

MEMORANDUM

To: Prospective Special Supplemental Nutrition Program for Women, Infants, and Children (WIC) Subgrant Applicants

From: Karen E. Hughes, Chief
Division of Family and Community Health Services
Ohio Department of Health

Subject: Notice of Availability of Funds for Adams and Brown Counties Only
Federal Fiscal Years 2008 through 2009
Special Supplemental Nutrition Program for Women, Infants, and Children

Date: **July 23, 2007**

The Ohio Department of Health (ODH), Division of Family and Community Health Services (DFCHS), Bureau of Nutrition Services (BNS), announces the availability of grant funds to improve the health and nutrition status and prevent health problems among Ohio's at-risk women, infants, and children in Adams/Brown Counties. To obtain a grant application packet:

1. Go to the ODH web page at www.odh.state.oh.us
2. From the home page click on "About ODH";
3. From the next page click on "ODH Grants";
4. Next click on "Grant Request for Proposals," this will give you a pull down menu with current RFPs by name; and
5. Select and highlight **WIC Program** and click "Submit," this process invokes Adobe Acrobat and displays the entire RFP. You can then read and/or print the document as desired.

Please note that all interested parties must submit a Notice of Intent to Apply for Funding (attached), no later than August 6, 2007 to be eligible to apply for these funds.

Please contact Karen Dion at (614) 995-4045, or by e-mail at karen.dion@odh.ohio.gov, or by fax at (614) 564-2470, if you have questions.

NOTICE OF AVAILABILITY OF FUNDS

Ohio Department of Health
Division of Family and Community Health Services
Bureau of Nutrition Services
Special Supplemental Nutrition Program for Women, Infants, and Children
in Adams/Brown Counties Only

Competitive Grant Application for Federal Fiscal Year 2008

Introduction/Background

The Special Supplemental Nutrition Program for Women, Infants, and Children (WIC) is 100 percent federally funded in the state of Ohio through the United States Department of Agriculture (USDA), Food and Nutrition Service, Special Supplemental Nutrition Programs Division. WIC was established by Public Law 92-433 and began in 1974. WIC is carried out by USDA at the national level and by the Ohio Department of Health (ODH) at the state level. The ODH funds 75 service areas covering all 88 counties in Ohio with cash grants to administer the program at no cost to participants.

The WIC program provides supplemental foods, nutrition education, and breastfeeding support to income eligible pregnant, breastfeeding, and postpartum women, infants to age 1, and children to age 5 who are at medical or nutritional risk. The WIC program serves as an adjunct to good health care during critical times of growth and development in order to prevent the occurrence of health problems and to improve the health status of these persons.

Eligibility

All applicants must be a governmental or non-profit agency; attend or can document, in writing, prior attendance at Grants Management Information System (GMIS) 2.0 training; and have the capacity to set up an electronic funds transfer (EFT) account.

Applications for the WIC Nutrition Services and Administration (NSA) grants are available to the 75 current agencies which operate the WIC program in the designated service areas and to local public health or human service agencies having an interest in applying for the WIC grant in the designated service areas. The 75 designated service areas are listed in Appendix 1.

Program Period and Award Amounts

The program period is October 1, 2006 through September 30, 2009. The budget period is October 1, 2007 through September 30, 2008 and will be referred to as Federal Fiscal Year 2008. The program that is approved will be funded up to one year at a time. The approved program may receive continuation funding for the subsequent year based on acceptable performance.

The total amount of nutrition and administrative services funding to operate the WIC program in Adams Brown County is \$321,606. The maximum funding level for the Program is based on breastfeeding rate, staffing ratio, and funding expenditure trends compared to the anticipated level of federal NSA funds available.

To Obtain a Grant Application Packet

1. Go to the ODH web page at www.odh.state.oh.us; from the home page click on "About ODH"; from the next page click on "ODH Grants"; next click on "Grant Request for Proposals", this will give you a

pull down menu with current RFPs listed by name. Select and highlight **WIC Program** and click “Submit”; this process invokes Adobe Acrobat and displays the entire RFP. **Please note that all interested parties must submit a Notice of Intent to Apply for Funding (attached), no later than August 6, 2007, to be eligible to apply for these funds.** 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.

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 a grant application, complete the *Notice of Intent to Apply for Funding* form in the application packet. Mail, e-mail or fax it to ODH, per the instructions listed and by the due date indicated. The Notice of Intent to Apply for Funding form 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:

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). All grant applications must be submitted via the Internet using the GMIS. 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 regarding those needs. GMIS training is mandatory, if your organization has never been trained on GMIS.

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

If you have questions, contact Karen Dion, at (614) 995-4045, by e-mail at, or by fax @ (614) 564 – 2470.

NOTICE OF INTENT TO APPLY FOR FUNDING

Ohio Department of Health
Division of Family and Community Health Services
Bureau of Nutrition Services

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

ALL INFORMATION REQUESTED MUST BE COMPLETED.

(Please Print Clearly or Type)

County of Applicant Agency _____

Federal Tax Identification Number _____

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

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

Applicant Agency/Organization _____

Applicant Agency Address _____

Agency Contact Person/Title _____

Telephone Number _____

E-mail Address _____

Please check all applicable: *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: Karen Dion, Nutrition and Administrative Services Supervisor
Bureau of Nutrition Services
Ohio Department of Health
246 N. High Street
Columbus, Ohio 43215
E-mail: Karen.Dion@odh.ohio.gov
Fax: (614) 564-2470

NOTICE OF INTENT TO APPLY FOR FUNDING MUST BE RECEIVED BY AUGUST 6, 2007

Effective 6/01/07

**Ohio Department of Health
GMIS 2.0 TRAINING**

**ALL INFORMATION REQUESTED MUST BE COMPLETED for EACH EMPLOYEE FROM YOUR
AGENCY WHO WILL ATTEND A GMIS 2.0 TRAINING SESSION.**

(Please Print Clearly or Type)

Grant Program _____ RFP Due Date _____

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 and as listed, if applicable, currently in GMIS.

Applicant Agency/Organization _____

Applicant Agency Address _____

Agency Employee to attend training _____

Telephone Number _____

E-mail Address _____

GMIS 2.0 Training Authorized by: _____
(Signature of Agency Head or Agency Fiscal Head)

Required
Please Check One: _____ Yes – I ALREADY have access to the
ODH GATEWAY (SPES, ODRS, LHMIS, etc)

_____ **No – I DO NOT have access to the ODH GATEWAY**

Please indicate your training date choices: 1st choice _____, 2nd choice _____, 3rd choice _____

Mail, E-mail, or Fax To: **GAIL BYERS**
Grants Administration Unit
Ohio Department of Health
246 N. High Street
Columbus, Ohio 43215
E-mail: gail.byers@odh.ohio.gov Fax: **614-752-9783**

CONFIRMATION OF YOUR GMIS 2.0 TRAINING SESSION WILL BE EMAILED TO YOU



ALL APPLICATIONS MUST BE SUBMITTED VIA THE INTERNET

OHIO DEPARTMENT OF HEALTH

DIVISION OF FAMILY AND COMMUNITY HEALTH SERVICES

BUREAU OF NUTRITION SERVICES

**SPECIAL SUPPLEMENTAL NUTRITION PROGRAM
FOR WOMEN,
INFANTS, AND CHILDREN (WIC)
FOR ADAMS/BROWN COUNTIES ONLY**

**REQUEST FOR PROPOSALS (RFP)
FOR
FISCAL YEAR 2008
(10/01/07 – 09/30/08)**

**Local Public Applicants
Non-Profit Applicants**

COMPETITIVE GRANT APPLICATION INFORMATION

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I. APPLICATION SUMMARY and GUIDANCE

An application for an ODH grant consists of a number of required parts – an electronic component submitted via the Internet Website: ODH Application Gateway-GMIS 2.0 (**which is sent with electronic acknowledgment in lieu of signature page**), 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 on time 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. Policy and Procedure:** Uniform administration of all ODH grants is governed by the Ohio Department of Health Grants Administration Policies and Procedures Manual (GAPP). This manual must be followed to assure adherence to the rules, regulations and procedures for preparation of all Subgrantee applications. The GAPP manual is available on the ODH web-site <http://www.odh.ohio.gov> (Click on “About ODH,” click on “ODH Grants” and then click on “GAPP Manual”).
- B. Application Name:** Special Supplemental Nutrition Program for Women, Infants, and Children (WIC) in Adams/Brown Counties.
- C. Purpose:** The purpose of the WIC program is to improve the health status and prevent health problems among Ohio’s at-risk women, infants, and children. WIC helps to:
- provide nutrition and breastfeeding education/counseling to the target population,
 - improve pregnancy outcomes by providing or referring to support services necessary for full-term pregnancies,
 - reduce infant mortality by decreasing the incidence of low birth weight,
 - increase breastfeeding rates among newborns, and
 - give infants and children a healthy start in life by providing nutritious foods.
- D. Qualified Applicants:** Applications for the WIC Nutrition Services and Administration grant in Adams/Brown Counties are available to local public health or human service agencies that have an interest in applying for the competitive WIC grant in the designated service area. Applicant agencies must attend or document in writing prior attendance at GMIS 2.0 training and must have the capacity to accept an electronic funds transfer (EFT).

The following are program – specific subgrantee agency responsibilities:

Process WIC applications, make eligibility determinations, and certify eligible individuals for the WIC program as outlined in the Ohio WIC Policy and Procedure (P&P) Manual.

Comply with all State requirements for caseload management, including, but not limited to, maintenance of caseload ceilings as assigned by State WIC Agency.

State WIC Agency may make grant level adjustments for failure to comply with State caseload directives. State WIC Agency may reallocate caseload slots in conjunction with grant level adjustments as deemed necessary.

Provide for the services of competent health professionals meeting requirements as outlined in the Ohio WIC P&P Manual.

Maintain waiting lists as required by the Ohio WIC P&P Manual in the event that sufficient food funds are not available to serve all participants.

Provide and maintain the necessary facilities and equipment for performing the certification process. Certification data for each person certified shall be recorded as directed by the State WIC Agency.

Refer eligible participants to appropriate health services as described in the Ohio WIC P&P Manual, the State WIC Plan, and subgrantee agency's program application.

Develop and implement a plan for continued efforts to coordinate health services available to participants at the clinic, or through agreements with health care providers, when health services are provided through referral.

Inform applicants and participants of their rights and responsibilities and of other matters as specified in the Ohio WIC P&P Manual. Notify applicants and participants of the status of their eligibility and of fair hearing rights and process requests for fair hearings according to the Ohio WIC P&P Manual.

Provide nutrition education services to participants in accordance with the nutrition education portion of the WIC program as developed and coordinated by State WIC Agency. Participate in State WIC sponsored nutrition initiatives.

Upon request, develop and submit to State WIC Agency, for approval, a nutrition education plan which is consistent with the nutrition education portion of the State WIC Plan, and is in accordance with the Ohio WIC P&P Manual.

Assist in outreach efforts including outreach to agencies, institutions, and organizations listed in the Ohio WIC P&P Manual.

Monitor retail vendor participation in the WIC program as directed by State WIC Agency and participate in disqualification and appeals procedures as directed by State WIC Agency.

Periodically, and as State WIC Agency requires, conduct training sessions for participating retail vendors and notify vendors of the training sessions.

Inform State WIC Agency of incidents of vendors treating WIC participants differently than other customers and take such action as State WIC Agency may require which may include, but is not limited to, participating in disqualification and appeal procedures and hearings.

Issue food benefits to WIC participants as required by the State WIC Agency.

Check the identification of each participant at certifications and when issuing food benefits.

Maintain for review, audit, and evaluation all criteria used in certifying individuals for WIC participation as specified in the Ohio WIC P&P Manual.

During normal business hours at Subgrantee Agency's offices, make available to authorized State WIC Agency, federal, state auditor, or independent accounting firm personnel, all records, except medical case records, of individual participants. Medical case records shall be made available only if they are the only source of certification and/or nutrition education data.

Direct employees involved in the WIC program, when requested, to attend training sessions conducted by State WIC Agency.

Prohibit employees from using their positions, or giving the appearance of using their positions, for private gain or for the gain of individuals with whom they have family business, or other personal ties.

Maintain WIC clinic locations as described in the application. Seek prior State WIC Agency approval before closing a clinic or establishing a new site.

Inform State WIC Agency immediately of any change of availability of ongoing health services as described in the local agency program application.

Keep all equipment and supplies purchased with WIC funds insured for the full insurable value against loss or damage for reasons including, but not limited to, theft, vandalism, fire, water, tornado, and sprinkler systems, if applicable. Subgrantee Agency shall maintain said insurance so long as Subgrantee Agency has possession and/or control of equipment and supplies purchased by WIC funds. Subgrantee Agency shall list State WIC Agency as an insured beneficiary and shall furnish State WIC Agency with evidence of such insurance.

Designate a WIC program director who has the authority to carry out and monitor the terms of this Agreement, who acts as a liaison to the State WIC Agency on behalf of the subgrantee, and who will attend mandatory meetings as directed by the State WIC Agency. The Subgrantee Agency will ensure the availability of the director or a designee to attend these meetings.

Designate a WIC breastfeeding coordinator who acts as a liaison to the State WIC Agency on behalf of the subgrantee, and who will attend mandatory meetings as directed by the State WIC agency. The Subgrantee Agency will ensure the availability of the breastfeeding coordinator or a designee to attend these meetings.

Complete a WIC Time Study Flow Sheet, and the WIC Time and Activity Report for all employees who are paid with WIC grant funds each fiscal year.

Complete State WIC Agency required documentation for changes in Subgrantee Agency's program operations that may be requested at any time during the term of this Agreement.

All parties, while working on state property shall not purchase, transfer, use, or possess illegal drugs or alcohol or abuse prescription drugs in any way.

Not enter into a subcontractual arrangement with a non-profit health care or human services provider to deliver WIC services on behalf of the Subgrantee Agency without prior State WIC Agency approval.

Disseminate to subcontractors all State WIC Agency correspondence and policies and procedures as updated, provide technical assistance to subcontractors, and ensure compliance of administrative and programmatic activities for subcontractors as required by the State WIC Agency.

Review for accuracy and completeness all materials submitted by a subcontracting agency through the Subgrantee Agency to State WIC Agency. Materials include, but are not limited to, program applications, budgets, nutrition education plans and any reports required by State WIC Agency.

- E. Service Area:** Applicants will be expected to provide services to the designated service area covering Adams and Brown Counties in Ohio. The designated service area is listed in Appendix 1.
- F. Number of Grants and Funds Available:** A maximum of one grant totaling \$321,606 may be awarded. The maximum funding that will be awarded to the designated service area is listed in Appendix 1 in the NSA Grant Total column.

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

G. Due Date: The grant application is to be submitted via GMIS 2.0 on or before **Monday, August 20, 2007**. Applications including any required forms and required attachments mailed or electronically submitted via GMIS 2.0 Send/Record Comments are due by **Monday, August 20, 2007**. 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.

Contact Karen Dion at (614) 995-4045 or Karen.Dion@odh.ohio.gov with any questions. If this is your first time to apply for a WIC grant, you must contact Karen Dion for additional information.

H. Authorization: Authorization of funds for this purpose is contained in the Catalog of Federal Domestic Assistance (CFDA) Number 10.557.

I. Goals: The goal of the Ohio Department of Health in releasing funds for the WIC program is to improve the health status and prevent health problems among Ohio's at-risk women, infants, and children. This will be accomplished through provision of:

- Nutritional risk assessment;
- Individual and group nutrition education sessions, breastfeeding education and support;
- Referral to prenatal and pediatric health care and other maternal and child health and human services programs (for example: Children with Medical Handicaps and Medicaid programs);
- Supplemental and highly nutritious foods such as milk, eggs, cheese, juice, cereal, peanut butter, dried beans, and, if a nonbreastfed infant, iron-fortified infant formula.

J. Program Period and Budget Period: The program period begins October 1, 2006 and ends September 30, 2009. The budget period for this application is October 1, 2007 through September 30, 2008 and will be referred to as Federal Fiscal Year 2008 (FY08.) Programs are funded up to one year at a time.

K. Local Health Districts Improvement Standards: This grant program will address the Local Health Districts Improvement Goal **3701-36-07** – “Promote Healthy Lifestyles,” Standard **3701-36-07-03** – “Prevention, health promotion, early intervention and outreach services provided directly.” The Local Health District Improvement Standards are available on the ODH web-site <http://www.odh.ohio.gov>. (Click on “Local Health Districts” then “Local Health Districts Improvement Standards,” then click “Local Health District Improvement Goals/Standards/Measures.”)

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 Local Health Districts Improvement 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:

- (1) The Local Health District Improvement Standard(s) to be addressed by grant activities;
- (2) A description of the target population to be served;
- (3) A summary of the services to be provided or activities to be conducted; and,
- (4) A plan to coordinate and share information with appropriate local health districts.

The Applicant must submit the above summary as part of its 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 Local Health Districts Improvement Standards. **(not required for continuation cycle, if unchanged)**

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. **(not required for continuation cycle, if unchanged)**

M. Appropriation Contingency: Any award made through this program is contingent upon the availability of funds for this purpose. The Ohio Department of Health is subject to conditions that may delay grant payments such as the receipt of the federal funding notice of award. In view of this, **the subgrantee agency must be prepared to cover the costs of operating the program in the event of a delay in grant payments.**

N. Programmatic, Technical Assistance and Authorization for Internet Submission: Initial authorization for Internet submission will be distributed at your GMIS 2.0 Training Session. Please contact Karen Dion at (614) 995-4045 or Karen.Dion@odh.ohio.gov with any questions.

Applicants must attend or must document, in writing, prior attendance at Grants Management Information System 2.0 (GMIS 2.0) training in order to receive authorization for Internet submission.

- O. Acknowledgment:** An electronic message will appear in GMIS 2.0 that acknowledges ODH system receipt of the Internet submission.
- P. Late Applications:** Applications are dated the time of actual submission via the Internet utilizing GMIS 2.0. 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, August 20, 2007**.

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 Administration, 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 2.0 applications and required application attachments received late will not be considered for review.**

- Q. 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.
- R. 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.
- S. 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 Ohio Department of Health, considering the anticipated results;
 6. Demonstrates 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 request for proposal; and,
 9. Has demonstrated acceptable past performance.
 10. Has demonstrated compliance to GAPP, Chapter 100, Section 108.1, Independent Audit Scope.

All applications will be reviewed and scored by the Bureau of Nutrition Services. A copy of the WIC Application Review form can be found in Appendix 4. The Bureau of Nutrition Services will make recommendations for approval or disapproval of proposals based on the following criteria:

- A. Program Narrative: (35 points)
 - 1. Executive Summary
 - 2. Description of applicant agency including documentation of eligibility to provide WIC services and description of staffing including justifications.
 - 3. Problem/ Need: Assessment of community and target population.
 - 4. Methodology:
 - A) Evaluation methods which include a biennial management evaluation from State WIC,
 - B) Nutrition education plan to incorporate into program,
 - C) Breastfeeding promotional support plan, and
 - D) Outreach/caseload plan.
- B. Completed Attachments: (30 points)
- C. Budget: (30 points)
 - 1. Narrative to include fiscal plans for the program, detailing any costs associated with operation of the clinics and justification for same.
 - 2. ODH subgrantee fiscal application to be completed correctly, with budgeted items appropriately allocated to nutrition, certification, breastfeeding, and administration.
- D. Miscellaneous: (5 points)

All other requirements of the ODH, such as the signature page, W-9, audit, EFT, Health Impact Statement, WIC Time Study or Monthly Time and Activity Report for each person on the WIC budget.

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

- T. Freedom of Information Act:** The Freedom of Information Act and the associated Public Information Regulations (7 CFR Part 246.27) of the U. S. Department of Agriculture permit 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 to be an unwarranted invasion of personal privacy will not be disclosed. For specific guidance on the availability of WIC program information, refer to Title 7 of the Code of Federal Regulations Part 246.27.

Federal funds provided through this program are authorized by Public Law 92-433 which added section 17 to the Child Nutrition Act of 1966 and its subsequent reauthorizations through Public Law 109-97 FY06 Agriculture Appropriation Act.

- U. Ownership Copyright:** Any work produced under this grant will be the property of the Ohio Department of Health/Federal Government. The Department's ownership will include copyright. The content of any material developed under this grant **must** be approved in advance by the awarding office of the Ohio Department of Health. All material(s) must clearly state:

Funded by Ohio Department of Health/Federal Government
Bureau of Nutrition Services
WIC Program

- V. 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's flexibility status and/or further payments.

Submit reports as follows:

- 1. Program Reports:** Subgrantee Program Reports **must** be completed and submitted **via the SPES (Subgrantee Performance Evaluation System)** by the following dates: January 15, April 15, July 15 and October 15, 2008. Any paper non-Internet compatible report attachments must be submitted to Central Master Files by the specific report due date.

Submission of Subgrantee Program Reports via the Ohio Department of Health's SPES indicates acceptance of ODH Grants Administration Policy and Procedure (GAPP).

- 2. Subgrantee Program Expenditure Reports:** Subgrantee Program Expenditure Reports **must** be completed and submitted **via the Internet** by the following dates: January 15, April 15, July 15 and October 15, 2008.

Submission of Subgrantee Program Expenditure Reports via the Ohio Department of Health's GMIS 2.0 system indicates acceptance of ODH Grants Administration Policy and Procedure (GAPP). Clicking the "submit" button signifies your authorization of the submission as an agency official and constitutes your electronic acknowledgment and acceptance of GAPP rules and regulations.

3. Final Expense Reports: A Subgrantee Final Expense Report reflecting total expenditures for the fiscal year must be completed and submitted **via GMIS 2.0** by November 15, 2008. 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 invoice to return unused funds.

WIC expenditures must be distributed among Nutrition, Clinic, Breastfeeding, and Administrative (NCBA) categories. The four numbers that equal the total amount spent in each category (total N, total C, total B, and total A) should all add up to the total grant funds expended. The Breastfeeding Peer Helper final expenses must follow the format delineated in Appendix 400 of the Ohio WIC P&P Manual. This includes projects that fund peer helpers with Nutrition Services and Administration (NSA) money.

Submission of the Subgrantee Final Expense Report via the Ohio Department of Health's GMIS 2.0 system indicates acceptance of ODH Grants Administration Policy and Procedure (GAPP). Clicking the "submit" button signifies your authorization of the submission as an agency official and constitutes your 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 the Internet as part of the Subgrantee Final Expense Report. **WIC requires that a full inventory of all equipment purchased in whole or in part with any WIC funds be conducted during the even fiscal year and submitted with the fourth Quarterly Activity Report (QAR).** 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.

W. Special Condition(s): Responses to all special conditions **must be submitted via GMIS 2.0 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.

Submission of response to grant special conditions via the Ohio Department of Health's GMIS 2.0 system indicates acceptance of ODH Grants Administration Policy and Procedure (GAPP). Clicking the "submit" button signifies your authorization of the submission as an agency official and constitutes your electronic acknowledgment and acceptance of GAPP rules and regulations.

X. 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://www.obm.ohio.gov/mppr/travel.asp>);
17. All 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. **The following are unallowable program-specific costs unless approved by ODH:**
 - Refreshments unless related to nutrition education, outreach, or combined nutrition education and outreach efforts;
 - Certification – ODH will not reimburse any local agency staff member for performing heights, weights, blood-work, and evaluations on a cost per certification basis;
 - The expenses of the Chief Executive Officer of the local agency or of a political subdivision except when that officer functions as a WIC health professional;
 - Costs of promotional campaigns/items (i.e., print, radio, television) aimed at a general audience concerning breastfeeding, unless materials can also be legitimately used with WIC participants/trainees in an educational context;
 - Program incentive items (outreach, nutrition education, breastfeeding), unless justified and approved by ODH;
 - Staff overtime expense or any salary increase that exceeds 10% of a position's budgeted salary, unless justified and approved by ODH;
 - Outreach, nutrition education materials, and conference registration or materials costs exceeding \$300.00, unless justified and approved by ODH;
 - Any rent increase or move to a new clinic site, unless justified and approved by ODH;

- Hemoglobin or hematocrit blood draw and processing charge greater than \$3.63/test, unless justified and approved by ODH; and
- Outreach items such as breast pumps, breastfeeding aids, and written materials purchased with Breastfeeding Peer Helper funds.

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

Y. Audit: *Subgrantees currently receiving funding from the Ohio Department of Health 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 subgrantee’s fiscal year.*

Potential subgrantees not currently receiving funding from the Ohio Department of Health must submit an independent audit report that meets OMB Circular A-133 requirement, a copy of the auditor’s management letter, and if applicable, a corrective action plan and a data collection form (for single audits) with this grant application.

Subgrantees that have an agency fiscal year that ends on or after January 1, 2004 which expend less than the \$500,000 or more in Federal awards in its fiscal year are required to have a single audit. The fair share 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.

Subgrantees that have an agency fiscal year that ends on or after January 1, 2004 which 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 the audit is completed, a copy must be sent to the ODH, Grants Administration, 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.

Z. Submission of Application:

The Internet application submission must consist of the following:

| |
|--|
| <p>Complete & Submit Via Internet</p> |
|--|

1. Application Information
2. Assurances
3. Budget
 - Cover Page
 - Personnel
 - Other Direct Costs

Equipment
Contracts
Section D
Summary

4. Budget Certification
5. Program Narrative
6. EEO Survey
7. Ethics certification
8. Attachments as required by Program via GMIS 2.0
 1. FY08 Clinic and Staff Data Sheet
 2. FY08 Certifying Health Professional/Breastfeeding Coordinator Resumes
 3. FY08 Childhood Obesity Inventory Tool
 4. WIC Time Study or Monthly Time and Activity Report
 5. WIC Farmers' Market Nutrition Program Responsibilities
 6. FY08 Voter Registration Assistance Plan

An original and one (1) copy of the following forms, available on the GMIS 2.0 Internet, must be completed, printed, signed in blue ink with original signatures and mailed to the address listed below:

**Complete,
Sign &
Mail To
ODH**

1. Electronic Funds Transfer (EFT) Form. **(Required if new agency, thereafter only if banking information has changed)**
2. IRS W-9 Form **(Required if new agency, thereafter only if 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 name and/or address change(s))**

Two (2) copies of the following documents must be mailed to the address listed below:

**Copy &
Mail To
ODH**

1. Public Health Impact Statement **(for competitive cycle only; for continuation, only if changed)**
2. Statement of Support from the Local Health Districts **(for competitive cycle only; for continuation, only if changed)**
3. Liability Coverage **(Non-Profit Organizations only; proof of current liability coverage and thereafter at each renewal period)**
4. Evidence of Non-Profit Status **(Non-Profit Organizations only; for competitive cycle only; for continuation, only if changed)**

One (1) copy of the following documents must be mailed to the address listed below:

**Complete
Copy &
Mail To
ODH**

1. Current Independent Audit (latest completed organizational fiscal period; **only if not previously submitted**)
2. Declaration Regarding Material Assistance/Non Assistance to a Terrorist Organization (DMA) Questionnaire (**Required by ALL Non-Governmental Applicant Agencies**)
3. An original and 1 (one) copy of **Attachments** (non-Internet compatible) as required by Program.
“None”

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

II. APPLICATION REQUIREMENTS AND FORMAT

Access to the on-line Grants Management Information System 2.0 (GMIS 2.0), will be provided at your GMIS 2.0 training session for all agencies not previously trained. All others receive access upon submission of the Notice of Intent to Apply for Funding.

All applications must be submitted via the Internet. Submission of all parts of the grant application via the Ohio Department of Health’s GMIS 2.0 system indicates acceptance of ODH Grants Administration Policy and Procedure (GAPP). Submission of the application signifies your authorization as an agency official and constitutes your 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 in its entirety. This information will serve as the basis for necessary communication between the agency and the ODH.
- B. Annual Assurances:** Each subgrantee must submit the “Federal and State Assurances for Subgrantees” form. This form is submitted automatically with each application via the Internet.
- C. Budget:** Prior to completion of the budget section, please review page 19 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. Cover Page: Provide a detailed narrative budget justification 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. Please detail and explain all breastfeeding expenditures used to promote and support breastfeeding. If applicable, provide a detailed narrative of how Breastfeeding Peer Helper funds are to be spent. This includes projects that use NSA funds for breastfeeding peer helpers. 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 & Confirmation of Contractual Agreement (CCA) Form(s): Submit a budget with these sections and form(s) completed as necessary to support costs for the period October 1, 2007 to September 30, 2008.

- Please compare the maximum funding level listed for your program in Appendix 1 with your projected costs. A budget for less than the maximum funding will be accepted.
- The total amount of money spent on nutrition education and breastfeeding support must not be less than one-sixth of the total amount of program spending. This amount is listed in Appendix 1.
- Distribute WIC personnel and contract costs among the Nutrition, Clinic, Breastfeeding, and Administration (NCBA) categories. Distribute equipment and other direct costs between Breastfeeding (B) and Administration (A) categories only.

1. Nutrition Education includes: delivering nutrition education; designing, planning, and attending nutrition education sessions; developing and preparing education reports required by State WIC; conducting participant surveys; and outreach combined with nutrition education.
2. Clinic includes: explaining the WIC program to all applicants; prescribing food packages; participant and vendor complaint procedures; system functions as they pertain to clinic operations; food instrument issuance activities; procedures required at certification and recertification visits; training personnel to perform certifications; calling participants; outreach activities that do not include breastfeeding or nutrition education.
3. Breastfeeding includes: developing breastfeeding material; attending training; monitoring breastfeeding rates; follow-up phone calls or home visits to a breastfeeding mother; travel, postage, printing, telephone, equipment related to breastfeeding promotion and support; outreach combined with breastfeeding promotion.

4. Administration includes: processing of invoices and WIC payroll; vendor monitoring and training; preparing fiscal and management reports; caseload management; conducting and attending non-nutrition related staff meetings; reviewing policy and procedures; managing WIC personnel; consulting with a Nutrition and Administrative Services consultant at the State WIC office. **All health insurance and fringe costs must be distributed among the NCBA categories based on the time study results. The health insurance and fringe costs are NOT to be placed only in Administration (A) unless a staff member is 100 percent administration time.**

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

Where 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 the Internet for each contract. The submitted CCA must be approved by ODH before contractual expenditures are authorized.

Submission of the "Confirmation of Contractual Agreement" (CCA) via the Ohio Department of Health's GMIS 2.0 system indicates acceptance of ODH Grants Administration Policy and Procedure (GAPP). Clicking the "submit" button signifies your authorization of the submission as an agency official and constitutes your electronic acknowledgement and acceptance of GAPP rules and regulations. CCAs cannot be submitted until after the grant period begins.

Where appropriate, itemize all equipment (**minimum \$300.00 unit cost value**) to be purchased with grant funds in the Equipment Section.

3. **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. **Budget Summary:** 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.
- D. Budget Certification:** The Budget 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. Complete the form by entering the State and Congressional Districts. By clicking the Acknowledge box when submitting an application, the subgrantee agency agrees by electronic acknowledgment to the financial standards of conduct as stated therein.

E. Program Narrative: Please follow the outline and respond to each item in alphabetical order.

1. Executive Summary: Identify the target population, including characteristics such as poverty level, race and ethnicity, and services and programs to be offered and what agency or agencies will provide those services. Describe the public health problems that the program will address.

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

- A. Briefly discuss why this agency is best suited for a WIC grant.
- B. Summarize the agency's structure as it relates to this program and, as the lead agency, how it will manage the program.
- C. Note any personnel or equipment deficiencies that will need to be addressed in order to carry out this grant.
- D. Describe plans for hiring and training, as necessary.
- E. Describe staff development plans and resources for health professional, breastfeeding, and support staff.
- F. WIC policy requires that projects train staff to support the breastfeeding policy. Describe the project's plans for providing breastfeeding support training (i.e., IBCLC, CLC) to both health professional and support staff in FY08.
- G. Describe the relationship between program staff members, staff members of the applicant agency, and other partners and agencies that will be working on this program.
- H. List all personnel who will be directly involved in program activities. This listing should include all full-time equivalents broken down into Administrative Staff, Health Professionals, and Support Staff. State the total number of hours that are used to calculate your project's full-time equivalency (i.e., 35, 37, or 40).
- I. Describe contingency plans in the event of certifying health professional or breastfeeding coordinator absences. Subgrantee agencies with subcontractors must develop a program-wide plan.
- J. Include position descriptions for these staff or provide a summary of duties related to each job description.
- K. Review Attachment 6, Voter Registration Assistance Plan for FY08. Ohio Administrative Code Rule 111-10-02 requires that each voter registration agency submit an updated voter registration plan each year. Review and check off the assurances and list who the project's voter registration coordinator will be in assurance 5.
- L. Complete the Certifying Health Professional resumes to confirm the annual licensure requirement of all applicable positions. State whether all licenses have been updated or when they will be updated based upon expiration dates. Refer to Section 241 of the Ohio WIC P&P Manual for guidance.
- M. WIC Policy requires an annual time study to be completed by all employees paid with WIC funds. The summary sheet of the WIC Time Study or Monthly Time and Activity Report for each staff member must be completed by the third quarter of the fiscal year and submitted as an attachment with the next grant application. Submit as Attachment 4.

- N. The separation of duties is a federal requirement to minimize potential conflicts of interest. Describe what policies/procedures the project has established to prevent and monitor WIC staff certifying themselves, relatives or friends and/or a single staff person performing an entire certification.
- O. Describe how local personnel policies and procedures address employee abuse/fraud and how such incidents will be reported to the State WIC office.
- P. The maximum penalty for misuse or illegal use of program funds of \$100 or more is \$25,000. Describe how the project monitors and addresses misuse or illegal use of program funds, assets, or property.
- Q. Describe how the project ensures that all staff receives the State approved Civil Rights training annually.
- R. A collocated WIC clinic is one that uses the agency's T1 line for high speed connectivity. Indicate whether your project is collocated or noncollocated. If noncollocated, please document expenses budgeted for internet connectivity costs.

3. Problem/Need: In an outline format, describe how the program will address the following:

- A. Caseload Plan – If your project does not agree with the Assigned Average Monthly Ceiling in the FY08 Caseload Plan, state your proposed caseload distribution for each month. This distribution must equal the Assigned Average Monthly Ceiling as listed in Appendix 1.
- B. WIC/Community Health Care Coordination – State if your grantee agency provides these direct services or if your grantee agency has designated staff that link referred WIC participants to exiting practitioners or clinics. Is there a physician/hospital/clinic within or outside the agency that accepts referrals for prenatal, lactation and/or child health services? List the physician/hospital/clinic and indicate whether or not they accept Medicaid payments and/or reduced fees for services. Appendix 3 includes the Private Physician/Hospital/Clinic Medical Services Memorandum of Agreement (MOA) form for project use. Refer to Section 283 of the Ohio WIC P&P Manual.
 - 1. The forms must be completed annually by October 1st.
 - 2. The forms must be available for inspection by ODH staff.
- C. Other Community Agency Advisory Council Participation
 - 1. Project should solicit input from other community agencies in the county via a local WIC advisory board or by participation with other organizations such as the County Job and Family Services or Head Start office. Outline the FY08 project's plans regarding coordination with other community entities and outline council committee and project plans. Report participation in other entity meetings on the Quarterly Activity Report (QAR) and outline committee members and project plans. If maintaining a separate WIC advisory council,

outline committee members and project goals involving project partners.

2. Describe breastfeeding partners in the community and activities planned for promoting, protecting, and supporting breastfeeding during FY08. (This could include ideas for FY08 Breastfeeding Awareness Month in Ohio activities as well as other special breastfeeding activities planned.)

4. Methodology: In an outline format, describe how the program will address the following:

- A. WIC Projects are evaluated by the State Agency/ODH on a biennial basis using the Management Evaluation Guide referenced in Chapter and Appendix 100 of the Ohio WIC Policy and Procedure Manual. Describe any follow-up plans and progress toward compliance with Program Standards that were addressed in the last Management Evaluation.
- B. Plans for enhancing the use of the State WIC Nutrition Education Plan:
 1. Describe the specific methods that would be used to provide nutrition education to WIC participants and how these methods are evaluated for effectiveness (i.e., group classes, internet, and cooperative extension).
 2. Provide information on entities in the community who offer nutrition education services and/or physical activities for families with overweight children by completing Attachment 3, the Childhood Obesity Inventory Tool.
 - Track referrals in the WIC system by entering code 21 into the referral box on the WIC system.
- C. Plans for breastfeeding promotion, protection, and support:
 1. Best practices in breastfeeding recommend that WIC model employer support for breastfeeding employees. Describe your project's plan for supporting breastfeeding WIC employees returning to work.
 2. WIC Breastfeeding policy requires that all breastfeeding mothers receive a follow-up contact within 3 – 7 days of delivery. Describe how your project would ensure that WIC breastfeeding participants receive this support.
 3. All Ohio WIC projects are required to have a breastfeeding coordinator. Describe how you plan to use this position during FY08 to further your project's breastfeeding plan.
 4. WIC Breast Pump Policy requires that projects provide electric single-user breast pumps to qualifying WIC participants. Describe how your project plans to provide these pumps.
 5. Describe your project's plan for addressing breastfeeding problems that are beyond the skill level of your WIC health

professionals. Please provide at least one name of a local IBCLC used for referral.

6. If applicable, describe how you plan to use breastfeeding peer helpers to further your project's breastfeeding plan.
7. Describe how your project plans to work with the local hospitals to promote breastfeeding initiation in comparison to artificial infant feeding.

- D. How would outreach strategies be targeted to the underserved WIC population. Outreach should target potentially eligible individuals, special populations, other service providers, employers, and the media. Strategies may include distribution of brochures, flyers, posters, press releases, letters to the editor, Public Service Announcements (PSAs), and others. (Technical assistance is available upon request.)

- F. Attachments:** Attachments are documents deemed necessary to the application that are not a part of the GMIS 2.0 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 Administration Central Master Files address on or before **August 20, 2007**. All attachments must clearly identify the authorized program name and program number. **These program attachments must be submitted through the GMIS 2.0 System on or before August 20, 2007.**

- G. Electronic Funds Transfer (EFT) Form:** Print in PDF format and mail to ODH, Grants Administration, Central Master Files address. The completed EFT form **must be** dated and signed, in blue ink, with original signatures. Submit the original and one (1) copy. **(Required only if new agency, thereafter only when banking information has changed.)**
- H. Internal Revenue Service (IRS) W-9 Form:** Print in PDF format and mail to ODH, Grants Administration, Central Master Files address. The completed IRS W-9 form **must be** dated and signed, in blue ink, with original signatures. Submit the original and one (1) copy. **(Required if new agency, thereafter only when tax 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 name and/or address change(s).**
Print in PDF format and mail to ODH, Grants Administration, 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 (1) copy with the IRS, W-9 form.
- I. Public Health Impact Statement Summary:** Submit two (2) copies of a one-page program summary regarding the impact to proposed grant activities on the Local Health Districts Improvement Standards **(for competitive cycle only; for continuation, only if changed).**
- J. Public Health Impact Response/Statement:** Submit two (2) copies of 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 Local Health Districts Improvement Standards. If a statement of support from the local health district is not available, indicate that and submit a copy of the program summary your agency forwarded to the local health district(s) **(for competitive cycle only; for continuation, only if changed).**
- K. Liability Coverage:** Liability coverage is required for all non-profit agencies. Non-profit organizations **must** submit documentation validating current liability coverage. Submit two (2) copies of 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. Submit two (2) copies of the Internal Revenue Services (IRS) letter approving your non-tax exempt status **(Non-Profit Organizations only; for competitive cycle only; for continuation, only if changed).**

M. Declaration Regarding Material Assistance/Non-Assistance to a Terrorist Organization (DMA) Questionnaire: The DMA is a Questionnaire that must be completed by all 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](http://www.homelandsecurity.ohio.gov/DMA_Terrorist/HLS_0038_Contracts.pdf) is required) is located at the Ohio Homeland Security Website:

http://www.homelandsecurity.ohio.gov/DMA_Terrorist/HLS_0038_Contracts.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. EEO Survey: The Civil Rights Review Questionnaire (EEO) Survey will be part of the Application Section of GMIS 2.0. Subgrantees must complete the questionnaire as part of the application process. This questionnaire is submitted automatically with each application via the Internet.

O. Ethics Certification:

Attach a statement in the project narrative section that as duly authorized representative of the Subgrantee Agency, you certify that:

In accordance with Executive order 2007-01S:

1. Subgrantee Agency has reviewed and understands the Governor’s Executive Order 2007-01S
2. Subgrantee Agency has reviewed and understands the Ohio ethics and conflict of interest laws, and
3. Subgrantee Agency will take no action inconsistent with those laws and this order.
4. Subgrantee Agency understands that failure to comply with the Executive Order 2007-01S is, in itself, grounds for termination of this grant and may result in the loss of other grants with the State of Ohio.

Refer to GMIS 2.0 Bulletin Board – Governor’s Executive Order 2007-01S (Ethics)

P. Attachments as Required by Program: The attachments will also be sent separately to your project in a Microsoft Office Program.

1. FY08 Clinic and Staff Data Sheet (Attachment 1)

Submit one Clinic and Staff Data Sheet for each clinic site.

For the activity portion of this form, list both working hours and clinic hours. For example, working hours may be from 8 a.m. to 5 p.m. five days per week, while clinic is held from 9 a.m. to 11 a.m. and 1 p.m. to 4 p.m. Indicate special activities (time and description) in the

space provided, including group nutrition education sessions, migrant clinics, food instrument pickups, and evening and weekend clinics. Part-time operations should indicate closed days/times with an "X." Please note that there is a space included for Saturday clinics. All WIC staff that appear on the Personnel Section must be listed on a clinic datasheet. Assigned caseload for each clinic must total caseload given for FY08. Refer to Appendix 1 for the FY08 caseload plan.

2. Certifying Health Professional/Breastfeeding Coordinator Resume FY08 (Attachment 2)

The application includes one resume form. Copy and paste the number of forms needed for each certifying health professional and breastfeeding coordinator. Incorporate the number of hours per week and per month the individual allocates for breastfeeding to that individual's resume on the appropriate line. The breastfeeding coordinator must indicate the education/training and work experience completed related to breastfeeding support on the appropriate lines of the resume. Keep one copy for any future staff additions. Resumes must be submitted on this form in order to provide the State WIC office with required information in a consistent, easily referenced format. No other form will be accepted. All resumes must be completed in their entirety. **WIC Directors are required to ensure that all State licensure requirements for health professionals are met. Refer to Section 241 of the Ohio WIC P&P Manual**

3. Childhood Obesity Inventory Tool (Attachment 3)

The first page of the inventory tool allows each project to input its pertinent information related to the specific project's county/counties and for providers or programs that have services for families who need assistance with weight management. **You will also have the ability to update the Childhood Obesity Inventory Tool with each Quarterly Activity Report as needed.**

4. WIC Time Study or Monthly Time and Activity Report (Attachment 4)

For applicants that are not currently operating a WIC Program, submission of the WIC Time Study is not required. If awarded a grant, a time study for each staff person paid with WIC grant funds must be completed by the third quarter of the fiscal year. Use Attachment 4 from the Ohio WIC Policy and Procedure Manual, when submitting time study. An electronic version of the time study is available for those projects that prefer to use it. The attachment is included with APL 07-076.

If your project completes an Annual Time Study, the summary sheet must include two weeks. If your project completes a Monthly Time Study, the summary sheet must include a daily average of at least six months. Projects with breastfeeding peer helpers are to use a modified time study developed by the State Breastfeeding Coordinator to allocate time spent conducting or supervising peer activities.

5. WIC Farmers' Market Nutrition Program Responsibilities (Attachment 5)

Projects that operate an FMNP and projects that are waiting for expansion funding must review and agree to the program requirements and assurances provided in Attachment 5. Table A provides a listing of continuing FMNP projects and Table B provides a listing of the expansion projects. By checking "yes" in Attachment 5, the project is providing assurance that it will operate the program according to the WIC Farmers' Market Nutrition Program Responsibilities.

6. Voter Registration Assistance Plan FY2008 (Attachment 6)

Ohio Administrative Code Rule 111-10-02 requires that each voter registration agency submit an updated voter registration plan each year. Review and check off the following assurances and list who the project's voter registration coordinator will be in assurance 5.

III. ATTACHMENTS

**(ATTACHMENT 2)
 CERTIFYING HEALTH PROFESSIONAL/BREASTFEEDING COORDINATOR RESUME
 FY08**

_____ Subgrantee Agency

_____ Subcontractor

_____ Last Name

_____ First Name

_____ MI

Underline ALL of your Credentials

DT DTR LD RD LP RN IBCLC CLC Other _____

Ohio Dietetic Licensure No.: _____ Valid Dates: _____ to _____

ADA Registration No.: _____ DTR No.: _____

Ohio RN License No.: _____ Valid Dates: _____ to _____

IBCLC Certification No.: _____ Date Tested/Retested: _____

In completing this section, the Project Director is verifying that the above licenses have been checked and are currently valid.

Consulting Dietitian? Yes No

_____ Hours per week _____ Hours per month

Breastfeeding Coordinator? Yes No

_____ Hours per week _____ Hours per month

Are you claiming exemption to practice dietetics? (Four year graduate or dietetic technician?) Yes No
 If yes, please indicate the name of the dietitian whose license you are practicing under:

ADA Verification Statement Confirmed by Project Director? Yes No

Attended New Health Professional Training? Yes No

If no, choice of training date _____ (See Local Program Calendar)

Attended Back to Basics Breastfeeding Training? Yes No

Copy and Paste additional pages for each staff member

(ATTACHMENT 3)

Childhood Obesity Inventory Tool

Local Nutrition Education and Physical Activity Community Resources Submission Form

Project/County: _____ **Project Contact Name:** _____ **Project Phone #:** _____
Project Email: _____ **Project Address:** _____ **Date:** _____

- Name of Business or Physician's Practice :** _____
- a. **Is this entity:** New or Update to previous entry
 - b. **Name/credentials of person providing service:** _____
 - c. **Address:** _____ **County (if applicable)** _____
 - d. **Phone number:** _____
 - e. **Additional Contact Information (email, website etc):** _____
 - f. **Is this Provider:** Public or Private
 - g. **What type of services do they offer: check all that apply**
 Nutrition Counseling Nutrition Education
 Physical Activity Programs **Other: please describe:** _____
 - h. **Who are these services designed for: check all that apply**
 Ages 2-5 years Ages 6-13 years
 Ages 14-19 years Ages 20 years and over
 - i. **Give additional information on the types of services this provider offers:** _____

- Name of Business or Physician's Practice :** _____
- a. **Is this entity:** New Update to previous entry
 - b. **Name/credentials of person providing service:** _____
 - c. **Address:** _____ **County (if applicable)** _____
 - d. **Phone number:** _____
 - e. **Additional Contact Information (email, website etc):** _____
 - f. **Is this Provider:** Public or Private
 - g. **What type of services do they offer: check all that apply**
 Nutrition Counseling Nutrition Education
 Physical Activity Programs **Other: please describe:** _____
 - h. **Who are these services designed for: check all that apply**
 Ages 2-5 years Ages 6-13 years
 Ages 14-19 years Ages 20 years and over
 - i. **Give additional information on the types of services this provider offers:** _____

Attachment 5

WIC FARMERS' MARKET NUTRITION PROGRAM RESPONSIBILITIES

The responsibilities of the parties are set forth below:

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

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

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

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

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

C. Mutual Understanding:

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

Attachment 5

(All projects listed below must fill out the bottom portion and send as an attachment.)

TABLE A

| | |
|------------|------------|
| Ashland | Highland |
| Ashtabula | Holmes |
| Athens | Huron |
| Belmont | Jackson |
| Carroll | Lake |
| Clermont | Licking |
| Columbiana | Lucas |
| Coshocton | Mahoning |
| Cuyahoga | Marion |
| Defiance | Medina |
| Delaware | Miami |
| Erie | Monroe |
| Franklin | Montgomery |
| Fairfield | Morrow |
| Geauga | Muskingum |
| Greene | Paulding |
| Guernsey | Pickaway |
| Hamilton | Pike |

TABLE B

| |
|------------|
| Allen |
| Butler |
| Darke |
| Fayette |
| Gallia |
| Hancock |
| Hardin |
| Hocking |
| Jefferson |
| Knox |
| Lawrence |
| Logan |
| Lorain |
| Putnam |
| Summit |
| Trumbull |
| Tuscarawas |

___ Yes, the project will operate the FMNP per Attachment #5.

___ No, the project no longer wishes to participate in the FMNP or wishes removal from the expansion project list.

(ATTACHMENT 6)
_____ WIC PROGRAM
VOTER REGISTRATION ASSISTANCE PLAN
Fiscal Year 2008

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

1. The name of the voter registration coordinator and the locations of all the local clinic sites where voter registration is being conducted (Project/Clinic Activity Schedule) were reviewed and submitted in response to the FY2008 grant application.
2. This local WIC project will be conducting voter registration at each application and recertification visit according to section 207 through subsection 207.8 in the Ohio WIC Policy and Procedure Manual.
3. Each WIC applicant will be provided a copy of the *Designated Voter Registration Notice of Rights* form at the time of application and recertification.
4. Each local WIC project staff person who will be giving out and accepting voter registration forms will be trained according to section 207 through subsection 207.8 of the Ohio WIC Policy and Procedure Manual.
5. The local WIC voter coordinator (name) _____ and a representative of the County Board of Elections have discussed and agreed that the *Agency Based Voter Registration Transmission Form* and the completed *Voter Registration Forms* will be transmitted to the Board of Elections within five days through:

(Check All That Apply)

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

IV. APPENDICES

Appendix 1

FY08 Local Projects Designated Service Areas, Funding, and Caseload Plan

| Service Area | #NSA Grant Total | *BF \$ | FY08 Peer Helper Pilot Funding | 1/6 Requirement for Nutrition and BF | FY08 Caseload |
|--------------------|--------------------------|-------------------------|--------------------------------------|---|---------------------|
| ADAMS-BROWN | \$321,606 | \$11,679 | | \$53,601 | 2,425 |
| STATE TOTAL | <u>\$ 321,606</u> | <u>\$ 11,679</u> | <u>\$ -</u> | <u>\$ 53,601</u> | <u>2,425</u> |

* NOTE: The amount listed for each project under "FY08 Peer Helper Pilot Funding, 1/6 Requirement for Nutrition and BF, and BF\$" is the portion of NSA Grant that must be used for support activities and breastfeeding promotion. The breastfeeding dollars, 1/6 Requirement, and FY08 Peer Helper Pilot Funding are a part of the "NSA Grant" and NOT an addition.

Appendix 2
PRIVATE PHYSICIAN/HOSPITAL/CLINIC MEDICAL SERVICES
MEMORANDUM OF AGREEMENT
FY2008

Physician's Name: _____

Specialty: _____

Office Address: _____

Office Telephone Number _____

Office Hours: _____

Please circle the categories of people you provide health services to:

Pregnant Women Breastfeeding Women Postpartum Women

Infants 0 -1 Children 1-5

Do you accept Medicaid payment? Yes No

If Yes, what is your provider number? _____

Do you accept reduced fees for services? Yes No

List hospital affiliations _____ (optional)

MEMORANDUM OF AGREEMENT

By and between the _____ and
Name of Local Agency

Name of Physician

WHEREAS, the _____, as a designated Local
Name of Local Agency

Agency for the Special Supplemental Nutrition Program for Women, Infants and Children (WIC Program), wishes to provide WIC Program services to eligible women, (pregnant, postpartum, and breastfeeding), infants, and children, but does not provide the health services which the WIC Program requires; and

WHEREAS, _____, is a physician licensed by
Name of Physician

the State Medical Board of Ohio, pursuant to Chapter 4731 of the Ohio Revised Code or
the State Medical Board of _____ to practice medicine or surgery or
osteopathic medicine and surgery;

NOW THEREFORE, it is mutually agreed by and between the _____
Name of Local Agency

(Hereinafter referred to as the "Local Agency") and _____
Name of Physician

(hereinafter referred to as the "Physician") that the covenants enumerated in this agreement will
be kept and performed.

1. The Physician shall provide such pediatric, obstetrical, lactation, and other services as the Physician deems appropriate in the exercise of his or her professional medical judgment to persons who seek such services upon referral from the Local Agency.
2. With the written consent of the patient, the Physician shall provide the Local Agency with such information pertaining to the patient as the Local Agency may require in order to determine the patient's eligibility for participation in the WIC Program.
3. The Physician understands that the Local Agency shall not reimburse the Physician for providing health services to patients who the Local Agency refers to the Physician.
4. The Physician or clinic shall, in providing its services and in its terms and conditions of employment, comply with all requirements under federal and state law pertaining to nondiscrimination and equal employment opportunity, including Title VI of the 1964 Civil Rights Act and pertinent federal regulations.
5. This agreement shall take effect on October 1, 2007 and shall remain in effect through September 30, 2008 unless terminated by either party upon written notice of termination being served by the party terminating on the other party. A 30 day notification of termination by the terminating party is required.

BY:

Signature of the WIC Program Director Date

Signature of Physician or Clinic Administrator Date

Appendix 3

**WIC Application Review Form (FY08)
Ohio Department of Health
Bureau of Nutrition Services**

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

Project Title
Project No.
Agency:
County:
Reviewer

| CATEGORY | CRITERION MET | CRITERION PARTIALLY MET | CRITERION UNMET | CATEGORY SCORE | |
|---|---------------|-------------------------|-----------------|----------------|--|
| A. Program Narrative [35 points maximum] | | | | | |
| 1. Executive Summary [5 pts. Maximum] 2. Description of Applicant Agency/Documentation of Eligibility/Personnel [5 pts. Maximum] | 4-5 points | 1-3 points | 0 points | | |
| | | | | | |
| 3. Problem/Need [5 points maximum] | 4-5 points | 1-3 points | 0 points | | |
| | | | | | |
| 4. Methodology [20 points maximum] | | | | | |
| a) management evaluation follow-up [5] | 4-5 points | 1-3 points | 0 points | | |
| | | | | | |
| b) nutrition education services plan [5] | 4-5 points | 1-3 points | 0 points | | |
| | | | | | |
| c) BF promotion and support plan [5] | 4-5 points | 1-3 points | 0 points | | |
| | | | | | |
| d)) outreach/caseload plan [5] | 4-5 points | 1-3 points | 0 points | | |
| | | | | | |
| TOTAL OF PROGRAM NARRATIVE CATEGORY | | | | | |

| CATEGORY | CRITERION MET | CRITERION PARTIALLY MET | CRITERION UNMET | CATEGORY SCORE |
|---|-----------------------|-------------------------|-----------------|----------------|
| B. Attachments [30 points maximum] | 20 – 30 points | 1 – 19 points | 0 points | |
| C. Budget [30 points maximum] | | | | |
| 1. Narrative [10 points maximum] | 8 – 10 points | 1-7 points | 0 points | |
| 2. ODH Subgrantee Fiscal Application [20 points maximum] | 15 – 20 points | 1 – 14 points | 0 points | |
| D. Miscellaneous [5 points maximum] (WIC Time Study or Monthly Time and Activity Report, Health Impact statement, etc.) | 4 – 5 points | 1 – 3 points | 0 points | |

Additional Comments (Please ✓ appropriate box)

Approval: Funding of proposal as submitted
 Approval: Funding of proposal with conditions. Please list below

Disapproval : State reasons below

Reviewer's Signature: Revised: 7/23/07

Date: