<u>MEMORANDUM</u>

Date: April 27, 2010

To: Eligible Ohio Department of Health Special Nutrition Program for Women, Infants,

and Children (WIC) Subgrant Applicants

From: Karen Hughes, MPH, Chief Wak

Division of Family and Community Health Services

Ohio Department of Health

Subject: Notice of Funds-Competitive Application

October 1, 2010 - September 30, 2011 - Special Supplemental Nutrition Program for

Women, Infants and Children

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 one of the 75 designated service areas covering all 88 counties in Ohio.

To obtain a grant application packet:

1. Go to the ODH Website at http://www.odh.ohio.gov/

- 2. In the "At a Glance" section click on "Funding Opportunities;"
- 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 by name;
- Select and highlight the ODH WIC Program RFP 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 May 28, 2010 to be eligible to apply for these funds. Grant applications are due July 6, 2010 for the funding period of October 1, 2010 through September 30, 2011. All applications and attachments are due Tuesday July 6, 2010. Electronic applications received after Tuesday July 6, 2010 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 GMIS 2.0. Where applicable, all organizations are required to attend GMIS 2.0 Training.

If you have questions regarding this application, please contact Susan Allerding, Nutrition and Administrative Services Consultant, at (614) 644-8142 or Susan.Allerding@odh.ohio.gov.

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

Competitive Grant Applications for Federal Fiscal Year 2011

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) 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 75current 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, 2010 through September 30, 2013. The budget period is October 1, 2010 through September 30, 2011 and will be referred to as Federal Fiscal Year 2011. Programs that are approved will be funded up to one year at a time. Approved programs may receive continuation funding for the subsequent year based on acceptable performance.

The total amount of nutrition and administrative services funding to operate WIC programs in the existing 75 designated service areas serving Ohio's 88 counties is \$52,830,774. The maximum funding level for each of the 75 Programs 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 http://www.odh.ohio.gov/; from the home page and click on the "At a Glance" link and then the "Funding Opportunities" link and 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 May 28, 2010, 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 Susan Allerding, Nutrition and Administrative Services Consultant, at (614) 644-8142 or <u>Susan.Allerding@odh.ohio.gov</u> 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(ies) served by Applican	nt Agency
County of Applicant Agency	
Federal Tax Identification Nun	nber
NOTE: The applicant agency/or	ganization name must be the same as that on the IRS letter. This x identification number is assigned.
Type of Applicant Agency (Check One)	County AgencyHospitalCity AgencyNot-for Profit
Applicant Agency/Organization	n:
Applicant Agency Address:	
Agency Contact Person/Title:	
Telephone Number:	E-mail Address
	- Our agency will need GMIS training - Our agency has already had GMIS training

Mail, E-Mail, or Fax to: Susan Allerding Ohio Department of Health Bureau of Nutrition Services 246 N. High Street Columbus, Ohio 43215

 $\pmb{E\text{-mail: Susan.Allerding@odh.ohio.gov}}\\$

Fax: (614) 564-2470

NOTICE OF INTENT TO APPLY FOR FUNDING MUST BE RECEIVED BY May 28, 2010





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)

REQUEST FOR PROPOSALS (RFP) FOR FISCAL YEAR 2011 (10/01/10 – 09/30/11)

> **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 includes 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 Website http://www.odh.ohio.gov/ (Click on "Funding Opportunities" in the "At a Glance" section, then click on "ODH Grants" and then click on "GAPP Manual.")
- **B.** Application Name: Special Supplemental Nutrition Program for Women, Infants, and Children (WIC).
- **C. Purpose:** The purpose of the WIC program is to improve the health status and prevent health problems among Ohio's at-risk women, infants, and children. WIC helps to:
 - provide nutrition and breastfeeding education/counseling to the target population,
 - improve pregnancy outcomes by providing or referring to support services necessary for full-term pregnancies,
 - reduce infant mortality by decreasing the incidence of low birth weight,
 - increase breastfeeding rates among newborns, and
 - give infants and children a healthy start in life by providing nutritious foods.
- **D.** Qualified Applicants: Applications for the WIC Nutrition Services and Administration 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. For competitive RFPs only, 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 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 and be maintained as confidential 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, which includes the fiscal component, 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.

Maintain a peer helper program as directed by the State WIC Agency.

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.

WIC program funds, assets, or property must be used for WIC purposes only. USDA has set a financial penalty for misuse or illegal use of program funds, assets, or property at \$25,000.

Accepts the WIC grant for the entire federal fiscal year grant period. If anything should occur that may prohibit the current subgrantee from continuing to receive funding, the subgrantee agency director must notify the Ohio Department of Health within 180 days of proposed grant termination. In terminating the WIC grant, continuation of WIC services to participants in the community must be the priority concern.

- **E. Service Area:** Applicants will be expected to provide services to one or more of the 75 designated service areas covering all 88 counties in Ohio. The 75 designated service areas are listed in Appendix 1.
- **F. Number of Grants and Funds Available:** A maximum of 75 grants totaling \$52,830,774 may be awarded. The maximum funding that will be awarded to each 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 4:00 PM, **Tuesday**, **July 6**, **2010**. Applications including any required forms and required

attachments mailed or electronically submitted via GMIS 2.0 are due by 4:00 PM **Tuesday, July 6, 2010.** 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 Susan Allerding, Nutrition and Administrative Services Consultant, at (614) 644-8142 or Susan.Allerding@odh.ohio.gov with any questions. If this is your first time to apply for a WIC grant, you must contact Susan Allerding for additional information.

- **H. Authorization:** Authorization of funds for this purpose is contained in the Catalog of Federal Domestic Assistance (CFDA) Number 10.557. Federal funds provided through this program are authorized by Public Law 92-433 which added section 17 to the Child Nutrition Act of 1966 and its subsequent reauthorizations.
- **I. Goals:** The goal of the Ohio Department of Health in releasing funds for the WIC program is to improve the health status and prevent health problems among Ohio's at-risk women, infants, and children. This will be accomplished through provision of:
 - 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 fruits, vegetables, whole grains, cereal, milk, eggs, juice, peanut butter, beans, and, if a nonbreastfed infant, iron-fortified infant formula.
- **J. Program Period and Budget Period:** The program period begins October 1, 2010 and ends September 30, 2013. The budget period for this application is October 1, 2010 through September 30, 2011 and will be referred to as Federal Fiscal Year 2011 (FY11). 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 Website http://www.odh.ohio.gov/. (Click on "Local Health Departments" 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. <u>Public Health Impact Statement Summary</u> 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 Local Health District Improvement 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 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 (**Required for competitive cycle only**).

2. <u>Public Health Impact Statement of Support</u> - 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 (**Required for competitive cycle only**).

M. Statement of Intent to Pursue Health Equity Strategies

The Ohio Department of Health is committed to the elimination of health inequities. All applicant agencies must submit a statement which outlines the intent of this application to address health disparities. This statement should not exceed 1½ pages and must: (1) explain the extent in which health disparities are manifested within the health status (e.g., morbidity and/or mortality) or health system (e.g., accessibility, availability, affordability, appropriateness of health services) focus of this application; (2) identify specific group(s) who experience a disproportionate burden for the disease or health condition addressed by this application; and (3) identify specific social and environmental conditions which lead to health disparities (social determinants). This statement must be supported by data. The following section will provide a basic framework and links to information to understand health equity concepts. This information will also help in the preparation of this statement as well as respond to other portions of this application. (**Required for competitive cycle only**)

• Basic Health Equity Concepts:

Certain groups in Ohio experience a <u>disproportionate</u> burden with regard to the incidence, prevalence and mortality of certain diseases or health conditions. These are commonly referred to as <u>health disparities</u>. Health disparities are not mutually exclusive to one disease or health condition and are measurable through the use of

various public health data. Most health disparities affect groups marginalized because of socioeconomic status, race/ethnicity, sexual orientation, gender, disability status, geographic location or some combination of these factors. People in such groups 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*. Social determinants are necessary to support optimal health. The systematic and unjust distribution of social determinants among these groups is referred to as *health inequities*. As long as health inequities persist, marginalized 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 interventions who incorporate social determinants into the planning and implementation of programs will contribute to the elimination of health disparities. 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 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.
- **O.** Programmatic, Technical Assistance and Authorization for Internet Submission: Applicant must attend or must document, in writing, prior attendance at GMIS 2.0 training in order to receive authorization for Internet submission. Please contact Susan Allerding at (614) 644-8142 or Susan. Allerding@odh.ohio.gov with any questions.
- **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 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 4:00 PM **Tuesday**, **July 6**, **2010**.

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.**

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 Ohio Department of Health, 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 request for proposal;
- 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 the diseases or health condition(s) and explains the root causes of health disparities.

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 2. The Bureau of Nutrition Services will make recommendations for approval or disapproval of proposals based on the following criteria:

- A. Program Narrative: (30 points)
 - 1. Executive Summary
 - 2. Description of applicant agency including documentation of eligibility to provide WIC services and description of staffing.
 - 3. Problem/ Need: Assessment of community and target population.
 - 4. Methodology:
 - a) Evaluation methods which include a biennial management evaluation from State WIC,
 - b) Nutrition education plan to incorporate into program,
 - c) Breastfeeding promotional support plan, and
 - d) Potentially eligible 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, clinic, breastfeeding, and administration.
- D. Miscellaneous: (10 points)

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

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.

U. 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.

V. 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

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 agency flexibility status and/or further payments.

Reports shall be submitted as follows:

1. Program Reports: Subgrantee Program Reports must be completed and submitted via SPES (Subgrantee Performance Evaluation System) by the following dates:
January 15, April 15, July 15 and October 15, 2011. Any paper non-Internet compatible report attachments must be submitted to Central Master Files by the specific report due date. Subgrantees must confirm program report submission in GMIS 2.0 after the report is submitted in SPES.

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 GMIS 2.0** by the following dates: January 15, April 15, July 15 and October 15, 2011.

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 "approve" button signifies authorization of the submission as an agency official and constitutes electronic acknowledgment and acceptance of GAPP rules and regulations.

3. Final Expenditure Reports: A Subgrantee Final Expenditure Report reflecting total expenditures for the fiscal year must be completed and submitted **via GMIS 2.0** by November 15, 2011. 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 and Attachment 4.

Submission of the Subgrantee Final Expenditure Report via the Ohio Department of Health's GMIS 2.0 system indicates acceptance of ODH Grants Administration Policy and Procedure (GAPP). Clicking the "approve" button signifies authorization of the submission as 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 2.0 as part of the Subgrantee Final Expenditure 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) via SPES.** 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 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). Checking the "selection" box and clicking the "approve" button signifies authorization of the submission by an agency official and constitutes electronic acknowledgment and acceptance of GAPP rules and regulations.

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 or any travel expense without a receipt (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. 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 or Assistant to the Executive Office of the local agency or of a political subdivision except when that officer functions as a WIC health professional;
- 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;
- New staff positions, 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.

Z. 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 requirements, 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 (and 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.

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 an audit is completed, a copy must be sent to the ODH, Grants Administration, Central Master Files address within 30 days. Refer to 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 ODH;
- 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:

The GMIS 2.0 application submission must consist of the following:

Complete & Submit Via Internet

- 1. Application Information
- 2. Project Narrative
- 3. Project Contacts
- 4. Budget

Primary Reason

Funding

Cash Needs

Justification

Personnel

Other Direct Costs

Equipment

Contracts

Compliance Section D

Summary

- 5. Civil Rights Review Questionnaire (EEO Survey)
- 6. Assurances Certification
- 7. Attachments required by Program

FY11 Clinic and Staff Data Sheets (Attachment 1)

FY11 Certifying Health Professional/Breastfeeding

Coordinator Resumes (Attachment 2)

FY11 Breastfeeding Peer Helper Resume

(Attachment 3)

Sample Peer Project Budget/Expenditure Format

(Attachment 4)

WIC Time Study (Attachment 5)

Personnel Budget Tool (Attachment 6)

FY11 Voter Registration Assistance Plan

(Attachment 7)

Clinic Self Assessment Activity (Attachment 8)

Statement of Intent to Pursue Health Equity Strategies

(Attachment 9)

Private Physician/Hospital/Clinic Medical Services Memorandum of Agreement (MOA) (Attachment 10)

Farmers' Market Nutrition Program Responsibilities

(Attachment 11)

Childhood Obesity Inventory Tool (Attachment 12)

An original and one copy of the following forms, available on GMIS 2.0 must be completed, printed, signed in blue ink with original signatures by the Agency Head or Agency Financial Head 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 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)).

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

Copy & Mail To ODH

- Public Health Impact Statement (for competitive cycle only)
- 2. Statement of Support from the Local Health Districts (for competitive cycle only)
- 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).

One 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**)
- Declaration Regarding Material Assistance/Non Assistance to a Terrorist Organization (DMA) Questionnaire (Required by <u>ALL Non-Governmental</u> Applicant Agencies)
- An original and (<u>Required Number</u>) copies 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 after GMIS 2.0 training for those agencies requiring training. All others will receive access after submission of the Notice of Intent to Apply for Funding form.

All applications must be submitted via GMIS 2.0. 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 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 pages 18 and 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. 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.

Please detail and explain all breastfeeding expenditures used to promote and support breastfeeding. Provide a detailed narrative of how Breastfeeding Peer Helper funds are to be spent. If you have joint costs refer to GAPP Chapter 100, Section 103 and Compliance 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 October 1, 2010 to September 30, 2011.
- 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.
- Based on the FY10 time study results, 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.

- A. Nutrition Education (NE) includes activities related to:
 - Providing NE directly to participants and the community
 - Developing/evaluating NE materials and tools
 - Training staff to provide NE services to participants and community
 - Monitoring/evaluating delivery of NE services
 - Maintaining up to date knowledge of NE practices
- B. Clinic includes activities related to:
 - Providing services for WIC eligibility directly to the participant but not related to the provision of NE/breastfeeding
 - Training staff to provide clinic services
 - Monitoring the provision of clinic services
- C. Breastfeeding (BF) includes activities related to:
 - Providing BF support/promotion to participants and the community
 - Developing/evaluating breastfeeding materials and tools
 - Training staff to provide support/promote breastfeeding services
 - Monitoring/evaluating delivery of breastfeeding services
 - Maintaining up to date knowledge of breastfeeding practices
- D. Breastfeeding Peer Helper includes: peer helpers who perform duties listed under breastfeeding and supervisors who monitor them.
- E. Administration includes activities related to:
 - Performing non-direct participant related services (e.g., writing appointment cards in preparation for mailing, pulling charts in preparation for clinic)
 - Providing overall management of the program (e.g., processing grant related functions, invoices, payroll, and fiscal/management reports)

All health insurance and fringe costs must be distributed among the NCBA categories based on the time study results. The health insurance and fringe costs are <u>not</u> 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://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 2.0 for each contract once it has been signed by both parties. 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 "approve" button signifies authorization of the submission as an agency official and constitutes electronic acknowledgement and acceptance of GAPP rules and regulations. CCAs cannot be submitted until after the 1st quarter grant payment has been issued.

Where appropriate, itemize all equipment (minimum \$300.00 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 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 subgrantee must submit the Assurances (Federal and State Assurances for Subgrantees) form. This form is submitted as a part of each application via GMIS 2.0. 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 subgrantee agency agrees by electronic acknowledgment to the financial standards of conduct as stated therein.
- D. Project Narrative: Please type your response in an outline format and respond to each item in alphabetical order as shown below.
- **1. Executive Summary:** Identify the WIC population and services (food, referrals, nutrition education, and breastfeeding support) to be offered and what agency provides these services.
- 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. 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.

- D. Describe staff development plans and resources for health professional, breastfeeding, and support staff.
- E. Describe contingency plans in the event of certifying health professional or breastfeeding coordinator absences. Subgrantee agencies with subcontractors must develop a program-wide plan.
- F. Review 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.
- G. Include descriptions for newly created or substantially revised positions. State the total number of hours that is used to calculate your project's full-time equivalency (i.e., 35, 37, or 40).
- H. WIC Policy requires an annual time study to be completed by all employees paid with WIC funds. The summary sheet for each staff member must be submitted as attachment 5 to the FY11 grant application.
- I. Review Attachment 7, Voter Registration Assistance Plan for FY11. 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.
- J. Indicate if your local project participates in any of the following activities: Farmers' Market Nutrition Program, Immunization Action Plan, Fetal Alcohol Spectrum Disorder, Smoking and Lead initiatives.
- K. 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.
- **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 FY11 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 existing practitioners or clinics. Is there a physician/hospital/clinic within or outside the agency that accepts referrals for prenatal, lactation and/or child health services? List the physician/hospital/clinic and indicate whether or not they accept Medicaid payments and/or reduced fees for services. Attachment 10 includes the Private Physician/Hospital/Clinic Medical Services Memorandum of Agreement (MOA) form for project use. Submit completed forms with the grant application or explain when the form will be sent prior to October 1st. Refer to Section 283 of the Ohio WIC P&P Manual.

- 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 FY11 project's plans regarding coordination with other community entities and outline council, committee, and project plans. Report participation, outline committee members and project goals of other entity meetings, or a separate WIC advisory council on the Quarterly Activity Report (QAR).
- 2. Describe breastfeeding partners in the community and the activities planned for promoting, protecting, and supporting breastfeeding during FY11. (This could include ideas for FY11 Breastfeeding Awareness Month in Ohio activities as well as other special breastfeeding activities planned.)
- D. Explicitly describe segments of the target population who experience a disproportionate burden of the local health status concern (this information must correlate with Attachment 9, the Statement of Intent to Pursue Health Equity Strategies).
- **4. Methodology:** In an outline format, describe how the program will address the following. For item C-5, use the Specific, Measureable, Attainable, Realistic & Time-Phased (SMART) process for designing outcome objectives on how program activities will address health disparities.
- 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 your progress toward compliance with Program Standards since the submission of your last Management Evaluation response. Indicate the effectiveness of the plan. Projects with an FY10 third quarter ME or new grantee agencies do not need to respond in this application.
- B. Plans for providing Nutrition Education:
- 1. Describe the specific methods used to provide nutrition education to WIC participants (i.e. group classes, Internet, and cooperative extension).
- 2. Describe how these methods are evaluated to ensure effectiveness.
- 3. Provide information on any outside entities or non-WIC personnel used for nutrition education.
- 4. How do you ensure that nutrition education materials/modules/class outlines are up to date?
- 5. How do you ensure that nutrition education materials/modules/class outlines meet the needs of each participant category?
- 6. Describe the plan for processing high-risk participants. Is your local plan the same as the state's high-risk plan? If your local plan is different, provide the differences. See WIC Policy and Procedure Manual, Section 403 for the state's high-risk plan.

- 7. Please describe the improvements or issues with evaluating staff on VENA techniques. State the number of staff requiring a follow-up plan. The VENA evaluation is required twice a year per WIC Policy and Procedure Manual, Section 113.7.
- 8. Provide information on new entities or updates to current entities in the community who offer nutrition education services and/or physical activities for families with overweight children by completing Attachment 12, the Childhood Obesity Inventory Tool.
 - Do you track referrals in the WIC system by entering code 21(weight management) into the referral boxes?
- C. Plans for breastfeeding promotion, protection, and support:
- 1. Explain how local staff hiring practices addresses breastfeeding as a core service to the WIC program. Provide details on how breastfeeding experiences and attitudes are elicited during the interview process.
- 2. 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 FY11.
- 3. All Ohio WIC projects are required to have a breastfeeding coordinator. Describe how you plan to use this position during FY11 to further your project's breastfeeding plan.
- 4. WIC Breastfeeding policy requires that all breastfeeding mothers receive a follow-up contact within 3 7 days of delivery. Describe how your project ensures that WIC breastfeeding participants receive this support.
- 5. Describe how you plan to use breastfeeding peer helpers to further your project's breastfeeding plan.
- 6. Describe your plan for attaining the peers' minimum weekly hours for caseload as recommended in Section 406.3 of the WIC Policy and Procedure Manual.
- 7. Describe your project's plan for addressing breastfeeding and medical problems that are beyond the skill level of your WIC health professionals. Please provide at least one name and contact information of a local IBCLC used for referral.
- 8. WIC Breast Pump Policy requires that projects provide breast pumps to qualifying WIC participants. Describe how your project plans to provide these pumps.
- 9. 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.
- 10. Describe how your project works with local hospitals to promote breastfeeding initiation.

- D. Provide strategies that identify and target any <u>underserved</u> or special, potentially eligible population in the WIC service area. Strategies may include distribution of brochures, press releases, and others.
- **E.** Civil Rights Review Questionnaire EEO Survey: The Civil Rights Review Questionnaire (EEO) Survey is a 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.
- F. Attachment(s): 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 July 6, 2010. All attachments must clearly identify the authorized program name and program number. Program attachments must be submitted through GMIS 2.0 on or before July 6, 2010.
- **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 copy. (Required only if new agency, thereafter only when banking information has changed.)
- H. Internal Revenue Service (IRS) W-9 & Vendor Forms: 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 copy. (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 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 copy of each.

- **I. Public Health Impact Statement Summary:** Submit two 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**).
- **J. Public Health Impact & Intent to Pursue Health Equity Statements:** Submit two 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 and Intent to Pursue Health Equity Statements. 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).

- **K.** Liability Coverage: Liability coverage is required for all non-profit agencies. Non-profit organizations **must** submit documentation <u>validating current liability coverage</u>. Submit two 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 copies of the Internal Revenue Services (IRS) letter approving non-tax exempt status (Non-Profit Organizations only; for competitive cycle only).
- 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 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. Attachments as Required by Program: The attachments will be sent separately to your project in a Microsoft Office Program to complete and submit via GMIS 2.0.

1. FY11 Clinic and Staff Data Sheet (Attachment 1)

The Clinic and Staff Data Sheet must be submitted for each clinic site in FY11.

The application includes one clinic data sheet form. Copy and paste the number of forms needed for FY11. For the activity portion of this form, list both working hours and clinic hours. For example, working hours may be from 8 a.m. to 5 p.m. five days per week, while clinic is held from 8:30 a.m. to 11 a.m. and 1 p.m. to 4:30 p.m. Indicate special activities (time and description) in the space provided, including group nutrition education sessions, migrant clinics, food instrument pickups, and evening and weekend clinics. Part-time operations should indicate closed days/times with an "X." Please note that there is a space included for Saturday clinics. All WIC staff that is in the Personnel Section must be listed on a clinic datasheet.

2. <u>Certifying Health Professional/Breastfeeding Coordinator Resume FY11 (Attachment 2)</u>

The Certifying Health Professional/Breastfeeding Coordinator Resumes must be submitted for all staff in FY11. 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.

The application includes one resume form. Copy and paste the number of forms needed for FY11. Staff must indicate the education/training and work experience completed on the appropriate lines of the resume. The Breastfeeding Coordinator records the number of hours per week and per month allocated to breastfeeding on the appropriate line. 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. All resumes must be completed in their entirety.

3. Breastfeeding Peer Helper Resume (Attachment 3)

The application includes one resume form. Copy and paste the number of forms needed for FY11. Resumes must be submitted for each <u>currently hired peer</u> on this form in order to provide the State WIC office with required information in a consistent, easily referenced format. All resumes must be completed in their entirety.

4. Sample Peer Project Budget/Expenditure Format (Attachment 4)

Complete the Sample Peer Project Budget/Expenditure to assist with tracking the peer budget. The Sample Peer Budget **ONLY** needs submitted if it has changed from the original peer helper budget submitted with the FY11 Funding survey.

5. WIC Time Study (Attachment 5)

Submit the Employee Time Study Report for each staff member paid with WIC funds. The Employee Time Study Report and directions are from the **All Projects Letter (APL) 10-044**. Attachment 5 is an example of the Employee Time Study Report. If your project completed an **Annual** Time Study, the Employee Time Study Report must include two weeks. If your project completed a **Monthly** Time Study, the Employee Time Study Report must include a daily average of at least six months. **The NCBA hours from the time study are used to complete the Personnel Budget Tool in Attachment 6.**

6. Personnel Budget Tool (Attachment 6)

Submit the Personnel Budget tool with the FY11 grant. **State WIC strongly** recommends that local projects complete the Personnel Budget Tool first before the personnel salary and fringes are entered into GMIS 2.0. The Personnel Budget Tool must include all budgeted staff including the contracted staff listed in the CCA category. Local projects with subcontracted entities must submit separate tools for each entity.

The spreadsheet will automatically allocate NCBA costs based on the number of hours input from the FY10 time study for each NCBA category. The NCBA hours for each staff member must match or be justified on the corresponding time study. The Personnel Budget Tool salary and fringes must match as best as possible with the GMIS 2.0 salary and fringes. Attachment 6 is an example of the Personnel Budget Tool.

7. FY2011 Voter Registration Assistance Plan – (Attachment 7)

Attachment 7 is the FY2011 Voter Registration Plan form. Ohio Administrative Code Rule 111-10-02 requires that each voter registration agency must submit an updated voter registration plan each year. Enter the project name on the blank line at the top of the Voter Registration Assistance Plan form. Review and check off the assurances. **Submit only one per project**

8. Clinic Self-Assessment Activity (Attachment 8)

Complete Attachment 8 for each clinic site. State staff recommends involving all clinic staff in this activity. Project directors should *consider* any ideas or recommendations to make the clinic space more VENA-like. Any areas that are rated "Disagree" or "Strongly Disagree" must have the "Thoughts/Comments" section completed. Project directors must also note in the "Thoughts/Comments" section what recommendations will be implemented during FY11.

The application includes one Attachment 8. Copy and paste the number of forms needed. This activity will provide project directors with information to make positive changes to WIC clinic sites. State WIC realizes there are some obstacles to improving clinic space: clinic sites that are open once a week or less, agency space policies, physical structure of clinic space, and cost. Almost every space can have small changes made: new posters to replace ripped or defaced posters, VENA-friendly verbiage on signs, a few toys, etc. WIC staff should also use this activity to alert State WIC staff to any needed materials that could be purchased state-wide to help make clinic areas more VENA-like.

9. Statement of Intent to Pursue Health Equity Strategies (Attachment 9)

The Ohio Department of Health is committed to the elimination of health inequities. All applicant agencies must submit a statement which outlines the intent of this application to address health disparities. This statement should not exceed 1½ pages and must: (1) explain the extent in which health disparities are manifested within the health status (e.g., morbidity and/or mortality) or health system (e.g., accessibility, availability, affordability, appropriateness of health services) focus of this application; (2) identify specific group(s) who experience a disproportionate burden for the disease or health condition addressed by this application; and (3) identify specific social and environmental conditions which lead to health disparities (social determinants). Attachment 9 is provided to address WIC's role in hunger and nutritional needs in the local project community.

10. <u>Private Physician/Hospital/Clinic Medical Services Memorandum of Agreement (MOA) (Attachment 10)</u>

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

11. WIC Farmers' Market Nutrition Program Responsibilities (Attachment 11)

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 11. Table A provides a listing of continuing FMNP projects and Table B provides a listing of the expansion projects. By checking "Yes" in Attachment 11, the project is providing assurance that it will operate the program according to the WIC Farmers' Market Nutrition Program Responsibilities.

12. Childhood Obesity Inventory Tool (Attachment 12)

Provide any updates such as change of contact information or discontinuation of service for those community entities that were listed in the FY07 grant. Complete this Attachment for any new entities that have emerged since FY10. You also have the ability to update the Childhood Obesity Inventory Tool with each Quarterly Activity Report as needed.

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.

III. ATTACHMENTS

(ATTACHMENT 1)

FY___CLINIC AND STAFF DATA SHEET Required in the competitive grant cycle application (FY11)

CLITTIC ITO	MBER:		A	ASSIGNED CASELOAD CEILING:			
ADDRESS:			C	CITY:		ZIP:	
PHONE: ()		F	AX #: ()		
SITE SUPERV	VISOR/CONTA	ACT NAME:					
Please staff i	e list your office	n: Network (includ Standalone Portable (Laptor and clinic hours with any the Special Activities co ery other week).	p) Paper Pap	er I (including grou	p nutrition education		
DAY	Z	WIC OFFICE HOURS	CLINIC HO	URS SI	PECIAL ACTIV	ITIES	
Mon	day						
Tues	sday						
Wed	nesday						
Thur	rsday						
1	ay						
Frida							

Copy and paste additional pages for each clinic

(ATTACHMENT 2)

CERTIFYING HEALTH PROFESSIONAL/BREASTFEEDING COORDINATOR RESUME FY____

Subgrantee Agency	Subco	ntractor		
Last Name	First Name	MI		
Mark 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 Tes	ted/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?	Hours per week Ho	ours 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 Pr	oject Director? Yes	s		
Attended New Health Professional Training?	Ye	es No		
If no, choice of training date	(See Local Pro	gram Calendar)		
Attended Back to Basics Breastfeeding Training	ng?	s		

(ATTACHMENT 3) BREASTFEEDING PEER HELPER RESUME FY11

Subgrantee Agency		Subco	•	
Last Name	First Name		MI	
Email address:				
Number of hours working per week				
Initially trained using Loving Support	modules?	Yes		□No
Attended Back to Basics Breastfeeding	Training?	Yes		□No
Attended CLC Training or other breast If other breastfeeding training	_	□Yes		□No

Copy and paste additional pages for each staff member

Attachment 4 Sample Peer Project Budget/Expenditure Format

Personnel: (Annual projected salary expenditure)

Peer salary

Fringes

Peer Program Supervisor salary

Fringes

Peer Program Administrator salary

Fringes

Other Direct Costs:

Mileage Reimbursement

Communication

(Cell phones, beepers, and if working from home – long distance reimbursement, answering machines)

Postage

Copying/Printing

(Peer Program forms only – peer funds cannot be used to copy or print participant breastfeeding handouts)

Travel (Cont. ed. Costs, lodging, meals)

Peer Office Supplies

Peer breastfeeding education materials

(Samples only - peer funds cannot be used to purchase participant breastfeeding handouts)

Peer training materials

Professional resources for peers

Equipment

Desks, chairs, computers, lighting etc. (One time cost when setting up program or adding extra peers)

(Attachment 5)

		Етрио	yee ⊓me	: Study Re	port				
Employee Name:	Janel	Doe		Position	н	IP .			
Type in Total Regular	WIC hrs/wk:	40		Cliniq(s):	M:	nie			
Date Time S	tudy was Con	ducted	From:	4/13/10	To:	4/30/10			
Date Time o	aay was con	aacwa.	1 10	41010		40010			
h			-				1		
l l	Nutrition	Clinic	Breast	Admin-	Peer Breass	Hours Per	ı		
Date	Education	Services	feeding	istration	fe eding (PHB)	Day	ı		
l l	(N)	(C)	l(B)	l(A)		(HPD)	ı		
4/13/10	1.67	3.50	0.83		2.17	8.50	1		
4/20/10	4.58	1.67	0.42			8.00			
4/21/10	1.67	2.50	0.83			7.50			
4/22/10	1.67	3.33	0.67		1.67	8.00			
4/23/10	3.33	3.33	1.00			8.00			
4/26/10	0.83	5.00	0.50	0.33	0.00	7.50			
4/27/10	2.50	5.00	0.33	0.17	0.00	8.00			
4/28/10	3.33	5.00	0.08	0.08	0.00	8.50			
4/23/10	1.67	4.00	1.33	1.00	0.00	8.00			
4/30/10	1.67	5.00	0.67	0.67	0.00	8.00			
Total Hours	22.92	38.33	6.67		5.83		1		
Total Hours	22.02	30.00	0.01		3,00		J		
Percent Nutritio	n Education:								
Percent Cli	inic Services:	47.9%			F	or Director	's use only		
Percent B	reas feeding	8.3%		If employee	's regular w	ork hours o	hange after	the Time S	tudy has
Percent Ad	dministration:						tion in the N		
Percent PH B						-	jive justiřasti		
		1 12 12					T to PT state		•
						-		as. Ose ale	, new
				hours on th	e Hersonne	i buagetroi	NCDA.		
				Enter emplo	oyee's new l	hours	"self calcula		
Type comments belo	w (Pleasele)	oplain if th	nere was				N Hours	0.0	
amvactivity	out of the o	rdinary)					C Hours	0.0	
9		, ,					B Hours	0.0	
1			I				A Hours	0.0	
							PHB Hours	0.0	
				Justification:					
						Date:			
				*****1	NOR	A LLU DOU	L		
							hours are n		
			l	•			ed by the ou		
				enter in act	ual NCBA a	nd PBH an	d provide ju:	stification; e	s.g., HP no
				longer print	s coupons d	decreasing :	clinic time. U	Jse the new	/ hours on
				the Personr	nel Budgetf	or NCBA.			
The Hours	listed below								
are the hour	s to be used					N Hours			
in the Perso	nnel Budget					C Hours	<u> </u>		
for N	-					BHours	——I		
	11.5								
N Hours						A Hours			
C Hours	19.2					PH B Hours			
B Hours	3.3								
A Hours	2.7			Justification:					
PHB Hours	2.9								
"If the decimal is	O Sor grander of	a est ces				Date:			
						Date:			
	0.4or less roun								
* Add PBH+Bhy	urs loge ther for	B hours on I	he Personal B	udgel					
when you have comple	ted the form p	olease typ	e in your na	am e below, c	late, and di-	ck on the "A	wthenticate	Signature'	
box ver ř ying	you have revi	iewed the	inform ation	and it is cor	rect to the b	est of your	knowledge.	ı	
, .,						, .	-		
Employee Name:		Jane Doe		Date:	5/3/2010	Charles	Authenticate Si	lenah ice	
Employee radii e.		. 3.10 000			332010	E C1600 (0)	Part of to Carde Si	Manna 6	
Q	I 5		!	D-1	EN OLOGAC				
Supervisors Nam e:	Jane L	loe's Supe	10501	Date:	5/10/2010	■ Check to	Authenticate S	/gnature	

ATTACHMENT 6: Personnel Budget Tool

Note the order: Admin, Breastfeeding, Clinic, and Nutrition.

Employee	Function/Title	HP / BF Credentials	Program Time (%)	Yearly Salary (\$)	Program Salary Cost (\$)	Program Salary per NCBA Hr.	Fringe Rate (%)	Program Fringe Cost (\$)	Program Total Cost (\$)	NCBA Cost	Hrs/₩k	NCBA \$/y	Other Funding Sources	Time (%)	Non-₩I Salary
L. Lynn	Health Professional	RD,LD	96%	\$ 37,361	\$ 35,867	\$ 17.69	32.50%	\$ 11,657	\$ 47,524		0		General Fund	2%	
										Breastfeeding		\$ 6,092.82	Block Grant	2%	
										Clinic		\$ 15,841.33		0%	
D. CI:	Lu up (· i	Lonio	0.414	A 40.7E4	A 04.004	T #0.40	22.50*/	A 44.40E	L & 4E 0E0	Nutrition Admin	0	\$ 25,589.85	0 15 1	0%	
P. Cline	Health Professional	RD, LD	84%	\$ 40,751	\$ 34,231	\$ 16.46	32.50%	¥ 11,125	\$ 45,356	Breastfeeding		n.a \$ 6,803.40	General Fund	9% 7%	
										Clinic		\$ 13,606.80	DIOCK GIAIR	0%	
										Nutrition		\$ 24,945.80		0%	
T. Wynette	Support Staff		98%	\$ 26,069	\$ 25,548	\$ 14.04	49.80%	\$ 12,723	\$ 38,271	Admin			General Fund	2%	
	- ''				·					Breastfeeding	0			0%	
										Clinic	0			0%	
										Nutrition	0			0%	
R. Cash	Support Staff		5%	\$ 31,000	\$ 1,550	\$ 14.90	49.80%	\$ 772	\$ 2,322	Admin	2	\$ 2,322.00	General Fund	93%	
										Breastfeeding		n.a.	Block Grant	2%	
										Clinic		n.a.		0%	
										Nutrition		n.a.		0%	
M. Cicone	Support Staff		20%	\$ 33,075	\$ 6,615	\$ 15.90	49.80%	\$ 3,294	\$ 9,909	Admin	8	\$ 9,909.00	General Fund	80%	
										Breastfeeding		n.a.	Block Grant	0%	
										Clinic		n.a.		0%	
										Nutrition		n.a.		0%	
G. Wilson	Support Staff		100%	\$ 25,384	\$ 25,384	\$ 13.95	49.80%	\$ 12,641	\$ 38,025	Admin	0			0%	
										Breastfeeding	0			0%	
										Clinic		\$ 14,123.57		0%	
										Nutrition		\$ 23,901.43		0%	
K. Clarkson	Health Professional	RD,LD	98%	\$ 38,785	\$ 38,009	\$ 20.88	49.80%	\$ 18,928	\$ 56,937	Admin	35	\$ 56,937.00	General Fund	2%	
										Breastfeeding		n.a.		0%	
										Clinic		n.a.		0%	
										Nutrition		n.a.		0%	
K. Underwood	Support Staff		98%	\$ 29,296	\$ 28,710	\$ 15.77	49.80%	\$ 14,298	\$ 43,008	Admin	35	\$ 43,008.00	General Fund	2%	
										Breastfeeding		n.a.		0%	
										Clinic		n.a.		0%	
	1					11.			1	Nutrition		n.a.		0%	
C. Dion	Support Staff		40%	\$ 28,442	\$ 11,377	\$ 14.59	49.80%	\$ 5,666	\$ 17,043	Admin	15		General Fund	40%	
										Breastfeeding Clinic		n.a. n.a.	Block Grant	20%	
										Nutrition		n.a. n.a.		0%	
F. Hill	Support Staff		100%	\$ 25,000	\$ 25,000	\$ 12.02	49.80%	t 12.450	\$ 37,450	Admin	0			0%	
1.11111			100%	¥ 20,000	¥ 25,000	Ψ 12.02	45.00%	Ψ 12,430	1 4 31,430	Breastfeeding		\$ 14,043.75		0%	
										Clinic		\$ 12,171.25		0%	
										Nutrition		\$ 11,235.00		0%	
T. Yearwood	Director - HP	RD, LD	25%	\$ 61,000	\$ 15,250	\$ 29.33	49.80%	\$ 7,595	\$ 22,845	Admin		n.a	General Fund	25%	\$ 15,250
	•								•	Breastfeeding	10	\$ 22,845.00	Block Grant	50%	\$ 30,500
										Clinic		n.a.		0%	
										Nutrition		n.a.		0%	
A. Krause	Support Staff		98%	\$ 21,840	\$ 21,403	\$ 11.76	49.80%	\$ 10,659	\$ 32,062	Admin	35		General Fund	2%	
										Breastfeeding		n.a.		0%	
										Clinic		n.a.		0%	
0.0	Lunga	Lebie	1000	A 00 700 I		40.40	40.00:	* 40.033	A F0 F00	Nutrition	_	n.a.		0%	
C. Crow	Health Professional	RD, LD	100%	\$ 39,782	\$ 39,782	\$ 19.13	49.80%	¥ 19,811	\$ 59,593	Admin	0			0%	
										Breastfeeding Clinic		\$ 8,938.95 \$ 19,367.73		0% 0%	
										Nutrition		\$ 31,286.33		0%	
										Nation		₩ J1,200.JJ		J 07.	1 11.0

(Attachment 7)

WIC PROGRAM VOTER REGISTRATION ASSISTANCE PLAN Fiscal Year 2011

Review and check off assurances for the following five items pertaining to the implementation of agency based voter registration in the local WIC project area. 1.____The name of the voter registration coordinator and the locations of all the local clinic sites where voter registration is being conducted were reviewed and submitted in response to the FY2011 grant application 2.____This local WIC project will be conducting voter registration at each application and recertification visit according to section 207 of the Ohio WIC Policy and Procedure Manual. 3. Each WIC applicant will be provided a copy of the Designated Voter Registration Notice of *Rights* form at the time of application and recertification. 4.____Each local WIC project staff person who will be giving out and accepting voter registration forms will be trained according to section 207 of the Ohio WIC Policy and Procedure Manual. 5. The local WIC voter coordinator is: The coordinator has met with a representative of the County Board of Elections and discussed and agreed that the Agency Based Voter Registration Transmission Form and the completed Voter Registration Forms will be transmitted to the Board of Elections within five days through: (Check All That Apply) _U.S. mail, ____courier service, ____pickup by Elections Board staff, ____delivered by WIC staff, or____ other (explain below)

(Attachment 8) Clinic Self-Assessment Activity

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

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

Please check the response that best	Strongl	Agree	Neutra	Disagre	Strongl	Thoughts/Comments
describes your level of agreement	y Agree		1	e	y Disagre e	
Our clinic is welcoming to participants:						
Brightly painted walls, murals, welcome signs in languages spoken by participants.						
Artwork, posters, bulletin boards with community activities reflect participant population.						
Appropriate toys, opportunities for physical play.						
Our clinic provides a warm and friendly environment.						
Our waiting room has enough room and chairs to accommodate all family members without being crowded or noisy.						
Our clinic has culturally-appropriate materials.						
Our clinic has a comfortable designated area for breastfeeding.						
I have ideas for making our clinic more welcoming to our participants. Share them!						

Copy and paste additional pages for each clinic

(Attachment 9) Statement of Intent to Pursue Health Equity Strategies

The purpose of this WIC program grant application is to improve the health status and prevent health problem among County'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.
The WIC program was established by Congress when it found that substantial numbers of pregnant, postpartum and breastfeeding women, infants and young children from families with inadequate income are at special risk with respect to their physical and mental health by reason of inadequate nutrition or health care, or both.
The Ohio Children's Hunger Alliance in its 2009 report <i>Feeding Ohio's Hungry Future: Goals for a Brighter Tomorrow</i> illustrates and asserts that "Hunger is a condition of poverty. Living with such limited resources compels families to choose between shelter, health care, education and food to prioritize accordingly. Typically impoverished families are forced to limit the number of meals they consume and to reduce the quality of their diets in the process, all in the name of saving money." (1)
The Ohio Hunger Alliance's County Profiles show that County has or percent of its residents who are living in poverty. There are children under the age of 18; of the children or percent are in poverty. (2)
The Ohio Hunger Alliance describes the effects of childhood hunger: "Those children also run the risk of suffering from so much more: impaired cognitive development and school performance; increased school absence and tardiness; decreased scores on standardized tests and lower graduation rates; increased hospitalization rates; dramatic rises in stomach aches, ear aches, colds and fatigue. Hunger takes a toll on a child's social development, too, impacting a child's ability to perform in school. Hungry children have more difficulty interacting with other children; have an increased need for mental health services and have more feelings of anxiety and hostility toward the world around them." (1)
The current economy has exacerbated the population at-risk as there has been an increase in unemployment in County to percent per the <i>Civilian Labor Force Estimates</i> – <i>January 2010</i> issued by the Ohio Department of Job and Family Services. The Ohio Department of Health Bureau of Nutrition Services issued letter 2010-055, <i>FY10 Potential Eligible Estimates</i> , indicating that County's number is This grant application is directed at serving or percent of those potentially eligible for WIC nutrition services.
http://www.childrenshungeralliance.org/documents/Hunger%20Report%202009.pdf (1)
http://www.childrenshungeralliance.org/RESOURCES/ (2)

(Attachment 10) PRIVATE PHYSICIAN/HOSPITAL/CLINIC MEDICAL SERVICES MEMORANDUM OF AGREEMENT

FY____

Physician's Name:	
Specialty:	
Office Address:	
Office Telephone Number:	
Office Hours:	
Please circle the categories of people you provide health s	ervices to:
Pregnant Women Breastfeeding Women Po	stpartum 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 Name of Local Agency	and
Name of Physician	
WHEREAS, the, as a do	esignated Local

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

WHEREAS,	, is a ph	ysician licensed by	
	Name of Physician		
		31 of the Ohio Revised Code or the State e or surgery or osteopathic medicine and	
NOW THEREFOR	E, it is mutually agreed by and between	en the Name of Local Agency	
(Hereinafter referre	ed to as the "Local Agency") and	Ç ,	
(hereinafter referred and performed.	d to as the "Physician") that the coven	Name of Physician ants enumerated in this agreement will be kep	pt
deems appropriate	± • ·	, lactation, and other services as the Physician al medical judgment to persons who seek suc	
information pertain		shall provide the Local Agency with such may require in order to determine the patient	t's
•	nderstands that the Local Agency shal atients who the Local Agency refers to	I not reimburse the Physician for providing the Physician.	
comply with all req		and in its terms and conditions of employmer pertaining to nondiscrimination and equal Civil Rights Act and pertinent federal	nt,
unless termi	nated by either party upon written noti	and shall remain in effect through September 3 ice of termination being served by the party ermination by the terminating party is required	
BY:			
Signature of the W	IC Program Director	Date	
Signature of Physic	cian or Clinic Administrator	Date	

(ATTACHMENT 11)

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 11)
(All projects listed below must fill out the bottom portion and send as an attachment.)

TABLE B TABLE A

Ashland	Highland	Portage
Ashtabula	Holmes	Richland
Athens	Huron	Ross
Belmont	Jackson	Sandusky
Carroll	Lake	Scioto
Clermont	Licking	Seneca
Columbiana	Lucas	Stark
Coshocton	Mahoning	Union
Cuyahoga	Marion	Vinton
Defiance	Medina	Williams
Delaware	Miami	Wyandot
Erie	Monroe	
Franklin	Montgomery	
Fairfield	Morrow	
Geauga	Muskingum	
Greene	Paulding	
Guernsey	Pickaway	
Hamilton	Pike	

Allen
Butler
Fayette
Gallia
Hancock
Hardin
Hocking
Jefferson
Knox
Lawrence
Logan
Morgan
Putnam
Summit
Trumbull
Tuscarawas
Washington

Yes, the project will operate the FMNP per Attachment #	11.
No, the project no longer wishes to participate in the FMI	NP or
wishes removal from the expansion project list.	

(ATTACHMENT 12)

<u>Childhood Obesity Inventory Tool</u>
Local Nutrition Education and Physical Activity Community Resources Submission Form

Project/County:	Project Contact Name:	Project Phone #:
Project Email:	Project Address:	Date:
Name of Busines	s or Physician's Practice :	
	New or Update to pro	evious entry
· ·	s of person providing service:	•
	County (if applicable)	
d. Phone number:	· · · · · · · · · · · · · · · · · · ·	
e. Additional Conta	act Information (email, website et	tc):
f. Is this Provider:	Public or Private]
g. What type of ser	vices do they offer: check all that	apply
Nutrition Counselin	g Nutrition Education	
Physical Activity Pr	rograms Other: please describe:	
	ervices designed for: check all that	
Ages 2-5 years	Ages 6-13 yea	
Ages 14-19 years	Ages 20 years	and over
: Cive additional i	nformation on the types of sourie	as this provider offers.
i. Give additional i	nformation on the types of servic	es tills provider offers:
	D D	
	s or Physician's Practice :	
•	New Update to previo	
	s of person providing service:	
	County (if applicable)	
d. Phone number:		ha) a
	act Information (email, website et Public or Private	_ ^
	vices do they offer: check all that	_
<u>-</u>	Nutrition Education	арргу
	rograms Other: please describe:	
inysical Activity I i	ograms other, picase describe.	
h. Who are these se	ervices designed for: check all that	apply
Ages 2-5 years	Ages 6-13 year	
Ages 14-19 years	Ages 20 years	
•	_ 5 ,	
i Give additional i	nformation on the types of service	es this provider offers:

Copy and paste additional pages as needed

IV. APPENDICES

Appendix 1

Local Project Funding Plan

Service Area	#N	SA Grant Total	*BF \$	-	Y11 Peer Helper unding**	1/6 equirement or Nutrition and BF	FY11 Caseload***
Adams - Brown	\$	436,395	\$ 14,422	\$	81,842	\$ 72,733	2,834
Allen		685,720	22,107		74,359	114,287	4,344
Ashtabula		786,024	18,758		107,405	131,004	3,686
Athens - Perry		547,448	15,160		62,036	91,241	2,979
Auglaize		197,329	5,832		24,035	32,888	1,146
Belmont		422,257	9,379		59,201	70,376	1,843
Butler		1,328,782	42,377		105,218	221,464	8,327
Carroll		180,788	4,305		26,123	30,131	846
Champaign		160,260	5,160		14,024	26,710	1,014
Clark		930,876	25,130		31,213	155,146	4,938
Clermont		563,374	22,107		76,860	93,896	4,344
Clinton		198,279	6,494		26,471	33,047	1,276
Coshocton		219,916	 5,863		37,987	 36,653	1,152
Crawford		258,957	 8,371		41,539	 43,160	1,645
Cuyahoga		5,355,907	 189,827		250,170	 892,651	37,301
Darke - Mercer		359,253	 13,170		20,000	 59,876	2,588
Defiance		214,818	6,310		26,969	35,803	1,240
Delaware - Union Morrow		577,810	16,860		65,927	96,302	3,313
Erie - Huron		633,821	 21,272		67,063	 105,637	4,180
Fairfield		442,362	 12,097		55,508	 73,727	2,377
Fayette		175,636	 5,888		20,023	 29,273	1,157
Franklin		6,612,162	 195,791		299,049	 1,102,027	38,473
Fulton - Henry		328,957	10,371		44,874	54,826	2,038
Gallia		222,464	 8,173		23,353	 37,077	1,606
Geauga		221,134	5,028		16,400	36,856	988
Greene		559,668	 13,863		73,850	 93,278	2,724
Guernsey		303,357	6,753		20,020	50,560	1,327
Hamilton		3,273,054	116,687		166,520	545,509	22,929
Hardin - Hancock - Putman		590,359	18,779		43,213	98,393	3,690
Harrison		136,634	3,277		16,919	22,772	644
Highland		360,973	10,204		58,952	60,162	2,005
Hocking		182,782	5,628		17,562	30,464	1,106
Holmes		193,719	4,280		29,691	32,287	841
Jackson		268,494	6,249		50,319	44,749	1,228
Jefferson		361,204	9,145		69,128	60,201	1,797
Knox		222,700	8,244		21,830	37,117	1,620
Lake		698,190	21,990		82,441	116,365	4,321
Lawrence		520,090	11,990		58,220	86,682	2,356
Licking		590,500	19,008		35,154	98,417	3,735
Logan		259,435	5,746		58,332	43,239	1,129
Lorain		933,000	29,323		119,017	155,500	5,762
Lucas		2,335,266	85,929		113,100	389,211	16,885
			, -		,	 , -	_0,000
Madison		150,810	5,374		8,955	25,135	1.056
Madison Mahoning		150,810 1,522,026	5,374 34,499		8,955 78,259	25,135 253,671	1,056 6,779

Appendix 1

Local Project Funding Plan (continued)

Service Area	#NSA Grant Total		*BF \$		FY11 Peer Helper Funding**		1/6 quirement r Nutrition and BF	FY11 Caseload***	
Medina	\$	478,070	\$	11,603	\$ 62,587		79,678	2,280	
Meigs		235,358		3,669	23,680		39,226	721	
Miami		356,235		10,570	50,650		59,373	2,077	
Monroe		174,316		3,053	26,237		29,053	600	
Montgomery		2,119,323		72,300	141,156		353,221	14,207	
Muskingum		470,635		16,524	30,548		78,439	3,247	
Noble		97,477		2,148	18,531		16,246	422	
Ottawa		110,501		3,969	18,039		18,417	780	
Paulding		103,715		3,206	20,000		17,286	630	
Pike		275,326		5,939	53,666		45,888	1,167	
Portage - Columbiana		1,137,431		33,751	78,193		189,572	6,632	
Preble		201,616		6,641	17,256		33,603	1,305	
Richland - Ashland		804,880		26,489	44,229		134,147	5,205	
Ross - Pickaway		561,787		20,046	88,254		93,631	3,939	
Sandusky		325,183		8,529	40,423		54,197	1,676	
Scioto		572,771		15,639	61,827		95,462	3,073	
Seneca		440,039		10,585	72,931		73,340	2,080	
Shelby		241,882		6,941	56,529		40,314	1,364	
Stark		1,495,045		39,328	98,606		249,174	7,728	
Summit		2,755,802		62,310	102,765		459,300	12,244	
Trumbull		1,172,661		32,544	88,115		195,443	6,395	
Tuscarawas		450,059		10,891	81,510		75,010	2,140	
Van Wert		162,228		5,181	21,267		27,038	1,018	
Vinton		166,734		3,522	23,910		27,789	692	
Warren		381,447		8,840	78,247		63,575	1,737	
Washington - Morgan		478,929		9,883	53,751		79,822	1,942	
Wayne		443,000		13,282	46,058		73,833	2,610	
Williams		211,941		6,188	28,000		35,324	1,216	
Wood		349,525		9,308	14,762		58,254	1,829	
Wyandot		154,040		3,547	8,872		25,673	697	
STATE TOTAL	\$	52,830,774	\$1	,585,647	\$ 4,372,413	\$	8,805,136	311,580	

^{*} NOTE: The amount listed for each project under "FY11 Peer Helper 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 FY11 Peer Helper Funding are a part of the grant and NOT an addition.

^{**} Includes regular NSA funds and special USDA Peer Counseling funds

^{***} Caseload ceiling is based on each projects share Participation.

of total Oct - Dec 09 closeout participation and Jan - Feb 10 Initial

Page 1 of 2

WIC Application Review Form (FY11) 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	
County:	
Reviewer	

CATEGORY	CRITERION MET	CRITERION PARTIALLY MET	CRITERION UNMET	CATEGORY SCORE
A. Program Narrative [30 points maximum]	•			
1. Executive Summary	4-5 points	1-3 points	0 points	
2. Description of Applicant Agency/Documentation of Eligibility/Personnel [5 pts. Maximum]				
	4-5 points	1-3 points	0 points	
3. Problem/Need [5 points maximum]				
4. Methodology [20 points maximum]				
	4-5 points	1-3 points	0 points	
a) management evaluation follow-up [5]				
	4-5 points	1-3 points	0 points	
b) nutrition education services plan [5]				
c) BF promotion and support plan [5]	4-5 points	1-3 points	0 points	
	4-5 points	1-3 points	0 points	
d)) Potentially Eligible plan [5]				
TOTAL OF PROGRAM NARE	RATIVE CATEGORY	_11		

Page 2 of 2

CATEGORY	CRITER ION MET	CRITERION PARTIALLY MET	CRITE RION UNMET	CATEG ORY 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 [10 points maximum] (WIC Time Study for each person on the WIC budget that matches the Personnel Budget Tool. All other requirements of ODH, such as the W-9, audit, EFT, DMA questionnaire, Health Impact Statement, Health Impact Statement of Support, liability coverage and evidence of non-profit status.)	4 – 5 points	1 – 3 points	0 points	
Additional Comments (Please \(\sigma \) appropriate box)				
Approval: Funding of proposal as submitted Approval: Funding of proposal with conditions. Please list below				
Disapproval : State reasons below				
Reviewer's Signature:				Date:
20.00.00 5 5.5hmato.				Duic.

(Appendix 3)

Ohio Department of Health GMIS 2.0 TRAINING

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

(Please Print Clearly or Type)

tax

Grant Program	RFP Due Date
County of Applicant Agend	ey
	Number
	ganization name must be the same as that on the IRS letter. This is the legal name by which the land as listed, if applicable, currently in GMIS.
Applicant Agency/Organiz	ation
Applicant Agency Address	
Agency Employee to attend	d training
Telephone Number	
E-mail Address	
GMIS 2.0 Training Author	rized by:(Signature of Agency Head or Agency Fiscal Head)
Dagwined	(Signature of Agency Head or Agency Fiscal Head)
Required Please Check One:	Yes – I ALREADY have access to the
	ODH GATEWAY (SPES, ODRS, LHIS, etc)
	No - I DO NOT have access to the ODH GATEWAY
Please indicate your training	ng date choices: 1 st choice, 2 nd choice, 3 rd choice
Mail, E-mail, or Fax To:	GAIL BYERS Grants Administration Unit
	Grants Administration Unit Ohio Department of Health
	246 N. High Street
	Columbus, Ohio 43215
	E-mail: gail.bvers@odh.ohio.gov Fax: 614-752-9783

CONFIRMATION OF YOUR GMIS 2.0 TRAINING SESSION WILL BE E-MAILED TO YOU