

MEMORANDUM

Date: August 6, 2012

To: Prospective Local Public Health Applicants

From: Steven Wagner, JD, MPH, Acting Chief *SW*
Division of Prevention and Health Promotion
Ohio Department of Health

Subject: Notice of Availability of Funds – Immunization Action Plan (IAP)
January 1, 2013 – December 31, 2013

The Ohio Department of Health (ODH), Division of Prevention and Health Promotion (DOP), Bureau of Infectious Diseases (BID), announces the availability of grant funds to support up to 45 grant initiatives for Immunization Action Plan (IAP) grant activities during calendar year 2013. IAP funds are designed to raise infant immunization rates in Ohio so that 90% of children will be up-to-date on immunizations by two years of age. This goal will be accomplished primarily through immunization assessment and education activities and secondarily through reminder and recall efforts.

To obtain a grant application packet:

1. Go to the ODH website at: www.odh.ohio.gov;
2. Click on the 'Resources' pull-down menu;
3. Click on 'Funding Opportunities';
4. Click on 'ODH Grants';
5. Click on 'Grant Request for Proposals' – this will provide you with a pull-down menu listing the current RFPs in order by name;
6. Select the 'Immunization Action Plan (IAP) 2013 RFP and click 'Submit'; this will open the .pdf version of the 2013 IAP RFP.

All interested parties must submit a Notice of Intent to Apply for Funding (attached) no later than Monday, September 3, 2012 to be eligible for these funds.

Prospective local public health applicants who successfully complete the Notice of Intent to Apply for Funding (Appendix 2) will be authorized to apply for IAP funds using the GMIS 2.0 system, and will receive further guidance regarding a bidder's phone conference or webinar in early September, 2012.

All applications and attachments are due by 4:00 p.m. on Monday, October 8, 2012. Electronic applications received after Monday, October 8, 2012 will not be considered for funding. Faxed, hand-delivered or mailed applications will not be accepted.

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 1) no later than Monday, September 3, 2012 to the Grants Administration Unit to begin the process to authorize your account.

ODH encourages the immediate submission of the Notice of Intent to Apply for Funding. If you have questions regarding this application, please contact the IAP Coordinator, Dave Feltz at (614) 466-4643 or by email at Dave.Feltz@odh.ohio.gov.

Notice of Availability of Funds

Ohio Department of Health
Division of Prevention and Health Promotion
Bureau of Infectious Diseases

Introduction / Background

The Ohio Department of Health (ODH), Division of Prevention and Health Promotion (DOP), Bureau of Infectious Diseases (BID), announces the availability of grant funds to support activities to support the Immunization Action Plan (IAP) during calendar year 2013. IAP funds are designed to raise infant immunization rates in Ohio so that 90% of children will be up-to-date on immunizations by two years of age. This goal will be accomplished primarily through immunization assessment and education activities and secondarily through reminder and recall efforts. Applicants must apply for all the objectives listed in the RFP.

Eligibility

Local public health agencies are eligible to apply. Applications are competitive. Agencies currently funded under the Immunization Action Plan (IAP) program as well as local public health agencies not currently funded with IAP funds in 2012 are eligible to apply. Eligible counties are listed in Appendix 4 of the RFP. Applicants funded in 2012 must have demonstrated acceptable performance from January 2010 – June 2012. If multiple health districts in a county or region apply jointly for funding, one health district must act as the lead agency/fiscal agent for the grant.

Applicants must apply for funds to cover a minimum of one county in the state of Ohio. Counties with smaller population sizes should combine efforts to create an application for two or more counties.

Program Period and Award Amounts

The program period begins January 1, 2013 and ends December 31, 2013. Up to 45 grants may be awarded, and no more than one grant may be awarded in each county. Total funding for IAP grants is expected to approximate \$3.1 million dollars. Funds originate from federal funding sources. Two or more local health districts may collaborate on an application. 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. Applicants are encouraged to partner with other counties.

Applications including any required forms and required attachments mailed or electronically submitted via GMIS 2.0 are due by 4:00 p.m. Monday, October 8, 2012. Attachments and/or forms sent electronically must be transmitted by the application due date. Attachments and/or forms mailed that are non-Internet compatible must be postmarked or received on or before the application due date.

Authorization of funds for this purpose is contained in: 1) the Catalog of Federal Domestic Assistance (CFDA) Number 93.268, the Federal Immunization Grant (PHS Act 317) award.

Grant Application Packet

1. To obtain a grant application packet:
 - Go to the ODH website at: www.odh.ohio.gov;

- Click on the ‘Resources’ pull-down menu;
- Click on ‘Funding Opportunities’;
- Click on ‘ODH Grants’;
- Click on ‘Grant Request for Proposals’ – this will provide you with a pull-down menu listing the current RFPs in order by name;
- Select the ‘Immunization Action Plan (IAP) 2013 RFP and click ‘Submit’; this will open the .pdf version of the 2013 IAP RFP.
- In the application packet you will find:
 - a. ***Request for Proposals (RFP)*** – *This document outlines detailed information about the background, intent and scope of the grant, policy, procedures, performance expectations, and general information and requirements associated with the administration of the grant.*
 - b. ***Notice of Intent to Apply for Funding*** – *the purpose of this document is to ascertain your intent to apply for available grant funds. Please note that all interested parties must submit a Notice of Intent to Apply for Funding (attached) no later than Monday, September 3, 2012.*

2. When you have accessed the application packet:

- a. Review the RFP to determine your organization’s ability to meet the requirements of the grant and your intent to apply.
- b. After your RFP review, if you want to submit an application for the grant, complete the *Notice of Intent to Apply for Funding* form in the application packet. Mail, email or fax the form to ODH, per the instructions listed by **Monday, September 3, 2012**. The *Notice of Intent to Apply for Funding* is mandatory if you are intending to apply for the grant.

3. Upon receipt of your completed *Notice of Intent to Apply for Funding* form, ODH will:

- a. Create a grant application account number for your organization. This account number will allow you to submit an application via the Internet, using the Grants Management Information System (GMIS 2.0). All grant applications must be submitted via the Internet using GMIS 2.0. ODH will assess your organization’s GMIS training needs (as indicated on the completed *Notice of Intent to Apply for Funding* form) and contact you to schedule a training date. The GMIS 2.0 training is mandatory if your agency has never been trained on GMIS 2.0. Please complete and submit the ODH GMIS 2.0 form (Appendix 1) no later than Monday, September 3, 2012 to the Grants Administration Unit to begin the process to authorize your account.
- b. Hold a bidder’s phone conference or webinar in mid-September, 2012. ODH will notify all health departments who have submitted a *Notice of Intent to Apply for Funding* of the date for a bidder’s phone conference or webinar.

Once ODH receives your completed *Notice of Intent to Apply for Funding* form, creates the grant application account for your organization and finalizes all GMIS training requirements, you may proceed with the application process as outlined in the RFP.

Contact David Feltz at (614) 466-4643 or dave.feltz@odh.ohio.gov with any questions.



ALL APPLICATIONS MUST BE SUBMITTED VIA THE INTERNET

OHIO DEPARTMENT OF HEALTH

DIVISION OF PREVENTION AND HEALTH PROMOTION

BUREAU OF INFECTIOUS DISEASES

**IMMUNIZATION ACTION PLAN
REQUEST FOR PROPOSALS (RFP)
FOR
FISCAL YEAR 2013
(01/01/13 – 12/31/13)**

Local Public Applicant Agencies

COMPETITIVE GRANT APPLICATION INFORMATION

Revised 07/02/12
For grant starts 01/01/2013 and thereafter

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I. APPLICATION SUMMARY and GUIDANCE

An application for an Ohio Department of Health (ODH) grant consists of a number of required parts – an electronic component submitted via the Internet website “ODH Application Gateway” and various paper forms and attachments. All the required parts of a specific application must be completed and submitted by the application due date. **Any required part that is not submitted by the due date indicated in sections I, D, and G will result in the entire application not being considered for review.**

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

- A. A. Policy and Procedure:** Uniform administration of all the ODH grants is governed by the ODH Grants Administration Policies and Procedures (GAPP) manual. This manual must be followed to ensure adherence to the rules, regulations and procedures for preparation of all Sub-grantee applications. The GAPP manual is available on the ODH website <http://www.odh.ohio.gov>. (Click on “Funding Opportunities” [located under At a Glance]; click on “ODH Grants” and then click on “GAPP”) Please refer to Policy and Procedure updates found on the GMIS bulletin board.
- B. Application Name:** Immunization Action Plan (IAP)
- C. Purpose:** IAP funds are designed to raise infant immunization rates in Ohio to reach the 2013 goal - that 90% of children will be up-to-date on immunizations by two years of age. This goal will be accomplished primarily through immunization assessment and education activities and secondarily through reminder and recall efforts.
- D. Qualified Applicants:** Local public health agencies are eligible to apply. Agencies currently funded under the Immunization Action Plan (IAP) program as well as local public health agencies not currently funded with IAP funds in 2012 are eligible to apply. Eligible counties are listed in Appendix 4. Applicants funded in 2012 must have demonstrated acceptable performance from January 2011 – June 2012. If multiple health districts in a county or region apply jointly for funding, one health district must act as the lead agency/fiscal agent for the grant.

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

1. Applicant doesn't owe funds in excess of \$1,000 to the ODH.
 2. Applicant isn't 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, October 8, 2012.
- E. Service Area:** Applicants must apply for funds to cover a minimum of one county in the state of Ohio. Counties with smaller population sizes should combine efforts to create an application for two or more counties.

F. Number of Grants and Funds Available: Up to 45 grants may be awarded, and no more than one grant may be awarded in each county. Total funding for IAP grants is expected to approximate \$3.1 million dollars. Funds originate from federal funding sources. Two or more local health districts may collaborate on an application.

Individual eligible counties may apply for an amount less than or equal to the amount stated for their county in Appendix 4 (2013 Immunization Action Plan Grant Maximum Funds Available). However, if a county is eligible for less than \$30,000, that county health department agency must partner with at least one other (preferably neighboring) county public health agency for a minimum award of \$30,000. If a county is eligible for more than \$30,000, the county must act as a lead agency, or must apply as a single entity subgrant.

Counties eligible for the Perinatal Hepatitis B project should refer to the corresponding additional amounts listed in Appendix 4.

Applicants proposing to serve multiple counties may apply for the sum of the funds available (Appendix 4) for all counties to be served. Dollars designated for a county must be spent to specifically address the objectives outlined in this RFP.

Awards will be based upon all of the following criteria:

1. The resident birth cohort of children in the applicant county;
2. The number of children served by vaccines at each health department;
3. The number of Vaccine for Children (VFC) providers in each applicant county;
4. The ability of applicants to meet stated program objectives in 2011 and the first 6 months of 2012 (if applicable);
5. The soundness and score of applicant responses to requirements for 2013.

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. Applicants are encouraged to partner with other counties.

G. Due Date: All parts of the application must be completed and received by ODH electronically via GMIS or via ground delivery by 4:00 p.m. on Monday, October 8, 2012. Applications and required attachments received late will not be considered for review.

Contact David Feltz at (614) 466-4643 or dave.feltz@odh.ohio.gov with any questions.

H. Authorization: Authorization of funds for this purpose is contained in: 1) the Catalog of Federal Domestic Assistance (CFDA) Number 93.268, the Federal Immunization Grant (PHS Act 317) award.

- I. Goals:** The goal of the IAP program is to achieve and maintain 90% vaccination coverage levels for universally recommended vaccines among children less than 24 months of age through:
- Assessing and improving health district immunization rates through use of local Immunization Information Systems (IIS) and promoting effective practice changes to improve immunization rates;
 - Assessing the immunization rates of providers throughout the applicant county (or counties) and promoting effective practice changes to improve immunization rates;
 - Identifying disparities of low immunization levels and providing additional immunization education to parents and health care providers in those areas;
 - Educating immunization providers of children regarding the importance of timely immunizations and effective strategies to improve practice behavior;
 - Assuring timely vaccination of Women Infants and Children (WIC) eligible clients;
 - Implementing additional and targeted reminder and recall activities to improve local health department immunization rates.

IAP funds originate from federal 317 funds as defined by the Centers for Disease Control and Prevention (CDC), so the above goals correspond with the focus of the 2013-2017 federal Immunization Grant guidance FOA to assure access to vaccines.

- J. Program Period and Budget Period:** The program period will begin on January 1, 2013 and end on December 31, 2013. The budget period for this application will begin on January 1, 2013 and end on December 31, 2013.

- K. Public Health Accreditation Board (PHAB) Standard(s):** PHAB Standards that will be addressed by IAP grant activities will be:
- Standard 1.3: Analyze Public Health Data to Identify Trends in Health Problems, Environmental Public Health Hazards, and Social and Economic Factors That Affect the Public's Health
 - Standard 3.1: Provide Health Education and Health Promotion Policies, Programs, Processes, and Interventions to Support Prevention and Wellness
 - Standard 7.2: Identify and Implement Strategies to Improve Access to Health Care Services
 - Standard 9.2: Develop and Implement Quality Improvement Processes Integrated Into Organizational Practice, Programs, Processes, and Interventions
 - Standard 10.1: Identify and Use the Best Available Evidence for Making Informed Public Health Practice Decisions
 - Standard 10.2: Promote Understanding and Use of Research Results, Evaluations, and Evidence-based Practices With Appropriate Audiences

The PHAB standards are available at the following website:

<http://www.phaboard.org/wp-content/uploads/PHAB-Standards-Overview-Version-1.0.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 program to local health districts prior to submitting the grant application to ODH. The program summary, not to exceed one page, must include:
 - a) 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) 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 their 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 when the program summary is submitted with the grant application. If an applicant agency has a regional and/or statewide focus, a statement of support must be submitted from at least one local health district, if available.

M. Incorporation of Strategies to Eliminate Health Inequities

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 be healthy.

Although great progress has been made in improving childhood immunization rates in Ohio, some disparities in overall immunization rates among groups based on race, ethnicity, geographic location (urban, rural, etc.) exist. This disparity is of concern in cities and rural areas within underserved populations because of the risk for outbreaks of vaccine preventable diseases. Use the best available data to identify coverage disparities by race, ethnicity, socioeconomic, and/or geography among children relevant to your jurisdiction.

Throughout the various components of this application (Program Narrative,

Objectives, and Workplan), applicants are required to:

- 1) Explain the extent to which health disparities and/or health inequities are manifested within efforts to immunize infants. This includes the identification of specific group(s) which experience a disproportionate burden of vaccine preventable diseases or low immunization levels (This information must be supported by data.);
- (2) Explain how specific social and environmental conditions (social determinants of health) put groups who are already disadvantaged at increased risk for vaccine preventable diseases or low immunization levels; and
- (3) Explain how proposed program interventions will function to enhance immunization rates and eliminate the burden of vaccine-preventable diseases or low immunization levels.

IAP applicants should review the following information sources regarding remaining immunization disparities in Ohio:

Community Commons

Community Commons is an interactive mapping, networking, and learning utility for the broad-based healthy, sustainable, and livable communities' movement. This tool will also help understand social determinants of health related to the public health goals to immunize young children. Registered users have FREE access to over 7000 GIS data layers at state, county, zip code, block group, tract, and point-levels; Contextualized mapping, visualization, analytic, impact and communication tools and apps; profiles of hundreds of place-based community initiatives (multi-sector collaboratives) working towards healthy/sustainable/livable/equitable communities; and peer learning forums in the "interactive commons" with colleagues exploring similar interests and challenges.

See: <http://initiatives.communitycommons.org/About.aspx>

Arch Pediatr Adolesc Med. 2009 May;163(5):462-8. Progress in timely vaccination coverage among children living in low-income households. Conclusions: Disparities in vaccination coverage associated with low household income persist. Further progress in timely vaccination may be achieved by improving health care providers' reminder/recall systems, implementing educational interventions that address barriers to vaccination, and increasing parents' awareness of the Vaccines for Children Program.

Am J Prev Med. 2010 Feb;38(2):127-37. Progress toward eliminating disparities in vaccination coverage among U.S. children, 2000-2008. Conclusions: Progress has been made toward eliminating vaccination coverage disparities among children in various socio-demographic groups in the U.S. As the end of the Health People 2010 goals period approaches, maintaining and advancing these reductions will require innovative strategies to reach underserved groups.

Pediatrics. 2009 Dec;124(6):1579-86. Epub 2009 Nov23. Spatial accessibility to providers and vaccination compliance among children with Medicaid. Conclusions: Within our low-income, urban population, children with higher spatial accessibility to pediatric vaccination providers were more likely to be up-to-date with vaccinations. This association may guide future studies and efforts to ensure adequate immunization coverage for children regardless of where they live.

Epidemiology and Prevention of Vaccine Preventable Diseases (Pink Book), 12th Edition, 2nd printing. Immunization Strategies for Healthcare Practices and Providers, pages 31-44. Discussion notes: Those who remain unvaccinated are so largely because healthcare practices and providers do not always optimally perform the activities associated with delivering vaccines and keeping patients up-to-date with their immunization schedules.

National Healthcare Disparities Report from 2010:

- Across childhood immunization measures, most showed improvement.
- The childhood immunization measures all come from the Centers for Disease Control and Prevention’s (CDC) National Immunization Survey (NIS).
- There are few racial or ethnic disparities in childhood immunization.
- Some income-related disparities exist.

National Immunization Survey: from January 1, 2010 – December 31, 2010, the following indicators show that generally, limited disparities exist for children aged 19-35 months of age in Ohio, however there remains limited information regarding immunization indicators in rural areas, and in racial groups for Blacks, Hispanics and Multiple Races (Non-Hispanic).

	Enrolled in WIC	Below Poverty	Central City MSA	Non-Central City MSA	Non-MSA Central City
DTaP #3	94.7%	92.2%	99.8%	96.3%	NA
Polio #3	93.4%	89.7%	98.1%	95.9%	NA
MMR #1	93.0%	87.9%	94.9%	96.2%	NA
Hib #3	91.4%	89.0%	95.7%	92.1%	NA
HepB #3	86.4%	93.0%	98.7%	94.3%	NA
Var #1	86.4%	89.3%	86.4%	94.6%	NA
PCV #3	88.9%	NA	93.9%	93.9%	NA

	White Non-Hispanic	Black Non-Hispanic	Hispanic	Multiple Race, Non-Hispanic
DTaP #3	94.7%	NA	NA	NA
Polio #3	93.1%	NA	NA	NA

MMR #1	92.8%	NA	NA	NA
Hib #3	90.6%	NA	NA	NA
HepB #3	93.0%	NA	NA	NA
Var #1	87.7%	NA	NA	NA
PCV #3	91.9%	NA	NA	NA

The following section will provide a basic framework and links to information to understand 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. For the purposes of this RFP, Health disparities are often characterized by such measures as disproportionate incidence, prevalence and/or mortality rates of vaccine-preventable diseases or low immunization levels. 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*

For more resources on health equity, please visit the ODH website at:
<http://www.healthyohioprogram.org/healthequity/equity.aspx>.

- N. **Appropriation Contingency:** Any award made through this program is contingent upon the availability of funds for this purpose. **The Sub-grantee agency must be prepared to support the costs of operating the program in the event of a delay in grant payments.**
- O. **Programmatic, Technical Assistance and Authorization for Internet Submission:**

Initial authorization for Internet submission, for new agencies, will be granted after participation in the GMIS training session. All other agencies will receive their authorization after the posting of the RFP to the ODH website and the receipt of the Notice of Intent to Apply for Funding (NOIAF). Please contact (*list a contact name, e-mail address, and phone number*) to whom the applicant agency can contact for questions regarding this RFP.

Applicant must attend or must document in the NOIAF prior attendance at GMIS training in order to receive authorization for Internet submission.

- P. Acknowledgment:** An ‘Application Submitted’ status will appear in GMIS 2.0 that acknowledges ODH system receipt of the application submission.
- Q. Late Applications:** Applications are dated the time of actual submission via the Internet utilizing GMIS. 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, October 8, 2012.

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, Central Master Files; but they must be delivered by **4:00 p.m.** on the application due date. FAX attachments will not be accepted. **GMIS applications and required application attachments received late will not be considered for review.**

- R. Successful Applicants:** Successful applicants will receive official notification in the form of a Notice of Award (NOA). The NOA, issued under the signature of the Director of Health, allows for expenditure of grant funds.
- S. Unsuccessful Applicants:** Within 30 days after a decision to disapprove or not fund a grant application for a given program period, written notification, issued under the signature of the Director of Health, or his designee shall be sent to the unsuccessful applicant.
- T. Review Criteria:** All proposals will be judged on the quality, clarity and completeness of the application. Applications will be judged according to the extent to which the proposal:
1. 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. Describes specific 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 FRP;
9. Has demonstrated acceptable past performance in areas related to programmatic and financial stewardship of grant funds;
10. Has demonstrated compliance to GAPP, Chapter 100; and
11. Explicitly identifies specific groups in the service area who experience a disproportionate burden of vaccine-preventable diseases or low immunization levels; and,
12. Applicant describes activities which supports the requirements outlined in sections I. thru M. of this RFP.

Applications will be evaluated based on the Application Review Form (Appendix 3).

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 RFPs. **There will be no appeal of the Department's decision.**

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

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

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

“This work is funded either in whole or in part by a grant awarded by the Ohio Department of Health, Bureau of Infectious Diseases, Immunization Program and as a

sub-award of a grant issued by ODH under the Immunization and Vaccines for Children Grant, grant award number 5H23IP522537, and CFDA number 93.268.”

W. Reporting Requirements: Successful applicants are required to submit subgrantee program and expenditure reports. Reports must adhere to the Ohio Department of Health, Grants Administration Policies and Procedures (GAPP) Manual. Reports must be received before the Department will release any additional funds.

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

Reports shall be submitted as follows:

1. Program Reports: Sub-grantees Program Reports must be completed and submitted via GMIS according to Appendix 5, “2013 Immunization Action Plan (IAP) Semi-Annual Report Instructions” by the following dates: July 15, 2013 and January 15, 2014. Required attachments associated with the Program Report are to be submitted according to Appendix 5 and will be submitted through GMIS 2.0. Any paper non-Internet compatible report attachments must be submitted to 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 Sub-grantee Program Reports via the ODH’s GMIS indicates acceptance of the ODH GAPP.

2. Periodic Expenditure Reports: Sub-grantee Expenditure Reports **must** be completed and submitted **via GMIS** by the following dates: April 15, 2013; July 15, 2013; October 15, 2013; January 15, 2014.

3. Final Expense Reports: A Subgrantee Final Expense Report reflecting total expenditures for the fiscal year must be completed and submitted **via GMIS by 4:00 p.m. on or before** February 15, 2014. The information contained in this report must reflect the program’s accounting records and supportive documentation. Any cash balances must be returned with the Subgrantee Final Expense Report. The Subgrantee Final Expense Report serves as an invoice to return unused funds.

Submission of the periodic and final Sub-grantee expenditure reports via the GMIS system indicates acceptance of ODH GAPP. Clicking the “Approve” button signifies authorization of the submission by an agency official and constitutes electronic acknowledgment and acceptance of GAPP rules and regulations.

4. Inventory Report: A listing 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 Sub-grantee Final Expense Report. At least once every two years, inventory must be physically inspected by the Sub-grantee. Equipment purchased with ODH grant funds must be tagged as property of ODH for inventory control. Such equipment may be required to be returned to ODH at the end of the grant program period.

X. Special Condition(s): Responses to all special conditions **must be submitted via GMIS within 30 days of receipt of the first quarter payment.** A Special Conditions link is available for viewing and responding to special conditions. This link is viewable only after the issuance of the subgrantee's first payment. The 30-day time period, in which the subgrantee must respond to special conditions, will begin when the link is viewable. Failure to submit satisfactory responses to the special conditions or a plan describing how those special conditions will be satisfied will result in the withholding of any further payments until satisfied.

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

1. To advance political or religious points of view, or for fund raising or lobbying, but must be used solely for the purpose as specified in this announcement;
2. To disseminate factually incorrect or deceitful information;
3. Consulting fee for salaried program personnel to perform activities related to grant objectives;
4. Bad debts of any kind;
5. Lump sum indirect or administrative costs;
6. Contributions to a contingency fund;
7. Entertainment;
8. Fines and penalties;
9. Membership fees -- unless related to the program and approved by ODH;
10. Interest or other financial payments;
11. Contributions made by program personnel;
12. Costs to rent equipment or space owned by the funded agency;
13. Inpatient services;
14. The purchase or improvement of land; the purchase, construction, or permanent improvement of any building;
15. Satisfying any requirement for the expenditure of non-federal funds as a condition for the receipt of federal funds;
16. Travel and meals over the current state rates (see OBM Website <http://obm.ohio.gov/MiscPages/TravelRule/> then click on OBM Travel Rule);
17. Costs related to out-of-state travel, unless otherwise approved by ODH, and described in the budget narrative;
18. Training longer than one week in duration, unless otherwise approved by ODH;
19. Contracts, for compensation, with advisory board members;
20. Grant-related equipment costs greater than \$300, unless justified and approved by ODH;
21. Payments to any person for influencing or attempting to influence members of

- Congress or the Ohio General Assembly in connection with awarding of grants;
22. Local immunization registry software products or maintenance; and,
 23. Plaques, clothing and commemorative items such as pens, mugs/cups, folders/folios, lanyards, and conference bags.

Use of grant funds for prohibited purposes will result in the loss or recovery of those funds.

- Z. Audit:** Sub-grantees currently receiving funding from the ODH are responsible for submitting an independent audit report that meets OMB Circular A-133 requirements, 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 not later than 9 months after the end of the sub-grantee's fiscal year.

Sub-grantees that expend \$500,000 or more in federal awards per fiscal year are required to have a single audit. 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 Circular A-133.

Sub-grantees that expend less than the \$500,000 threshold require a financial audit conducted in accordance with Generally Accepted Government Auditing Standards. **The financial audit is not an allowable cost to the program.**

Once an audit is completed, a copy must be sent to the ODH, Grants Services Unit, Central Master Files address within 30 days. Reference: GAPP Chapter 100, Section 108 and OMB Circular A-133, Audits of States, Local Governments, and Non-Profit Organizations for additional audit requirements.

Subgrantee 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 Ohio Department of Health; and,
- Summarizes a Corrective Action Plan (CAP) to address the findings. A copy of the CAP should be attached to the cover letter.

AA. Submission of Application:

Formatting Requirements:

- Properly label each item of the application packet (ex. budget narrative, program narrative, etc).
- 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 25 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 2.0 application submission must consist of the following:

<p>Complete & Submit Via Internet</p>
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1. Application Information
2. Project Narrative
3. Project Contacts
4. Budget
 - Primary Reason
 - Funding
 - Cash Needs
 - Justification
 - Personnel
 - Other Direct Costs
 - Equipment
 - Contracts
 - Compliance Section D
 - Summary
5. Civil Rights Review Questionnaire (EEO Survey)
6. Assurances Certification
7. Federal Funding Accountability and Transparency Act (FFATA) reporting form
8. Electronic Funds Transfer (EFT) form (**Required if new agency, thereafter only if banking information has changed.**)
9. IRS W-9 Form (**Required if new agency, thereafter only when tax identification number or agency address information has changed.**) **One of the following forms must accompany the IRS W-9 Form:**
 - a. Vendor Information Form (**New Agency Only**)
 - b. Vendor Information Change Form (**Existing agency with tax identification number, name and/or address change(s).**)
 - c. Change request in writing on Agency letterhead (**Existing agency with tax identification number, name and/or address change(s).**)
10. Public Health Impact Statement
11. Statement of Support from the Local Health Districts
12. Liability Coverage (**Non-Profit organizations only; proof of current liability coverage and thereafter at each renewal period.**)

13. Evidence of Non-Profit Status (**Non-Profit organizations only**)
14. Attachments as required by Program (list each one or “NONE”)

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

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

1. 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
246 N. High Street
Columbus, Ohio 43215**

One copy of the following documents must be mailed to the address listed below:

**Complete
Copy &
Mail To
ODH**

1. An original and (Required Number) copies of **Attachments** (non-Internet compatible) as required by program: (List each one or “NONE”)

**Ohio Department of Health
Grants Services Unit
Central Master Files, 4th Floor
246 N. High Street
Columbus, Ohio 43215**

One copy of the following documents must be attached in GMIS with the grant application and original mailed to the address listed below

**Complete
Copy &
Attach in
GMIS
and Mail
To
ODH**

1. Declaration Regarding Material Assistance/Non Assistance to a Terrorist Organization (DMA) Questionnaire (Required by ALL Non-Governmental Applicant Agencies)

**Ohio Department of Health
Grants Services Unit
Central Master Files, 4th Floor
246 N. High Street
Columbus, Ohio 43215**

II. APPLICATION REQUIREMENTS AND FORMAT

Access to GMIS, will be provided after GMIS training for those agencies requiring training. All others will receive access after the RFP 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 ODH GAPP. Submission of the application signifies authorization by an agency official and constitutes electronic acknowledgment and acceptance of GAPP rules and regulations in lieu of an executed Signature Page document.

- A. Application Information:** Information on the applicant agency and its administrative staff must be accurately completed. This information will serve as the basis for necessary communication between the agency and the ODH.
- B. Budget:** Prior to completion of the budget section, please review page 12 of the RFP 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. If you have joint costs refer to GAPP Chapter 100, Section 103 and Section D (9) of the application for additional information.
 - 2. Personnel, Other Direct Costs, Equipment & Contracts:** Submit a budget with these sections and form(s) completed as necessary to support costs for the period January 1, 2013 to December 31, 2013.

Funds may be used to support personnel, their training, travel (see OBM Website <http://obm.ohio.gov/MiscPages/TravelRule/>) and supplies directly related to planning, organizing, and conducting the Initiative/program activity described in this announcement.

When appropriate, retain all contracts on file. The contracts should not be sent to ODH. A completed "Confirmation of Contractual Agreement" (CCA) form must be submitted via GMIS for each contract once it has been signed by both parties. The submitted CCA must be approved by ODH before contractual expenditures are authorized.

CCAs cannot be submitted until after the 1st quarter grant payment has been

issued.

The applicant shall itemize all equipment (**minimum \$300 unit cost value**) to be purchased with grant funds in the Equipment Section.

- 3. Compliance Section D:** Answer each question on this form as accurately as possible. *Completion of the form ensures your agency's compliance with the administrative standards of ODH and federal grants.*
 - 4. Funding, Cash Needs and Budget Summary Sections:** Enter information about the funding sources, budget categories and forecasted cash needs for the program. Distribution should reflect the best estimate of need by quarter. Failure to complete this section will cause delays in receipt of grant funds.
- C. Assurances Certification:** Each Sub-grantee must submit the Assurances (Federal and State Assurances for Sub-grantees) form. 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 Sub-grantee agency agrees by electronic acknowledgment to the financial standards of conduct as stated therein.

D. Project Narrative:

- 1. Executive Summary:** Provide a brief synopsis of the purpose, methodology, and evaluation plan of this Immunization project. Identify the target population, services and programs to be offered those services, burden of health disparities and health inequities. Describe the public health problems that the program will address.
- 2. Description of Applicant Agency/Documentation of Eligibility/Personnel:** Note the following issues in this section:
 - Summarize the agency's structure as it relates to this program and, as the lead agency, how it will manage the program and work with any other participating agencies (e.g., Sub-contracted local health districts, other health districts within the applicant county). Describe plans for meeting with multiple health department agencies involved with this program to review progress on IAP grant activity.
 - 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.
 - Describe the capacity of your organization to reach populations disproportionately impacted by low immunization rates. Note any relationships

with social service or community organizations that provide services to disparate populations.

- Note any personnel or equipment deficiencies that will need to be addressed in order to carry out this grant.
- Describe plans for hiring and training, as necessary. Delineate all personnel who will be directly involved in program activities. Include the relationship between program staff members, staff members of the applicant agency, and other partners and agencies that will be working on this program. Include position descriptions for these staff.

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

Explicitly describe segments of the target population who experience a disproportionate burden for vaccine-preventable diseases or who have low immunization levels.

Include a description of other agencies/organizations also addressing this problem/need.

Note the following issues in this section:

- Provide information for the target population for this project (**children under 24 months of age**). Identify:
 - the number of children under 24 months of age seen for immunizations at each local health district in each applicant county in 2011;
 - the number children and percentage of children under 24 months of age that were given a 1st dose of MMR vaccine during the 2011 calendar year at each local health district in each applicant county.
 - The number and percentage of children under 24 months of age that were given a 4th dose of DTaP during the 2011 calendar year at each local health district in each applicant county.
 - Identify the groups by race, ethnicity, or geographic location experiencing low immunization rates in the applicant county
- State past efforts, challenges and progress towards improving immunization rates in the applicant's immunization clinics, including changes in rates observed through the use of CoCASA (Comprehensive Clinical Assessment Software Application) and the AFIX (Assessment, Feedback, Incentives, eXchange) process.
- Describe data regarding immunization rates. Clearly list the series

completion rates (4:3:1:3:3:1:4) measured using the CoCASA software during 2011 and 2012 for each health department applicant.

- Describe any additional immunization survey results used in the past 5 years to indicate low levels of immunization coverage in each of the applicant counties.
- List all immunization clinic site locations, clinic hours, and type of clinic (appointment only, walk-in only, or the clinic schedules appointments and accepts walk-ins) for all children seen in public health clinics in the applicant counties.
- Describe how the agency ensures there are no barriers for children to receive immunizations at public health clinics in the applicant counties.
- Describe the process taken to insure that immunization histories are properly documented and forwarded successfully to the State Immunization Registry (ImpactSIIS) for all children seen in public health clinics in the applicant counties.
- Describe other agencies and organizations that also address this need and are willing to play a role in the project (e.g., health care providers, schools, community service organizations).

4. Methodology: In a narrative format, identify the following program goals, objectives and activities in this section. *Reminder: the primary goal of the IAP grant is to achieve and maintain 90% vaccination coverage levels for universally recommended vaccines among children less than 24 months of age. All IAP grant applicants must respond to each of the following required program objectives (Objectives 1 - 6). Only applicants eligible for additional funding for Perinatal Hepatitis B activities, as identified in Appendix 4, should respond to Objective 7.*

Note: your responses to each of the following objectives should be SMART.

Specific (focused)

Measurable

Achievable

Realistic

Time-phased

IAP Grant Objectives:

Objective 1: Health District Self-Assessment (AFIX)

IAP grantee agencies will successfully use the AFIX (Assessment, Feedback, Incentives, eXchange) process to regularly assess the immunization rates of clients they serve to improve on-time vaccination rates of children under age 24 months of age. IAP grantee agencies will conduct the AFIX process with their own data at least twice in 2013 – at least once between January-June, and at least once between July-December.

Note: Staff who will be conducting AFIX assessments and feedbacks must meet the AFIX Core Competencies (see Appendix 5) and complete required ODH AFIX trainings.

Note: For additional information on this objective, refer to the red "AFIX Project for Ohio" binder.

- 1a Describe past successes and challenges each health department agency has encountered incorporating the quality assurance AFIX process to improve immunization rates. Include new procedures, activities, and protocols that have been implemented.
- 1b Describe when your agency will **Assess** the immunization rates of children under 24 months of age using health district immunization records. Identify when the first and second assessments will be performed (must occur at least once between January – June; and once between July – December). Identify the person(s) who will complete the assessment and print the required CoCASA reports (summary report 4:3:1:3:3:1:4; single antigen report (4:3:1:3:3:1:4); and diagnostic report (4:3:1:3:3:1:4).
- 1c Describe the activities your agency will perform to involve immunization staff in the AFIX **Feedback** process. Identify who will lead the discussion on health district strengths, weaknesses, and strategies for improvement. Identify who will process and assemble the data for the feedback. Identify who will participate in the feedback. Identify when the feedback will occur.
- 1d Describe how the health department will use **Incentives** for immunization staff to improve the immunization delivery system. Identify the measurable outcome that will trigger the use of the incentive (increased rates, decreased missed opportunities). Identify when the incentives will be utilized during the grant cycle. Grant funds are not allowed for plaques, clothing and commemorative items such as pens, mugs/cups, folders/folios, lanyards, and bags. In general, items or tokens to be given to individuals are considered personal gifts for which appropriated funds may not be expended.
- 1e Describe how the **eXchange** process will function. Identify when the exchange process will be completed. Identify how the results of the exchange process will be reported to health department staff.
- 1f Evaluation: this objective will be successful at each participating health department if a minimum of two AFIX's are completed during the grant year, if the series completion rate improves and if the percent of children listed as missed opportunities decreases. Indicate that your agency will report on the following outcomes for this objective:
 - The number of completed AFIX processes with HD staff (one by June 30, 2013 and one by December 31, 2013);
 - The following information from the 4:3:1:3:3:1:4 CoCASA SUMMARY Report, 'Immunizations Complete' table:
 - The number and percent of patients who received immunizations by the assessment date;
 - The number and percent of patients who were late up-to-date;
 - The number and percent of patients who were up-to-date and complete by 24 months.
 - The following information from the 4:3:1:3:3:1:4 CoCASA SUMMARY Report, 'Immunizations Not Complete' table:

- The number and percent of patients listed as missed opportunities.

Objective 2: Immunization Provider Assessments (AFIX)

IAP grantee agencies will successfully use the AFIX (Assessment, Feedback, Incentives, eXchange) process to assess the immunization rates of immunization providers in their respective communities to improve on-time vaccination rates of children under age 24 months of age.

Note: For additional information on this objective, refer to the materials in the red "AFIX Project for Ohio" binder. You must use the forms and instructions in the ODH AFIX binder when conducting assessments and feedbacks.

- 2a Describe past successes and challenges each health department agency has encountered providing the quality assurance AFIX process to immunization providers in your communities.
- 2b List the names of staff who will conduct AFIX assessments and feedbacks for (non-health district) providers. Please note that all assessors and other staff reviewing the data are required to complete a "Data Collection Confidentiality Agreement" each project year, a copy of which needs to be on file with the ODH Immunization Program before any assessments are conducted. Participating health districts must submit a list of all assessors and other staff who will be reviewing the data by January 31 of each year.
- 2c Create a simple table (spreadsheet) identifying each pediatric and family practice in each applicant county. Using multiple columns, identify those who do provide immunizations, those who do not provide immunizations; those who have never received an AFIX; those who have received an AFIX in 2009, 2010, 2011 or 2012; those who will be targeted for AFIX in 2013.
- 2d Identify the total target number of AFIXs planned for 2013. Identify the target for January-June, and the target for July-December. Use the table format below to identify these targets.

Table 2d - Number of Proposed AFIX Visits

Lead Agency – (name)	Jan-Jun AFIX	Jul-Dec AFIX	Total AFIX
Partner Agency – (name)	Jan-Jun AFIX	Jul-Dec AFIX	Total AFIX

- 2e Describe your plan to promote the importance of and the need for AFIXs among the pediatric and family practices in your jurisdiction. Identify who will perform this work and key process start and completion dates for each measurable planned activity.

2f Evaluation: this objective will be successful if the targeted number of AFIXs are met or exceeded and if a high percentage of providers who received the AFIX process make changes to their immunization practice to improve rates. Indicate that your agency will report on the following outcomes for this objective:

- The number of AFIXs completed among non-health department providers during each 6 month period (includes assessment and feedback). (Note: follow-up documentation is to be submitted to ODH after the follow-up contact is made).
- The number of providers who have self-reported changes to improve their immunization practice as a result of the AFIX. Changes could include: reducing missed opportunities, using ImpactSIIS, beginning effective reminder recall systems, decreasing invalid doses, catching-up late start children.
- Of the repeat AFIXs completed, indicate the number of providers who increased their 4:3:1:3:3:1:4 rate by 24 months of age (use data from the 4:3:1:3:3:1:4 CoCASA SUMMARY Report, ‘*Immunizations Complete*’ table).
- Of the repeat AFIXs completed, indicate the number of providers who decreased the number of missed opportunities for 4:3:1:3:3:1:4.

Objective 3: Immunization Coverage Disparities

IAP grantee agencies will use existing data to evaluate where under-immunized children under 24 months of age reside in order to target educational and informational messages to the parents / guardians of these children to improve the rate of timely immunization. Specific immunization clinics may be created to provide vaccination services to children under age 24 months who are shown to have immunization coverage disparities.

3a List known or suspected geographic areas where immunization coverage disparities exist in each applicant county using the format of the following example table:

Area of known or suspected immunization disparity	Known or Suspected Disparity	Data Type used to determine disparity	Data results
NE area of county	Few Immunization Providers	Survey of Immunization providers	Only 1 of 7 primary care providers give immun.
Morgan city school district	Lower immunization levels	School assessment of immun. records	CoCASA results indicate 50% series completion by age 2
Dayton City school district	Low income children	School lunch data	90% of children qualify for school lunches
Zip code 43666	Poverty rate is high	US government census info	80% families fall below poverty line in this zip code

SE quadrant of county	Higher percentage of religious objectors	School assessment reports; health department data	Religious objectors increased 2% among new school enterers
Census Tract 39035118800	Large number of low income children. Large numbers of Hispanic/Latino parents with limited English proficiency.	45% of the population earns below \$15000 per year	Immunization rates low.
Entire county	Amish Families	Discussions with local Elders	Elders only recommend 3 vaccines and no more

- 3b Describe your plan to provide targeted immunization **education** to parents of children under age 2 in geographic areas where there are known immunization disparities. Information must be crafted and targeted to address the following appropriate issues:
- Information about vaccine-preventable diseases;
 - Safety and effectiveness of vaccines;
 - Immunization recommendations for children;
 - Locations of facilities providing immunizations for underserved and underinsured populations;
 - VFC program;
 - Responsibility to maintain a personal immunization record and to bring it to provider visits.
 - Identify key process start and completion dates for each measurable planned activity.
- 3c Describe plans for **assessing** immunization coverage disparities in 2013. Identify key process start and completion dates to measure each immunization coverage disparity. Assessments may involve the review of immunization completion data using existing AFIX information from vaccine providers, available school or childcare data, or other poverty indicators from federal or not-for-profit sources.
- 3d Describe plans to assure that foreign language vaccine information statements are available to all immunization providers in your county who care for higher numbers of children who have parents that do not speak English or have limited English proficiency. These vaccine information statements can be found on the Immunization Action Coalition website at: <http://www.immunize.org/>.
- 3e Describe efforts to tailor healthcare services to cultural and language preferences of diverse populations in your target area. This description should feature your plans to adhere to the Department of Health and Human Services Culturally and Linguistically Appropriate Services standards, (CLAS).
- 3f Describe any plans for the creation of specific immunization clinics targeting children under 24 months of age who are determined to have immunization coverage disparities based on assessed disparities data. These immunization clinics must be limited in nature to address the immunization coverage disparity of infants through age 24 months.
- 3g Evaluation: this objective will be successful if immunization disparities are documented with data and effective education is provided to improve the immunization status of children under age 2 among the parents affected by the disparity. Indicate that your agency will report on the following outcomes for this

objective:

- The type and number of measurable planned educational activities targeted for each listed immunization disparity;
- The number and outcome of additional assessments to determine immunization disparities;
- The number of immunization providers given foreign-language vaccine information statements for non-English speaking parents;
- The number of planned immunization clinics for infants and children determined to be affected by immunization disparities.

Objective 4: Provider Education

IAP grantee agencies will successfully educate immunization providers in their respective community with current vaccine recommendations and information so children can be immunized effectively and on-time.

4a List the names of staff who will be trained to conduct the Maximizing Office Based Immunization (MOBI) program in each participating county. Note that MOBI trainers must complete an annual training certification.

Note: Contact the Ohio Chapter of the American Academy of Pediatrics at (614) 846-6350 for more information about MOBI trainings.

4b Describe your plan to **promote (advertize)** the MOBI training among the pediatric and family practices in your jurisdiction. Identify the processes to be used to inform providers about MOBI, identify who will perform the promotional activities and identify key process start and completion dates for each measurable planned activity.

4c Describe your plan to **implement (perform)** MOBI among the pediatric and family practices in your jurisdiction. Identify the number of MOBI presentations planned for the entire year. Identify the number planned between January-June and from July-December. Identify who will perform the MOBI activities and list key process start and completion dates for each measurable planned activity. Use the table format below to indicate the target number of MOBI visits.

Table 4c- Number of Proposed MOBI Visits

Lead Agency – (name)	Jan-Jun MOBI	Jul-Dec MOBI	Total MOBI
Partner Agency – (name)	Jan-Jun MOBI	Jul-Dec MOBI	Total MOBI

4d Describe your plan to educate your health district’s immunization staff with

current immunization information. Each participating health department must include a plan for key immunization clinic staff to view the Immunization Update 2013 using the CDC sponsored web-based trainings found at the following website: <http://www.cdc.gov/vaccines/ed/default.htm>.

Identify key process start and completion dates for each measurable planned activity.

- 4e Describe your plan to educate public and private immunization providers in your county through methods, **other than MOBI**, including CDC web-based trainings and mailings. Topics are to include vaccine schedules, contraindications and misconceptions, vaccine storage and handling, vaccine preventable disease reporting, Standards for Pediatric Immunization Practice, perinatal Hepatitis B prevention, and strategies for improving immunization rates (e.g., AFIX). For providers in your county who do not provide immunizations, describe an education plan to inform those providers about where to refer children in need of immunizations in your county (e.g., clinic schedules, locations, cost of immunizations). Identify key process start and completion dates for each measurable planned activity.
- 4f Describe your plan to educate and notify all obstetricians and hospitals with maternity services in your county of the need to immediately report Hepatitis B Surface Antigen positive (HBsAg+) pregnant women to you and to the ODH Perinatal Hepatitis B Prevention Program (PHBPP). Identify who will complete this work and list key process start and completion dates for each measurable planned activity.
- 4g Evaluation: this objective will be successfully met if health department, private immunization providers and other non-immunization providers are effectively educated on timely immunization procedures and standards. Indicate that your agency will report on the following outcomes for this objective:
- The list of providers informed about the MOBI process;
 - The list of providers who received a MOBI training;
 - The names of health department clinical staff who completed a CDC on-line course work regarding immunizations and corresponding course name;
 - The list of immunization providers who received non-MOBI education;
 - The list of obstetricians and hospitals that were educated regarding HBsAg positive test results.

Objective 5: Collaboration with WIC

IAP grantee agencies will promote the screening and referral of children seen at WIC (Women, Infants, and Children) program sites to a public or private immunization provider for timely vaccinations. Local health district immunization clinics will refer all potentially eligible children to the local WIC agency in a timely manner.

Objectives 5a – 5d apply to all applicant the counties.

- 5a Identify all the individual WIC locations in each applicant county where WIC children under 24 months of age will be screened for immunization completion

and those locations where screening will not occur. Identify those WIC clinics that will be using ImpactSIIS to directly look-up immunization records and document that screening occurred for children less than two years of age (24 months) at WIC clinics.

- 5b Describe *how* children referred to the health department from WIC clinics for immunizations will be placed into an active recall system. Describe how the recall system will function. Identify when this recall process will begin, the frequency of this recall process and when children under 24 months of age will be removed from a recall system. Include protocols for how children will be tracked for immunization compliance by staff persons.
- 5c Describe how children presenting at health district immunization clinics who are eligible for WIC benefits will be referred to the most appropriate WIC certification center.
- 5d Evaluation: objectives 5a-5c will be successfully met if children are referred effectively for immunization and WIC services. Indicate that your agency will report on:
- Report on the number of children screened by individual WIC clinics for the period of January-June, and July-December. ImpactSIIS is to be used to run the WIC Summary Report showing the numbers of children screened by WIC location during a defined period of time.
 - The number of children referred to WIC from immunization clinics by month.

Objective 6: Immunization Reminder and Recall Systems

IAP grantee agencies will implement a successful reminder and recall system for immunization consumers, including timely pre-appointment reminders of immunizations that are due and culturally appropriate recall requests if the infant or toddler is behind on vaccinations.

- 6a Describe your plan to **remind** parents of upcoming immunizations. Include a description of how children are identified for pre-appointment reminders, the timing of the reminder, and the types of reminders.

Note: A pre-appointment reminder is to be delivered shortly before each scheduled or recommended “appointment,” according to the current ACIP recommendations. ODH recommends a reminder letter, card, or phone call to the parent from 1 to 5 days prior to the “appointment.”

Note: SIIS may be used for the reminder system to meet this objective if:

- Immunization data is entered or transmitted to SIIS at least semi-monthly,
- Historic immunization data for children under 36 months of age is included, and
- Your local health district has *not* turned off the reminder function (on the Clinics screen under Defaults on the ImpactSIIS web site).

Identify key process start and completion dates for each measurable planned activity.

- 6b Describe your plan to **recall** children under 24 months of age who are *behind* on immunizations. (e.g., use of CoCASA missing immunization report or other registry reports). The plan should demonstrate multiple attempts at recall over the period of a year. Describe how children will be tracked for ongoing immunization compliance if they fail to show up for immunizations. Identify key process start

and completion dates for each measurable planned activity.

Note: Health districts should refer to the definition of Moved or Going Elsewhere (MOGE) on page 2 of the Assessment section of the red "AFIX Project for Ohio" binder. Only records that meet the specified definition should be marked as MOGE. Local computer and registry systems must enable compliance with this definition of MOGE.

- 6c Describe your plan to *remind and recall families* of reported cases of hepatitis B surface antigen (HBsAg) positive pregnant women to have infants and household and sexual contacts complete the hepatitis B vaccine series on schedule. Explain how you will remind and recall families to have infants of HBsAg+ mothers complete post-vaccination serology testing.

Note: Specific instruction on how to operate a perinatal prevention program are available through the ODH Immunization Program (614-466-4646). The ODH protocol for perinatal Hepatitis B prevention should be followed.

Identify key process start and completion dates for each measurable planned activity.

- 6d Evaluation: this objective will be successfully met if children are successfully reminded and recalled under 24 months of age. Indicate that your agency will report on the following outcomes for this objective:

- The number of parents / guardians reminded by clinic site by month;
- The number of parents / guardians recalled by site by month;
- The number of parents / guardians reminded to complete the Hep B vaccine when a positive HBsAg test indicates vaccine.

A response to Objective 7 is required only by the seven counties eligible due to higher levels of morbidity for perinatal hepatitis B: Cuyahoga, Franklin, Hamilton, Lucas, Mahoning, Montgomery, and Summit counties.

Objective 7: Perinatal Case Identification and Follow-up

Select health districts must implement a system to ensure that all Hepatitis B Surface Antigen positive (HBsAg+) pregnant females are identified and that their newborn infants, and infants born to females for whom no HBsAg test result is on record, are given Hepatitis B Immune Globulin (HBIG) and Hepatitis B Vaccine (HBV) within twelve hours of birth. In addition, each child born to an HBsAg+ female must be followed to ensure that the remaining two doses of HBV are administered by six months of age, and that a post-vaccine serology is drawn and tested by fifteen months of age. HBsAg+ pregnant females must be counseled about their condition, and all household and sexual contacts of the female should be identified, interviewed, tested, and, if necessary, vaccinated with three doses of HBV.

- 7a Describe your plan to ensure that all HBsAg+ pregnant females are identified prior to delivery. This should include a plan for working with ODH Perinatal Hepatitis B Prevention Program (PHBPP) staff, pre-natal care providers, and hospitals in your county and counties contiguous to yours. Identify key process start and completion dates for each measurable planned activity.
- 7b Describe the system you will utilize to ensure that infants at high risk for HepB disease will receive HBIG and HBV within twelve hours of birth. This should include females known to be HBsAg+ and those for whom no prenatal test is on record. Identify key process start and completion dates for each measurable planned activity.

- 7c Describe your plan to track all infants born to HBsAg+ females to ensure completion of the three dose HBV series and a post vaccine serology. Identify key process start and completion dates for each measurable planned activity.
- 7d Describe the process your agency will use to identify, interview, test, and if necessary, vaccinate all sexual and household contacts of HBsAg+ females identified through the PHBPP. Identify key process start and completion dates for each measurable planned activity.
- 7e Describe how your agency will inform and periodically remind obstetricians, pediatricians, and general practitioners in your jurisdiction about the PHBPP, and the need to report all HBsAg+ females to the local health district in a timely manner. Describe your plan to educate the OB and pre-natal nursing staff at each birthing hospital staff regarding PHBPP. Identify key process start and completion dates for each measurable planned activity.
- 7f Describe how your agency will work with the health jurisdictions contiguous to yours to ensure that all requirements of this objective are met in those counties. Identify key process start and completion dates for each measurable planned activity.
- 7g Describe how your agency will report perinatal hepatitis B cases to the Ohio Department of Health, and how you will track the progress of each case. Identify key process start and completion dates for each measurable planned activity.
- 7h Evaluation: this objective will be successfully met if a high percentage of HBsAg+ pregnant females are identified prior to delivery; and if all of the babies born to HBsAg+ mothers receive HBIG + vaccine in a timely manner. Indicate that your agency will report on the following outcomes for this objective:
 - The percent of HBsAg+ pregnant females identified prior to delivery;
 - The percent of babies born to HBsAg+ mothers who receive HBIG and HBV within 12 hours of birth;
 - The percent of babies born to HBsAg+ mothers who complete their 3 dose vaccine series;
 - The percent of babies born to HBsAg+ mothers who receive post-vaccine serology testing.

E. Civil Rights Review Questionnaire - EEO Survey: The Civil Rights Review Questionnaire (EEO) Survey is a part of the Application Section of GMIS. Sub-grantees 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) Requirements: FFATA was signed on September 26, 2006. FFATA requires ODH to report all Sub-grants receiving \$25,000 or more of federal funds. All applicants applying for ODH grant funds are required to complete the FFATA Reporting Form in GMIS.

All applicants for ODH grants are required to obtain a Data Universal Number System (DUNS) and a Central Contractor Registration Number (CCR) and submit the

information in the grant application, Attachment B. For information about the DUNS, go to <http://fedgov.dnb.com/webform>. For information about CCR go to www.ccr.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. Electronic Funds Transfer (EFT) Form:** Print in PDF format and attach in GMIS. **(Required only if new agency; thereafter, only when banking information has changed.)**
- H. Internal Revenue Service (IRS) W-9 and Vendor Forms:** Print in PDF format and attach in GMIS. **(Required if new agency; thereafter, only when tax identification number or agency address information has changed.) One of the following forms must accompany the IRS, W-9:**
- 1. Vendor Information Form (New Agency Only), or**
 - 2. Vendor Information Change Form (Existing agency with tax identification number, name and/or address change(s).)**
 - 3. Change request in writing on Agency letterhead (Existing agency with tax identification number, name and/or address change(s).)**

Print in PDF format and mail to ODH, Grants Services Unit, Central Master Files address. The completed appropriate Vendor Form **must be** dated and signed, in blue ink, with original signatures. Submit the original and one copy of each.

- I. Public Health Accreditation Board Standards:** Attach in GMIS the PHAB Standards that will be addressed by grant activities.
- J. Public Health Impact:** Only for applicants which are not local health departments, attach in GMIS the response/statement(s) of support from the local health district(s) to your agency's communication regarding the impact of the 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 your agency forwarded to the local health district(s).
- K. Liability Coverage:** Liability coverage is required for all non-profit agencies. Non-profit organizations **must** submit documentation validating current liability coverage. Attach in GMIS the Certificate of Insurance Liability **(Non-Profit organizations only; current liability coverage and thereafter at each renewal period.)**

- L. Non-Profit Organization Status:** Non-profit organizations **must** submit documentation

validating current status. Attach in GMIS the Internal Revenue Services (IRS) letter approving non-tax exempt status.

M. Declaration Regarding Material Assistance/Non-Assistance to a Terrorist Organization (DMA) questionnaire: The DMA is a questionnaire that must be completed by all non-governmental grant applicant agencies to certify that they have not provided “material assistance” to a terrorist organization (Sections 2909.32, 2909.33 and 2909.34 of the Ohio Revised Code). The completed DMA Questionnaire **must be** dated and signed, in blue ink, with the Agency Head’s signature. The DMA Questionnaire (in PDF format ([Adobe Acrobat](#) is required)) is located at the Ohio Department of Public Safety /Ohio Homeland Security website:

<http://www.publicsafety.ohio.gov/links/HLS0038.pdf>

- Print a hard copy of the form once it has been downloaded. The form must be completed in its entirety and your responses must be truthful to the best of your knowledge. **(Required by all Non-Governmental Applicant Agencies.)**

N. Attachment(s): Attachments are documents deemed necessary to the application that are not a part of the GMIS system. 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 October 8, 2012. All attachments must clearly identify the authorized program name and program number. All attachments must be submitted as a PDF, Microsoft Word or Microsoft Excel document. Please see the GMIS bulletin board for instructions on how to submit attachments in GMIS. **Attachments as Required by Program:** None.

III. APPENDICES

- (1) GMIS Training Form
- (2) Notice of Intent to Apply for Funding
- (3) 2013 IAP Application Review Form
- (4) 2013 Immunization Action Plan (IAP) Grant Maximum Funds Available
- (5) 2013 IAP Semi-Annual Progress Report Instructions
- (6) AFIX Core Competencies

Appendix 2
NOTICE OF INTENT TO APPLY FOR FUNDING

Ohio Department of Health
Division of Prevention and Health Promotion
Bureau of Infectious Diseases

ODH Program Title: Immunization Action Plan (IAP)

ALL INFORMATION REQUESTED MUST BE COMPLETED.
(Please Print Clearly or Type) – Due by September 3, 2012

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 County Agency Hospital Local Schools
(Check One) City Agency Higher Education Not-for Profit

Applicant Agency/Organization _____

Applicant Agency Address _____

Agency Contact Person/Title _____

Telephone Number _____

E-mail Address _____

Please check all applicable: Yes, our agency will need GMIS 2.0 training
 Our agency has completed GMIS 2.0 training
 First time applying for an ODH grant

Mail, E-mail or Fax To: **Michelle Bell, Immunization Program**
 Ohio Department of Health
 35 E. Chestnut, 6th Floor
 Columbus, Ohio 43215
 E-mail: michelle.bell@odh.ohio.gov
 Fax: 614-728-4279

Appendix 3

2013 Immunization Action Plan (IAP) Application Review Form

Applicant Name: _____ GMIS #: _____

Counties included: _____

Score Summary

Application Element	Score	Point Value
GMIS 2.0 Budget Issues		5
Executive Summary		2
Description of Applicant Agency/Documentation of Eligibility/Personnel		5
Problem/Need		13
Obj. 1: Health district Self-Assessment (AFIX)		19
Obj. 2: Immunization Provider Assessments (AFIX)		19
Obj. 3: Immunization Coverage Disparities		15
Obj. 4: Provider Education		18
Obj. 5: Collaboration with WIC		5
Obj. 6: Immunization Reminder and Recall Systems		11
Obj. 7: Perinatal Case ID and Follow-up (Optional – for select large counties)		<i>Select Counties</i> 0 or 11 (circle one)
Application Element Subtotal:		
		112 or 123
Past Performance		72 or 81 (circle one)
Total Application Point Score (Add Subtotal + Past Performance)		
		184 or 204 (circle one)
Total Application % Score (Divide total application score by point value maximum)		
		NA

2013 IAP Application Review Form

Category	Score
GMIS 2.0 Budget Issues	
Q: Do budget items in GMIS 2.0 relate to required grant objectives?	0 1
Q: Is the GMIS 2.0 budget justification section complete (provide info on personnel, other costs, equipment and contracts?)	0 1 2 3
Q: Is total funding request at or below Maximum funding allowed?	0 1
Requested funding amount: (sum amts for multiple counties):	
List any LHDs that will be contractors:	Subtotal _____ / 5
<i>Notes:</i>	
Executive Summary	
Q: Did the applicant provide a poor, average or good overview?	0 1 2
<i>Notes:</i>	Subtotal _____ / 2
Description of Applicant Agency/Documentation of Eligibility/Personnel	
Q: Applicant summarized the agency structure & management of the IAP grant?	0 1
Q: Describe capacity to communicate to diverse audiences?	0 1
Q: Describe capacity to reach children with low immunization rates and note relationships with community organizations?	0 1
Q: Note any personnel or equipment deficiencies?	0 1
Q: Describe plans for hiring & training / partners / Include position descriptions?	0 1
<i>Notes:</i>	Subtotal _____ / 5

Problem / Need	
Q: Identify the # of children < 24 months of age seen for shots in 2011 at HD?	0 1
Q: Identify the # of MMR dose 1 administered and percentage administered <24 months in 2011 at HD?	0 1
Q: Identify the # of DTaP dose 4 administered and percentage administered <24 months in 2011 at HD?	0 1
Q: Identify groups by race, ethnicity or geographical areas with low immunization levels?	0 1
Q: Clearly state past efforts toward improving immunization rates?	0 1
Q: Describe the 4:3:1:3:3:1:4 data regarding immunization rates in the county?	0 1 2
Q: Describe additional survey result information in the past 5 years?	0 1

Q: List all immunization clinic locations – public health?	0 1
Q: Describe no barriers policies?	0 1 2
Q: Describe the process to forward info to ImpactSIIS?	0 1
Q: Described other organizations involved in promoting immunizations?	0 1
<i>Notes:</i>	Subtotal _____ / 13
Objective 1: Health District Self-Assessment (AFIX)	
1a: Explain past challenges	0 1 2
1b: Description of assessing (include minimum of 2 AFIX)	0 1 2 3
1c: Describe feedback – includes all staff?	0 1 2 3
1d: Incentives have measurable criteria?	0 1 2 3
1e: Describe exchange plan?	0 1 2 3
1f: Evaluation: Indicates compliance with reporting on all 5 outcomes?	0 1 2 3 4 5
<i>Notes:</i>	Subtotal _____ / 19
Objective 2: Immunization Provider Assessments (AFIX)	
2a: Explain past challenges?	0 1 2 3
2b: List names of staff?	0 1
2c: Is the spreadsheet of the immunization providers clear?	0 1 2
2d: Is the target number of AFIX's planned?	0 1 2
2d: Is the target number adequate?	0 1 2 3
2e: Describe a promotion plan?	0 1 2 3 4
2f: Evaluation: Indicates compliance with reporting on all 4 outcomes?	0 1 2 3 4
<i>Notes:</i>	Subtotal _____ / 19
Objective 3: Immunization Coverage Disparities	
3a: Geographic disparities listed in the table?	0 1 2
3b: Plan for targeted immunization education reasonable?	0 1 2
3c: Plans to reassess pockets of immunization disparities listed?	0 1 2
3d: Plans to provide foreign language vaccine information statements to immunization providers?	0 1

3e: Plans to tailor healthcare services to the culture and language preference for diverse populations in your target area?	0 1 2
3f: Plans to implement immunization disparities clinics targeting children under 24 months of age?	0 1 2
3g: Evaluation: Indicates compliance with reporting the 4 outcomes?	0 1 2 3 4
<i>Notes:</i>	Subtotal _____ / 15
Objective 4: Provider Education	
4a: List MOBI staff (e.g., nurse, health educator)?	0 1
4b: MOBI promotion plan is comprehensive / multidimensional?	0 1 2 3
4c: MOBI implementation plan is systematic and covers the whole year?	0 1 2 3
4d: Education for LHD staff is comprehensive?	0 1 2
4e: Non-MOBI education for provider offices is comprehensive?	0 1 2
4f: Education plan for OB providers & hospitals adequate for HBsAg+ reporting?	0 1 2
4g: Evaluation - Indicates compliance with reporting the 5 outcomes?	0 1 2 3 4 5
<i>Notes:</i>	Subtotal _____ / 18
Objective 5: Collaboration with WIC	
5a: Identified all WIC locations that screen, assess and refer?	0 1
5b: Described how referred kids are recalled?	0 1
5c: Described how children are actively referred to WIC (not just a poster)?	0 1
5d: Evaluation - Indicates compliance with reporting the 2 outcomes?	0 1 2
<i>Notes:</i>	Subtotal _____ / 5
Objective 6: Reminder and Recall Systems	
6a: Identified the process of immunization reminder system?	0 1 2 3
6b: Identified the process for immunization recall when past due?	0 1 2 3
6c: Identified the process for reminders & recalls for HBsAg+ children?	0 1 2
6d: Evaluation - Indicates compliance with reporting the 3 outcomes?	0 1 2 3
<i>Notes:</i>	Subtotal _____ /11

Objective 7: Perinatal Case Identification and Follow-up (7 metro. areas only)	
7a: Identified the plan to identify HBsAg+ pregnant females prior to delivery?	0 1
7b: Identified plan to assure HBIG and HBV w/in 12 hours to at-risk infants?	0 1
7c: Identified the plan to track infants for HBV and post test serology?	0 1
7d: Described the plan to follow-up with additional Hep B contacts ?	0 1
7e: Described the plan to educate providers about the PHBPP?	0 1
7f: Described the plan to work with contiguous jurisdictions in coordinated efforts?	0 1
7g: Described the plan to reporting perinatal hepB cases to ODH?	0 1
7h: Evaluation - Indicates compliance with reporting the 4 outcomes?	0 1 2 3 4
<i>Notes:</i>	Subtotal _____ / 11
Past Performance	
Score from July 15, 2012 progress report (use average if multi-county)	_____ / 24 or 27
Score from January 15, 2012 progress report (use average if multi-county)	_____ / 24 or 27
Score from July 15, 2011 progress report (use average if multi-county)	_____ / 24 or 27
<i>Notes:</i>	Subtotal _____ / 72 or 81

Special Conditions:
Comments to Subgrantee:
Reviewer Signature:

Appendix 4

2013 Immunization Action Plan (IAP) Grant Maximum Funds *			
County	Core	Perinatal Heb B	Total
Adams	\$12,753		\$12,753
Allen	\$35,513		\$35,513
Ashland	\$12,331		\$12,331
Ashtabula	\$30,591		\$30,591
Athens	\$12,126		\$12,126
Auglaize	\$23,531		\$23,531
Belmont	\$15,619		\$15,619
Brown	\$15,129		\$15,129
Butler	\$118,375		\$118,375
Carroll	\$7,221		\$7,221
Champaign	\$10,307		\$10,307
Clark	\$40,070		\$40,070
Clermont	\$47,173		\$47,173
Clinton	\$18,842		\$18,842
Columbiana	\$28,908		\$28,908
Coshocton	\$8,477		\$8,477
Crawford	\$15,640		\$15,640
Cuyahoga	\$305,443	\$41,650	\$347,093
Darke	\$14,241		\$14,241
Defiance	\$12,140		\$12,140
Delaware	\$44,588		\$44,588
Erie	\$29,228		\$29,228
Fairfield	\$36,097		\$36,097
Fayette	\$10,145		\$10,145
Franklin	\$335,719	\$72,700	\$408,419
Fulton	\$20,537		\$20,537
Gallia	\$11,704		\$11,704
Geauga	\$26,422		\$26,422
Greene	\$39,770		\$39,770
Guernsey	\$11,503		\$11,503
Hamilton	\$241,336	\$50,200	\$291,536
Hancock	\$28,850		\$28,850
Hardin	\$15,467		\$15,467
Harrison	\$3,532		\$3,532
Henry	\$15,373		\$15,373
Highland	\$22,379		\$22,379
Hocking	\$13,063		\$13,063
Holmes	\$27,502		\$27,502

Huron	\$26,111		\$26,111
Jackson	\$12,261		\$12,261
Jefferson	\$12,262		\$12,262
Knox	\$22,986		\$22,986
Lake	\$48,231		\$48,231
Lawrence	\$17,358		\$17,358
Licking	\$45,829		\$45,829
Logan	\$11,717		\$11,717
Lorain	\$72,034		\$70,349
Lucas	\$129,762	\$28,150	\$157,912
Madison	\$11,583		\$11,583
Mahoning	\$60,277	\$28,600	\$88,877
Marion	\$20,099		\$20,099
Medina	\$36,487		\$36,487
Meigs	\$7,037		\$7,037
Mercer	\$24,541		\$24,541
Miami	\$23,610		\$23,610
Monroe	\$4,654		\$4,654
Montgomery	\$220,676	\$32,650	\$253,326
Morgan	\$3,345		\$3,345
Morrow	\$7,772		\$7,772
Muskingum	\$27,088		\$27,088
Noble	\$4,423		\$4,423
Ottawa	\$12,934		\$12,934
Paulding	\$8,574		\$8,574
Perry	\$11,134		\$11,134
Pickaway	\$14,122		\$14,122
Pike	\$8,438		\$8,438
Portage	\$30,597		\$30,597
Preble	\$10,520		\$10,520
Putnam	\$19,241		\$19,241
Richland	\$36,893		\$36,893
Ross	\$19,217		\$19,217
Sandusky	\$33,768		\$33,768
Scioto	\$18,094		\$18,094
Seneca	\$21,263		\$21,263
Shelby	\$18,010		\$18,010
Stark	\$91,243		\$91,243
Summit	\$116,396	\$33,550	\$149,946
Trumbull	\$49,649		\$49,649
Tuscarawas	\$23,931		\$23,931

Union	\$16,853		\$16,853
Van Wert	\$13,358		\$13,358
Vinton	\$3,410		\$3,410
Warren	\$56,543		\$56,543
Washington	\$14,227		\$14,227
Wayne	\$29,215		\$29,215
Williams	\$12,775		\$12,775
Wood	\$25,925		\$25,925
Wyandot	\$13,630		\$13,630
Totals	\$3,296,045	\$287,500	\$3,583,545

* IAP Grant Maximum Funds are contingent on funding sources for 2013. Funding levels will be adjusted if full funding is not received from CDC.

Appendix 5

2013 Immunization Action Plan (IAP) Semi-Annual Progress Report Instructions

Please use the following instructions to prepare the semi-annual progress report for your Immunization Action Plan Subgrant. Please follow instructions carefully, as progress reports are scored. All 2013 IAP reports are due to ODH on the following dates: July 15, 2013 and January 15, 2014.

1. Provide a brief narrative of the progress made towards each objective during the previous 6 month period (January – June 2013 or July – December 2013). Re-state each IAP objective as listed in the 2013 IAP RFP. Identify the specific successes and challenges encountered and the solutions instituted for each objective. Significant achievements should be described, as well as instances when objectives were not met. Be specific in your description of accomplishments. The narrative must be one file per county, combining all the objectives together. The file format may be either MS Word or .pdf. In multiple county situations, the lead agency and each subcontracting county is to attach a separate narrative file. All narrative files must be attached in the ODH Grants Management Information System (GMIS 2.0) under the ‘Project’ / ‘Application’ / ‘Project Narrative’ / ‘Narrative Attachments’ section.
2. Report evaluation or outcome measures as defined in the evaluation section of each 2013 IAP program objective using a MS Excel spreadsheet to be provided by the IAP Coordinator in June 2013 and in November, 2013. This file format must be MS Excel. The outcome spreadsheet must be attached in the ODH Grants Management Information System (GMIS 2.0) under the ‘Project’ / ‘Application’ / ‘Project Narrative’ / ‘Narrative Attachments’ section.
3. Provide samples of locally produced promotional materials, pamphlets, articles, letters, or reports created during the report period that directly relate to grant objectives (e.g., newsletters). *Attachments are not to be submitted electronically through GMIS 2.0, but must be forwarded to the ODH Immunization Program IAP contact Michelle Bell at michelle.bell@odh.ohio.gov.* If you elect to send any hard copy attachments, note your grant number and agency name on the front page, with one original and two copies to:
Ohio Department of Health
Grants Administration, Central Master Files
246 N. High Street, 4th Floor
Columbus, OH 43215
4. Submit the following CoCASA reports from Objective 1 directly to Alexandra Thornton via fax at 614-728-4279 or as scanned copies via email to Alexandra.Thornton@odh.ohio.gov.
 - A completed AFIX Assessment Analysis form
 - CoCASA Summary Report for 4:3:1:3:3:1:4
 - Single antigen report for 4:3:1:3:3:1:4
 - Complete and submit page 1 and 2 of the AFIX Feedback form to reflect the results of the AFIX feedback session with your health district staff (Objective 1). The form is available on the AFIX CD and in the “AFIX Project for Ohio” red binder.

If you have any questions, please contact David Feltz or Michelle Bell at (614) 466-4643.



Assessment, Feedback, Incentives and Exchange (AFIX) Project for Ohio

Core Competencies

The Ohio Department of Health (ODH) Immunization Program has developed a list of Core Competencies for those conducting AFIX. These competencies are the minimum skills necessary for an individual to be successful at conducting AFIX. It is expected that those assigned to conduct AFIX have these skills.

Knowledge of computers including:

- Experience using desktop and laptop computers
- Experience using disks, CD, and/or flash drives to save and transfer data
- Experience using printers
- Experience using Word, email, and other basic applications
- Experience using the internet

Knowledge of the Immunization Schedule including:

- Current ACIP schedule
- Familiarity with concepts including minimum intervals, minimum ages, catch-up schedules, invalid doses, etc.

Knowledge of strategies for improving immunization rates including:

- Reminder systems
- Recall systems
- Simultaneous administration
- ImpactSIIS

Ability to speak in front of and with groups of people, including physicians, nurses and other office staff

Ability to travel to ODH AFIX trainings and to conduct AFIXs.

(7/2008)