. Travel/mileage;
 - c. Training/professional development;
 - d. Technology;
 - e. Contracts/subrecipients
 - f. Other (describe)
2. Identify the number of staff hours allocated to each deliverable, by position.
3. Identify the total number FTEs required to support this work, by position.
4. Identify the total count of personnel required to support this work, by position.