

MEMORANDUM

Date: April 16, 2013

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

From: Karen Hughes, MPH, Chief *KAREN F. HUGHES (RPS)*
Division of Family and Community Health Services
Ohio Department of Health

Subject: Notice of Availability of Funds – Federal Fiscal Year 2014
Special Supplemental Nutrition Program for Women, Infants, and Children (WIC)

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 provide WIC services throughout 75 geographic areas covering all of Ohio's 88 counties. Funds will be available to ensure that pregnant, breastfeeding, and postpartum women, infants, and children throughout Ohio have access to nutrition services, nutrition education, breastfeeding education and support services.

To obtain a grant application packet:

1. Go to the ODH website at <http://www.odh.ohio.gov/>
2. From the home page, place cursor on "Our Programs" in upper, right-hand corner;
3. From the drop-down menu, click on "Funding Opportunities;"
4. On the next page, click on "ODH Funding Opportunities;"
5. On the next page, click on "ODH Grants;"
6. On the next page, click on "Grants Requests for Proposal;" this will give you a pull down menu with current RFPs by name; and
7. Select and highlight the WIC FY14 RFP and click "Submit." This process invokes Adobe Acrobat and displays the entire RFP. You can either read and/or print the document as desired.

In the application packet you will find:

1. 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.
2. *Notice of Intent to Apply for Funding (NOIAF)* form – The purpose of this document is to ascertain your intent to apply for available grant funds. Please note: The NOIAF must be submitted no later than May 28, 2013 to be eligible for these funds. NOIAF's not received by the due date will not be accepted.

When you have accessed the application packet:

1. Review the RFP to determine your organization's ability to meet the requirements of the

grant and your intent to apply.

2. If after reviewing the RFP you wish to submit an application for the grant, complete the *Notice of Intent to Apply for Funding* form in the application packet. Fax or e-mail it to ODH, per the listed instructions and by the indicated due date of May 28, 2013. The *Notice of Intent to Apply for Funding* form is mandatory, if you intend to apply for the grant.

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

1. Create a grant application project number for your organization. This project number will allow you to submit an application via the Internet using the Grants Management Information System (GMIS 2.0). All grant applications must be submitted via the Internet using GMIS 2.0.
2. ODH will assess your organization's GMIS 2.0 training needs (as indicated on the completed *Notice of Intent to Apply for Funding* form) and contact you regarding those needs. GMIS 2.0 training is mandatory if your organization has never been trained on GMIS 2.0.

Once ODH receives your completed *Notice of Intent to Apply for Funding* form, creates the project number for your organization and finalizes all GMIS 2.0 training requirements, you may proceed with the application process as outlined in the RFP.

All potential applicants are encouraged to participate in a Bidders Conference that will be held via conference call on May 22, 2013, conference telephone number 1-800-510-7500, PIN number 2464155, 10:00am – 12:00pm. The Bidders Conference will provide an opportunity for interested parties to learn more about the RFP and to ask clarifying questions. Please contact Alison Murphy, Nutrition and Administrative Services Supervisor, at (614) 644-7956 or email at Alison.Murphy@odh.ohio.gov to register.

All applications and attachments are due Monday, July 8, 2013. Electronic applications received after Monday, July 8, 2014 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. All organizations are required to attend GMIS 2.0 training. If your organization has not been trained, complete and return the GMIS 2.0 training form by Monday, May 20, 2013.

If you have questions regarding this application, please contact Alison Murphy, Nutrition and Administrative Services Supervisor, at (614) 644-7956 or email at Alison.Murphy@odh.ohio.gov



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

REQUEST FOR PROPOSALS (RFP)

FOR

FISCAL YEAR 2014

(10/01/13 – 09/30/14)

**Local Public Applicant Agencies
Non-Profit Applicants**

COMPETITIVE GRANT APPLICATION INFORMATION

Revised 8/29/12
For grant starts 04/01/2013 and thereafter

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D. Notice of Intent to Apply

I. APPLICATION SUMMARY and GUIDANCE

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

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

- A. Policy and Procedure:** Uniform administration of all the ODH grants is governed by the ODH Grants Administration Policies and Procedures (GAPP) manual. This manual must be followed to ensure adherence to the rules, regulations and procedures for preparation of all Subgrantee applications. The GAPP manual is available on the ODH website <http://www.odh.ohio.gov>. (From the home page, place cursor on “Our Programs” in upper, right-hand corner; from the drop-down menu, click on “Funding Opportunities;” on the next page, click on “ODH Funding Opportunities;” on the next page, click on “ODH Grants;” on the next page, click on the “GAPP Chapter” you wish to view.) Please refer to Policy and Procedure updates found on the GMIS bulletin board.
- B. Application Name:** Special Supplemental Nutrition Program for Women, Infants, and Children (WIC)
- C. Purpose:** *The purpose of the WIC program is to improve 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 nonprofit 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 criteria must be met for grant applications to be eligible for review:

1. Applicant doesn’t owe funds in excess of \$1,000 to the ODH.
2. Applicant isn’t certified to the Attorney General’s (AG’s) office.
3. Applicant has submitted application and all required attachments by 4:00 p.m. on Monday, July 8, 2013.

The following are program-specific subgrantee agency responsibilities:

Ensure full use of the grant provided for WIC program service delivery, and exclude the grant from budget restrictions including hiring freezes, work furloughs, and travel restrictions that would impact or diminish service availability and services provided to WIC participants or applicants.

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

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, other personal ties, or business relationships. Each employee must review and comply with the "Conflict of Interest and Misuse or Illegal Use of Program Funds, Assets, or Property" section of the Ohio WIC P&P Manual.

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

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 the FY14 Local Project Funding and Caseload Plan attachment.

F. Number of Grants and Funds Available: A maximum of 75 grants totaling \$45,886,925 may be awarded. The maximum funding that will be awarded to each designated service area is listed in the FY14 Local Project Funding and Caseload Plan attachment in the FY14 Total NOA 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: All parts of the application must be completed and received by ODH electronically via GMIS or via ground delivery by 4:00 p.m. on Monday, July 8, 2013. Applications and required attachments received late will not be considered for review.

Contact Alison Murphy at (614) 644-7956 or alison.murphy@odh.ohio.gov with any questions.

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 amendments and reauthorizations.

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

- Nutritional risk assessment;
- Individual and group nutrition education sessions,
- Breastfeeding promotion, education and support;
- Referral to prenatal and pediatric health care and other maternal and child health and human 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 or partially breastfed infant, iron-fortified infant formula.

J. Program Period and Budget Period: The three-year program period will begin October 1, 2013 and end on September 30, 2016. The one-year budget period for this application is October 1, 2013 through September 30, 2014.

K. Public Health Accreditation Board (PHAB) Standard(s): This grant program will address PHAB standard 3.1: Provide Health Education and Health Promotion Policies, Programs, Processes, and Interventions to Support Prevention and Wellness.) The PHAB standards are available at the following website:

<http://www.phaboard.org/wp-content/uploads/PHAB-Standards-Overview-Version-1.0.pdf>

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

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

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

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

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

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

M. Incorporation of Strategies to Eliminate Health Inequities

Health Equity Component (Standard Health Equity Language)

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

1. Explain the extent to which health disparities and/or health inequities are manifested within the problem addressed by this funding opportunity. This includes the identification of specific group(s) which experiences a disproportionate burden of disease or health condition (This information must be supported by data.);
2. Explain how specific social and environmental conditions (social determinants of health) put groups who are already disadvantaged at increased risk for health inequities; and
3. Explain how proposed program interventions will address this problem.

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

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

Certain groups in Ohio face significant barriers to achieving the best health possible. These groups include Ohio's poorest residents and racial and ethnic minority groups. Health disparities occur when these groups experience more disease, death or disability beyond what would normally be expected based on their relative size of the population. Health disparities are often characterized by such measures as disproportionate incidence, prevalence and/or mortality rates of diseases or health conditions. Health is largely determined by where people live, work and play. Health disparities are unnatural and can occur because of socioeconomic status, race/ethnicity, sexual orientation, gender, disability status, geographic location or some combination of these factors. Those most impacted by health disparities also tend to have less access to resources like healthy food, good housing, good education, safe neighborhoods, freedom from racism and other forms of discrimination. These are referred to as **social determinants of health**. Social determinants are the root causes of health disparities. The systematic and unjust distribution of social determinants resulting in negative health outcomes is

referred to as **health inequities**. As long as health inequities persist, those aforementioned groups will not achieve their best possible health. The ability of marginalized groups to achieve optimal health (like those with access to social determinants) is referred to as **health equity**. Public health programs that incorporate social determinants into the planning and implementation of interventions will greatly contribute to the elimination of health inequities.

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

<http://www.healthyohioprogram.org/healthequity/equity.aspx>.

Note: a completed Attachment 9 meets the requirement for this section.

- N. Appropriation Contingency:** Any award made through this program is contingent upon the availability of funds for this purpose. **The subgrantee agency must be prepared to support the costs of operating the program in the event of a delay in grant payments. WIC is 100 percent federally funded and funds may be delayed due to Congressional Continuing Resolutions.**
- O. Programmatic, Technical Assistance and Authorization for Internet Submission:** Initial authorization for Internet submission, for new agencies, will be granted after participation in the GMIS training session. All other agencies will receive their authorization after the posting of the RFP to the ODH website and the receipt of the Notice of Intent to Apply for Funding (NOIAF). Please contact (Alison Murphy, at Alison.Murphy@odh.ohio.gov or (614) 644-7956) with questions regarding this RFP.
- Applicant must attend or must document in the NOIAF prior attendance at GMIS training in order to receive authorization for Internet submission.
- P. Acknowledgment:** An 'Application Submitted' status will appear in GMIS that acknowledges ODH system receipt of the application submission.
- Q. Late Applications:** Applications are dated the time of actual submission via the Internet utilizing GMIS. Required attachments and/or forms sent electronically must be transmitted by the application due date. Required attachments and/or forms mailed that are non-Internet compatible must be postmarked or received on or before the application due date of **Monday, July 8, 2013.**
- Applicants should request a legibly dated postmark, or obtain a legibly dated receipt from the U.S. Postal Service, or a commercial carrier. Private metered postmarks shall **not** be acceptable as proof of timely mailing. Applicants can hand-deliver attachments to ODH, Grants Services Unit, Central Master Files; but they must be delivered by **4:00 p.m.** on the application due date. Fax attachments will not be accepted. **GMIS applications and required application attachments received late will not be considered for review.**
- R. Successful Applicants:** Successful applicants will receive official notification in the form of a Notice of Award (NOA). The NOA, issued under the signature of the Director of Health, allows for expenditure of grant funds.
- S. Unsuccessful Applicants:** Within 30 days after a decision to disapprove or not fund a grant application for a given 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. Describe specific objectives, activities, milestones and outcomes with respect to time-lines and resources;
5. Estimates reasonable cost to the ODH, considering the anticipated results;
6. Indicates that program personnel are well qualified by training and/or experience for their roles in the program and the applicant organization has adequate facilities and personnel;
7. Provides an evaluation plan, including a design for determining program success;
8. Is responsive to the special concerns and program priorities specified in the RFP;
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;
11. Explicitly identifies specific groups in the service area who experience a disproportionate burden of the diseases, health condition(s); or who are at an increased risk for problems addressed by this funding opportunity; and,
12. Applicant describes activities which supports the requirements outlined in sections I. thru M. of this RFP.

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 B. **Applicants need not complete or submit the WIC Application Review form.** 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) SMART objectives.

B. Completed Attachments: (30 points)

C. Budget: (30 points)

1. Narrative to include fiscal plans for the program, detailing any costs associated with operation of the clinics and justification for same.
2. ODH 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, Health Impact Statement, Health Impact Statement of Support, liability coverage and evidence of non-profit status.

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

- U. Freedom of Information Act:** The Freedom of Information Act (5 U.S.C.552) and the associated Public Information Regulations require the release of certain information regarding grants requested by any member of the public. The intended use of the information will not be a criterion for release. Grant applications and grant-related reports are generally available for inspection and copying except that information considered being an unwarranted invasion of personal privacy will not be disclosed. For guidance regarding specific funding sources, refer to: 7 CFR Part 1 for funds from the U.S. Department of Agriculture.
- V. Ownership Copyright:** Any work produced under this grant, including any documents, data, photographs and negatives, electronic reports, records, software, source code, or other media, shall become the property of ODH, which shall have an unrestricted right to reproduce, distribute, modify, maintain, and use the work produced. If this grant is funded in whole, or in part, by the federal government, unless otherwise provided by the terms of that grant or by federal law, the federal funder also shall have an unrestricted right to reproduce, distribute, modify, maintain, and use the work produced. No work produced under this grant shall include copyrighted matter without the prior written consent of the owner, except as may otherwise be allowed under federal law.

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

“This work is funded either in whole or in part by a grant awarded by the Ohio Department of Health, Bureau of Nutrition Services, WIC Program and as a sub-award of a grant issued by [The United States Department of Agriculture] under the [Special Supplemental Nutrition Program for Women, Infants, and Children (WIC)] grant, grant award number [2OH700005], and CFDA number [10.557].”

- W. Reporting Requirements:** Successful applicants are required to submit subgrantee program and expenditure reports. Reports must adhere to the ODH 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 future agency payments.

Reports shall be submitted as follows:

- 1. Program Reports:** Subgrantees Program Activity Reports must be completed and submitted via GMIS as required by the Subgrant program by the following dates: (January 15, April 15, July 15 and October 15, 2014.) Any paper non-Internet compatible report attachments must be submitted to Central Master Files by the specific report due date. **Program Reports that do not include required attachments will not be approved.** All program report attachments must clearly identify the authorized program name and grant number.

Submission of Subgrantee Program Reports via the ODH's (GMIS) indicates acceptance of the ODH GAPP.

- 2. Periodic Expenditure Reports:** Subgrantee Expenditure Reports **must** be completed and

submitted **via GMIS** by the following dates: January 15, April 15, July 15, and October 15, 2014.

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

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

4. **Inventory Report:** A list of all equipment purchased in whole or in part with **current** grant funds (Equipment Section of the approved budget) must be submitted via GMIS as part of the 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 on WIC's Equipment Management Spreadsheet with the fourth Quarterly Activity Report (QAR) via GMIS.** At least once every two years, inventory must be physically inspected by the subgrantee. Equipment purchased with ODH grant funds must be tagged as property of ODH for inventory control. Such equipment may be required to be returned to ODH at the end of the grant program period.

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

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

1. To advance political or religious points of view or for fund raising or lobbying; but must be used solely for the purpose as specified in this announcement;
2. To disseminate factually incorrect or deceitful information;
3. Consulting fees for salaried program personnel to perform activities related to grant objectives;
4. Bad debts of any kind;
5. Lump sum indirect or administrative costs;
6. Contributions to a contingency fund;
7. Entertainment;
8. Fines and penalties;
9. Membership fees -- unless related to the program and approved by ODH;
10. Interest or other financial payments;
11. Contributions made by program personnel;
12. Costs to rent equipment or space owned by the funded agency;
13. Inpatient services;
14. The purchase or improvement of land; the purchase, construction, or permanent improvement

- of any building;
- 15. Satisfying any requirement for the expenditure of non-federal funds as a condition for the receipt of federal funds;
- 16. Travel and meals over the current state rates (see OBM website: <http://obm.ohio.gov/MiscPages/TravelRule> then click on OBM Travel Rule.)
- 17. Costs related to out-of-state travel, unless otherwise approved by ODH, and described in the budget narrative;
- 18. Training longer than one week in duration, unless otherwise approved by ODH;
- 19. Contracts for compensation with advisory board members;
- 20. Grant-related equipment costs greater than \$300, unless justified and approved by ODH;
- 21. Payments to any person for influencing or attempting to influence members of Congress or the Ohio General Assembly in connection with awarding of grants;

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 and/or recovery of those funds.

- Z. Audit:** Subgrantees currently receiving funding from the ODH are responsible for submitting an independent audit report that meets OMB Circular A-133 requirements, a copy of the auditor’s management letter, a corrective action plan (if applicable) and a data collection form (for single audits) within 30 days of the receipt of the auditor’s report, but not later than nine months after the end of the subgrantee’s fiscal year.

Subgrantees that expend \$500,000 or more in federal awards per fiscal year are required to have a single audit. The fair share of the cost of the single audit is an allowable cost to federal awards provided that the audit was conducted in accordance with the requirements of OMB Circular A-133.

Subgrantees that expend less than the \$500,000 threshold require a financial audit conducted in

accordance with Generally Accepted Government Auditing Standards. **The financial audit is not an allowable cost to the program.**

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

Sub-grantee 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 sub-grants passed-through the ODH; and,
- Summarizes a Corrective Action Plan (CAP) to address the findings. A copy of the CAP should be attached to the cover letter.

AA. Submission of Application

Formatting Requirements:

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

The GMIS application submission must consist of the following:

**Complete
& Submit
Via Internet**

1. Application Information
2. Project Narrative
3. Project Contacts
4. Budget
 - Primary Reason
 - Funding
 - Cash Needs
 - Justification
 - Personnel
 - Other Direct Costs
 - Equipment
 - Contracts
 - Compliance Section D
 - Summary
5. Civil Rights Review Questionnaire (EEO Survey)
6. Assurances Certification

7. Federal Funding Accountability and Transparency Act (FFATA) reporting form
8. Electronic Funds Transfer (EFT) form (**Required if new agency, thereafter only if banking information has changed.**)
9. IRS W-9 Form (**Required if new agency, thereafter only when tax identification number or agency address information has changed.**)
One of the following forms must accompany the IRS W-9 Form:
 - a. Vendor Information Form (**New Agency Only**)
 - b. Vendor Information Change Form (**Existing agency with tax identification number, name and/or address change(s).**)
 - c. Change request in writing on agency letterhead (**Existing agency with tax identification number, name and/or address change(s).**)
10. Public Health Impact Statement
11. Statement of Support from the Local Health Districts
12. Liability Coverage (**Non-Profit organizations only; proof of current liability coverage and thereafter at each renewal period.**)
13. Evidence of Non-Profit Status (**Non-Profit organizations only**)
14. Attachments as required by Program
 - FY14 Clinic and Staff Data Sheets (Attachment 1)
 - Breastfeeding Peer Helper Program Budget/Expenditure Form (Attachment 2)
 - Personnel Budget Tool (Attachment 3)
 - FY14 Voter Registration Assistance Plan (Attachment 4)
 - Clinic Self-Assessment Activity (Attachment 5)
 - WIC Farmers' Market Nutrition Program Responsibilities (Attachment 6)
 - Childhood Obesity Inventory Tool (Attachment 7)
 - Private Physician/Hospital/Clinic Medical Services Memorandum of Agreement (MOA) (Attachment 8)
 - Statement of Intent to Pursue Health Equity Strategies (Attachment 9)
 - WIC Time Study (Attachment 10)
 - Program Attachment Checklist (Attachment 11)

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

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

1. Current Independent Audit (latest completed organizational fiscal period; **only if not previously submitted**)

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

II. APPLICATION REQUIREMENTS AND FORMAT

Access to GMIS, will be provided after GMIS training for those agencies requiring training. All others will receive access after the RFP is posted to the ODH website.

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

- A. Application Information:** Information on the applicant agency and its administrative staff must be accurately completed. This information will serve as the basis for necessary communication between the agency and the ODH.
- B. Budget:** Prior to completion of the budget section, please review pages 10 and 11 of the RFP for unallowable costs. Also, please review Budget Justification Example posted on the ODH GMIS Bulletin Board.

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

- 1. Primary Reason and Justification Pages:** Provide a detailed budget justification narrative that describes how the categorical costs are derived. Discuss the necessity, reasonableness, and allocability of the proposed costs. Describe the specific functions of the personnel, consultants and collaborators. Explain and justify equipment, travel, (including any plans for out-of-state travel), supplies and training costs. If you have joint costs refer to GAPP Chapter 100, Section 103 and the Compliance Section D (9) of the application for additional information.

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 and Contracts:** Submit a budget with these sections and form(s) completed as necessary to support costs for the period October 1, 2013 to September 30, 2014.

- Please compare the maximum funding level listed for your program in the FY14 Local Project Funding and Caseload Plan attachment with your projected costs. A budget for less than the maximum funding will be accepted.
- The total amount of money spent on nutrition education and breastfeeding support must not be less than one-sixth of the total amount of program spending.
- Distribute 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. The health insurance and fringe costs are not to be placed only in Administration (A) unless a staff member is 100 percent administration time.

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

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

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

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

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

4. Funding, Cash Needs and Budget Summary Sections: Enter information about the funding sources and forecasted cash needs for the program. Distribution should reflect the best estimate of need by quarter. Failure to complete and balance this section will cause delays in receipt of grant funds.

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

Begin writing your RFP response to each item below in the format provided.

D. Project Narrative:

1. Executive Summary:

- a) Identify the WIC population, services (food, referrals, nutrition education, and breastfeeding support) and programs to be offered and what agency or agencies will provide these services.
- b) Identify the burden of health disparities and health inequities. Describe the public health problem(s) that the program will address (completion of Attachment 9 meets this requirement).

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 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.
- d) Note any personnel or equipment deficiencies that will need to be addressed in order to carry out this grant. Describe plans for hiring and training, as necessary. Delineate all personnel who will be directly involved in program activities. Include the relationship between program staff members, staff members of the applicant agency, and other partners and agencies that will be working on this program. Include position descriptions for these staff.
- e) Confirm the licensure status of health professional positions. State whether all licenses have been updated or when they will be updated based upon expiration dates.

3. Problem/Need:

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

Explicitly describe segments of the target population who experience a disproportionate burden for the health concern or issue, or who are at an increased risk for the problem addressed by this funding opportunity. Completion of Attachment 9 fulfills this requirement.

- 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 payment and/or reduced fees for services. Attachment 8 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 agencies/organizations also addressing this problem/need. 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 FY14 project's plans regarding coordination with other community entities and outline council, committee, and project plans.

4. Methodology: Two objectives are provided for in this application in the Specific Measureable, Attainable, Realistic & Time-Phased (SMART) format: One is follow-up for FY13 outcome and the other is new for FY14.

- a) FY13 SMART Objective

"Between October 1, 2012 and September 30, 2013, the _____ local WIC project planned to increase the percent of breastfed infants from ___ percent to ___percent.

Based on the breastfeeding data in the 2013 eQAR reports, please evaluate accomplishment of the above goal to date. If trends do not support the goal, explain action steps for improvement.

b) FY14 SMART Objective

During the 2013-2014 fiscal year (timeline of October 1, 2013 – September 30, 2014), the _____ local WIC program will train 100% of WIC staff and implement the Alcohol Screening Brief Intervention (ASBI) process for pregnant women applicants and participants. Measurements of meeting this objective will be the numbers of staff trained and the numbers of screenings and brief interventions that are conducted during the fiscal year. Instructions on reporting the numbers will be provided at or before the training sessions begin. |

- c) 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 FY13 third quarter ME or new grantee agencies do not need to respond in this application.
- d) Plans for providing Nutrition Education:
1. Describe the specific methods used to provide nutrition education to WIC participants (i.e., group classes, internet, cooperative extension, telephone education).
 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, and class outlines are up to date?
 5. How do you ensure that nutrition education materials, modules, and class outlines meet the needs of each participant category?
 6. Describe the plan for processing high-risk participants. Is your local plan the same as the state's high-risk plan? If your local plan is different, provide the differences. See WIC Policy and Procedure Manual Section 403 for the state's high-risk plan.
 7. Has the focus on VENA (participant centered counseling, goal setting, etc.) enhanced nutrition education for your project? Explain.
 8. The Childhood Obesity Inventory Tool is submitted with the quarterly program report. Verify that you track referrals in the WIC system by entering code 21 in the referral box.
- e) Plans for breastfeeding promotion and support:
1. WIC policy requires that projects train staff to support breastfeeding. What is each staff person's role in supporting breastfeeding? List their roles by job title. Describe your project's plans for providing breastfeeding support training to all staff in FY14.
 2. What are your project's breastfeeding goals for FY14? Explain how you will achieve those goals.
 3. Describe the project's plan for addressing breastfeeding and medical problems that are beyond the skill level of WIC health professionals. Please provide at least one name and contact information for a local IBCLC used for referral.
 4. WIC breast pump policy requires projects to provide breast pumps to qualifying WIC participants. Describe your project's pump program. How do you ensure women have a successful experience with pumping?
 5. How can WIC and your agency improve support for breastfeeding women (staff, clients, and community members)?
 6. How does your WIC breastfeeding peer helper program help moms achieve their

breastfeeding goals?

7. Describe breastfeeding partners in your community and the activities planned for promoting, protecting and supporting breastfeeding during FY14. (This could include ideas for FY14 Breastfeeding Awareness Month activities as well as other special breastfeeding activities planned.)

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

F. Federal Funding Accountability and Transparency Act (FFATA) Requirements:

FFATA was signed on September 26, 2006. FFATA requires ODH to report all subgrants receiving \$25,000 or more of federal funds. All applicants applying for ODH grant funds are required to complete the FFATA Reporting Form in GMIS.

All applicants for ODH grants are required to obtain a Data Universal Number System (DUNS) and a Central Contractor Registration Number (CCR) and submit the information in the grant application, Attachment B. For information about the DUNS, go to <http://fedgov.dnb.com/webform>. For information about CCR go to www.ccr.gov.

Information on Federal Spending Transparency can be located at www.USAspending.gov or the Office of Management and Budget's website for Federal Spending Transparency at www.whitehouse.gov/omb/open.

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

G. Electronic Funds Transfer (EFT) Form: Print in PDF format and attach in GMIS. **(Required only if new agency; thereafter, only when banking information has changed.)**

H. Internal Revenue Service (IRS) W-9 and Vendor Forms: Print in PDF format and attach in GMIS. **(Required if new agency; thereafter, only when tax identification number or agency address information has changed.) One of the following forms must accompany the IRS, W-9:**

1. **Vendor Information Form (New Agency Only), or**
2. **Vendor Information Change Form (Existing agency with tax identification number, name and/or address change(s).)**
3. **Change request in writing on Agency letterhead (Existing agency with tax identification number, name and/or address change(s).)**

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

I. Public Health Accreditation Board Standards: Attach in GMIS the PHAB Standards that will be addressed by grant activities.

J. Public Health Impact: Only for applicants which are not local health departments, attach in GMIS

the response/statement(s) of support from the local health district(s) to your agency's communication regarding the impact of the proposed grant activities on the PHAB Standards. If a statement of support from the local health districts is not available, indicate that and submit a copy of the program summary your agency forwarded to the local health district(s).

- K. Liability Coverage:** Liability coverage is required for all non-profit agencies. Non-profit organizations **must** submit documentation validating current liability coverage. Attach in GMIS the Certificate of Insurance Liability (**Non-Profit organizations only; current liability coverage and thereafter at each renewal period.**)
- L. Non-Profit Organization Status:** Non-profit organizations **must** submit documentation validating current status. Attach in GMIS the Internal Revenue Services (IRS) letter approving non-tax exempt status.
- M. Attachment(s):** Attachments are documents deemed necessary to the application that are not a part of the GMIS system. All attachments must clearly identify the authorized program name and program number. All attachments must be submitted as a PDF, Microsoft Word or Microsoft Excel document. Please see the GMIS bulletin board for instructions on how to submit attachments in GMIS. Required attachments are provided as internet compatible. If an applicant has non-internet compatible attachments, a minimum of an original and one copy of non-Internet attachments are required. Attachments that are non-Internet compatible must be postmarked or received on or before the application due date. An original and one copy of non-Internet compatible attachments must be mailed to the ODH, Grants Services Unit, Central Master Files address by 4:00 p.m. on or before July 8, 2012).

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.

FY14 Local Projects Funding and Caseload Plan

This attachment provides the Nutrition Services and Administration grant and assigned caseload for each of the 75 projects.

1. FY14 Clinic and Staff Data Sheet (Attachment 1)

The Clinic and Staff Data Sheet must be submitted for each clinic site in FY14. The application includes one clinic data sheet form. Copy and paste the number of forms needed for FY14. 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. Breastfeeding Peer Helper Program Budget/Expenditure Form (Attachment 2)

Complete the Sample Peer Project Budget/Expenditure to assist with tracking the peer budget.

3. Personnel Budget Tool (Attachment 3)

Submit the Personnel Budget Tool with the FY14 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 FY13 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 closely as possible with the GMIS 2.0 salary and fringes.**

4. FY2014 Voter Registration Assistance Plan (Attachment 4)

Attachment 4 is the FY2014 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.**

5. Clinic Self-Assessment Activity (Attachment 5)

Complete Attachment 5 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 FY14.

The application includes one Attachment 5. 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 statewide to help make clinic areas more VENA-like.

6. WIC Farmers’ Market Nutrition Program (FMNP) Responsibilities (Attachment 6)

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

7. Childhood Obesity Inventory Tool (Attachment 7)

Provide any updates such as change of contact information or discontinuation of service for those community entities that were listed in the FY13 grant. Complete this Attachment for any new entities that have emerged since FY13. 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.

8. Private Physician/Hospital/Clinic Medical Services Memorandum of Agreement (MOA) (Attachment 8)

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.

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 1 ½ 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 combating hunger and meeting nutritional needs in the local project community.

10. WIC Time Study (Attachment 10)

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) 2013-020**. Attachment 10 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 3.**

11. Program Attachment Checklist (Attachment 11)

The Program Attachment Checklist is to be used to verify for both local staff and State WIC that required attachments have been included. Place an X in the checkbox on the left as appropriate and return with the RFP.

III. APPENDICES

A. GMIS Training Form

B. WIC Application Review Form

C. Other Program Documents

- FY14 Local Project Funding and Caseload Plan
- FY14 Clinic and Staff Data Sheets (Attachment 1)
- Breastfeeding Peer Helper Program Budget/Expenditure Form (Attachment 2)
- Personnel Budget Tool (Attachment 3)
- FY14 Voter Registration Assistance Plan (Attachment 4)
- Clinic Self-Assessment Activity (Attachment 5)
- WIC Farmers' Market Nutrition Program Responsibilities (Attachment 6)
- Childhood Obesity Inventory Tool (Attachment 7)
- Private Physician/Hospital/Clinic Medical Services Memorandum of Agreement (MOA) (Attachment 8)
- Statement of Intent to Pursue Health Equity Strategies (Attachment 9)
- WIC Time Study (Attachment 10)
- Program Attachment Checklist (Attachment 11)

D. Notice of Intent to Apply for Funding

WIC Application Review Form (FY14)
Ohio Department of Health
Bureau of Nutrition Services

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

Project Title _____ Project Number _____ Agency _____

County _____ Reviewer _____

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

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

FY14 Local Project Funding and Caseload Plan

Local Project	FY14 NSA Portion of NOA	FY14 Peer Portion of NOA*	FY14 Total NOA	NSA BF Requirement**	1/6 NSA Requirement for Nutrition and BF**	FY14 Caseload	FY14 BF Initiation Rate Target
ADAMS/BROWN COUNTY WIC PROGRAM	\$ 401,624	\$ 15,403	\$ 417,027	\$ 12,853	\$ 66,937	2,292	44.7%
ALLEN COUNTY WIC PROGRAM	617,925	22,268	640,193	19,605	102,988	3,496	59.9%
ASHTABULA COUNTY WIC PROGRAM	546,897	18,937	565,834	17,760	91,150	3,167	64.6%
ATHENS/PERRY CNTY WIC PROGRAM	422,374	17,807	440,181	13,840	70,396	2,468	63.1%
AUGLAIZE COUNTY WIC PROGRAM	182,381	10,015	192,396	4,744	30,397	846	62.0%
BELMONT COUNTY WIC PROGRAM	303,098	12,883	315,981	8,406	50,516	1,499	46.9%
BUTLER COUNTY WIC PROGRAM	1,253,974	41,589	1,295,563	47,340	208,996	8,442	56.2%
CARROLL COUNTY WIC PROGRAM	138,556	8,711	147,267	3,583	23,093	639	58.2%
CHAMPAIGN CNTY WIC PGM	148,964	10,247	159,211	4,346	24,827	775	55.4%
CLARK COUNTY WIC PROGRAM	665,040	24,296	689,336	20,446	110,840	3,646	45.3%
CLERMONT COUNTY WIC PROGRAM	553,299	22,674	575,973	20,900	92,217	3,727	56.2%
CLINTON COUNTY WIC PROGRAM	177,304	10,942	188,246	6,286	29,551	1,121	46.6%
COSHOCTON COUNTY WIC PROGRAM	195,805	10,942	206,747	5,832	32,634	1,040	59.5%
CRAWFORD COUNTY WIC PROGRAM	240,122	12,361	252,483	7,828	40,020	1,396	59.9%
CUYAHOGA COUNTY WIC PROGRAM	4,944,791	143,321	5,088,112	174,422	824,132	31,104	59.8%
DARKE/MERCER COS. WIC PROGRAM	343,329	15,924	359,253	12,561	57,222	2,240	54.4%
DEFIANCE COUNTY WIC PROGRAM	198,206	10,363	208,569	5,557	33,034	991	46.7%
DELUNION/MORROW CNTY WIC PGM	496,753	19,169	515,922	15,141	82,792	2,700	57.6%
ERIE/HURON COUNTY WIC PROGRAM	590,508	21,573	612,081	18,601	98,418	3,317	63.2%
FAIRFIELD COUNTY WIC PROGRAM	351,457	14,418	365,875	10,952	58,576	1,953	59.1%
FAYETTE COUNTY WIC PROGRAM	168,449	10,218	178,667	5,187	28,075	925	50.9%
FRANKLIN COUNTY WIC PROGRAM	5,526,666	162,062	5,688,728	197,075	921,111	35,143	60.4%
FULTON/HENRY CO. WIC PROGRAM	307,503	13,230	320,733	9,163	51,251	1,634	67.1%
GALLIA COUNTY WIC PROGRAM	210,682	11,782	222,464	7,094	35,114	1,265	48.5%
GEAUGA COUNTY WIC PROGRAM	174,319	9,841	184,160	4,559	29,053	813	70.0%
GREENE COUNTY WIC PROGRAM	407,353	18,010	425,363	13,212	67,892	2,356	64.3%
GUERNSEY COUNTY WIC PROGRAM	234,491	12,072	246,563	7,357	39,082	1,312	50.5%
HAMILTON COUNTY WIC PROGRAM	3,016,309	93,092	3,109,401	112,278	502,718	20,022	60.5%
HANCOCK/HARDIN/PUTNAM WIC PROGRAM	524,003	19,024	543,027	16,941	87,334	3,021	56.0%
HARRISON COUNTY WIC PROGRAM	98,433	8,103	106,536	2,394	16,406	427	44.1%
HIGHLAND COUNTY WIC PROGRAM	325,452	13,810	339,262	9,286	54,242	1,656	42.7%
HOCKING COUNTY WIC PROGRAM	169,226	10,507	179,733	4,912	28,204	876	58.3%
HOLMES COUNTY WIC PROGRAM	146,526	9,291	155,817	3,824	24,421	682	77.0%
JACKSON COUNTY WIC PROGRAM	201,295	10,189	211,484	5,961	33,549	1,063	44.9%
JEFFERSON COUNTY WIC PROGRAM	279,755	12,072	291,827	8,597	46,626	1,533	46.3%
KNOX COUNTY WIC PROGRAM	224,596	12,332	236,928	7,963	37,433	1,420	62.1%
LAKE COUNTY WIC PROGRAM	618,630	23,224	641,854	21,522	103,105	3,838	66.6%
LAWRENCE COUNTY WIC PROGRAM	345,705	14,592	360,297	10,728	57,618	1,913	36.3%
LICKING COUNTY WIC PROGRAM	555,208	20,530	575,738	19,190	92,535	3,422	53.8%
LOGAN COUNTY WIC PROGRAM	195,358	10,478	205,836	5,322	32,560	949	54.9%
LORAIN COUNTY WIC PROGRAM	833,289	26,903	860,192	29,541	138,882	5,268	45.1%
LUCAS COUNTY WIC PROGRAM	2,154,175	64,328	2,218,503	81,749	359,029	14,578	53.4%

FY14 Local Project Funding and Caseload Plan (continued)

Local Project	FY14 NSA Portion of NOA	FY14 Peer Portion of NOA*	FY14 Total NOA	NSA BF Requirement**	1/6 NSA Requirement for Nutrition and BF**	FY14 Caseload	FY14 BF Initiation Rate Target
MADISON COUNTY WIC PROGRAM	\$ 146,843	\$ 10,102	\$ 156,945	\$ 5,142	\$ 24,474	917	53.7%
MAHONING COUNTY WIC PROGRAM	896,070	28,728	924,798	29,121	149,345	5,193	53.2%
MARION COUNTY WIC PROGRAM	360,529	15,837	376,366	11,215	60,088	2,000	54.2%
MEDINA COUNTY WIC PROGRAM	350,529	14,592	365,121	9,965	58,422	1,777	67.0%
MEIGS COUNTY WIC PROGRAM	147,003	9,580	156,583	3,970	24,501	708	47.7%
MIAMI COUNTY WIC PROGRAM	333,635	13,694	347,329	9,550	55,606	1,703	52.1%
MONROE COUNTY WIC PROGRAM	99,319	8,103	107,422	2,787	16,553	497	56.5%
MONTGOMERY CNTY. WIC PROGRAM	1,950,651	62,706	2,013,357	69,597	325,109	12,411	58.3%
MUSKINGUM COUNTY WIC PROGRAM	487,899	16,533	504,432	14,288	81,317	2,548	51.8%
NOBLE COUNTY WIC PROGRAM	76,022	8,132	84,154	1,839	12,670	328	52.1%
OTTAWA COUNTY WIC PROGRAM	101,355	9,146	110,501	3,533	16,893	630	61.3%
PAULDING COUNTY WIC PROGRAM	91,653	8,306	99,959	2,793	15,276	498	60.6%
PIKE COUNTY WIC PROGRAM	194,243	10,536	204,779	5,540	32,374	988	42.8%
PORTAGE/COLUMBIANA WIC PROGRAM	874,038	30,350	904,388	30,332	145,673	5,409	64.6%
PREBLE COUNTY WIC PROGRAM	190,384	11,232	201,616	5,608	31,731	1,000	61.4%
RICHLAND/ASHLAND CNTY WIC PRG	666,978	25,715	692,693	24,113	111,163	4,300	51.1%
ROSS/PICKAWAY COUNTY WIC PROG.	536,822	18,415	555,237	18,449	89,470	3,290	42.6%
SANDUSKY COUNTY WIC PROGRAM	282,355	13,520	295,875	7,918	47,059	1,412	73.9%
SCIOTO COUNTY WIC PROGRAM	449,903	16,706	466,609	13,896	74,984	2,478	46.6%
SENECA COUNTY WIC PROGRAM	317,650	13,201	330,851	9,084	52,942	1,620	58.6%
SHELBY CNTY WIC PGM	203,733	9,638	213,371	4,985	33,956	889	50.7%
STARK COUNTY WIC PROGRAM	1,159,077	38,982	1,198,059	40,258	193,180	7,179	53.1%
SUMMIT COUNTY WIC PROGRAM	1,712,580	55,464	1,768,044	61,247	285,430	10,922	58.2%
TRUMBULL COUNTY WIC PROGRAM	833,595	27,424	861,019	29,340	138,933	5,232	56.0%
TUSCARAWAS COUNTY WIC PROGRAM	358,950	13,868	372,818	10,756	59,825	1,918	48.1%
VAN WERT COUNTY WIC PROGRAM	148,968	9,204	158,172	4,015	24,828	716	61.0%
VINTON COUNTY WIC PROGRAM	121,390	8,740	130,130	3,314	20,232	591	45.5%
WARREN COUNTY WIC PROGRAM	334,120	13,868	347,988	9,421	55,687	1,680	50.9%
WASHINGTON/MORGAN CNTY WIC PGM	324,832	13,056	337,888	9,567	54,139	1,706	48.5%
WAYNE COUNTY WIC PROGRAM	387,139	16,185	403,324	12,101	64,523	2,158	68.9%
WILLIAMS COUNTY WIC PROGRAM	195,237	11,405	206,642	5,653	32,540	1,008	66.8%
WOOD COUNTY WIC PROGRAM	315,173	13,781	328,954	8,843	52,529	1,577	61.4%
WYANDOT COUNTY WIC PROGRAM	113,079	9,059	122,138	3,006	18,847	536	54.8%
STATEWIDE	<u>\$ 44,251,584</u>	<u>\$ 1,635,341</u>	<u>\$ 45,886,925</u>	<u>\$ 1,496,104</u>	<u>\$ 7,375,275</u>	<u>266,794</u>	<u>57.0%</u>

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

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

(Attachment 3)

Personnel Budget Tool

Budget Information															
Program Name _____				Project Number _____											
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	<div style="border: 1px solid black; padding: 2px; font-size: 8px;"> Note the order: Admin, Breastfeeding, Clinic, and Nutrition. </div>		Funding Sources	Time (%)	Non-WIC Salary
					\$ -				\$ -	Admin		n.a.			n.a.
Program Salary and Salary from Other Funding Sources do not equal 100%										Breastfeeding		n.a.			n.a.
Missing NCBA Data										Clinic		n.a.			n.a.
Missing Program Salary										Nutrition		n.a.			n.a.
					\$ -				\$ -	Admin		n.a.			n.a.
Program Salary and Salary from Other Funding Sources do not equal 100%										Breastfeeding		n.a.			n.a.
Missing NCBA Data										Clinic		n.a.			n.a.
Missing Program Salary										Nutrition		n.a.			n.a.
					\$ -				\$ -	Admin		n.a.			n.a.
Program Salary and Salary from Other Funding Sources do not equal 100%										Breastfeeding		n.a.			n.a.
Missing NCBA Data										Clinic		n.a.			n.a.
Missing Program Salary										Nutrition		n.a.			n.a.
					\$ -				\$ -	Admin		n.a.			n.a.
Program Salary and Salary from Other Funding Sources do not equal 100%										Breastfeeding		n.a.			n.a.
Missing NCBA Data										Clinic		n.a.			n.a.
Missing Program Salary										Nutrition		n.a.			n.a.
					\$ -				\$ -	Admin		n.a.			n.a.
Program Salary and Salary from Other Funding Sources do not equal 100%										Breastfeeding		n.a.			n.a.
Missing NCBA Data										Clinic		n.a.			n.a.
Missing Program Salary										Nutrition		n.a.			n.a.
					\$ -				\$ -	Admin		n.a.			n.a.
Program Salary and Salary from Other Funding Sources do not equal 100%										Breastfeeding		n.a.			n.a.
Missing NCBA Data										Clinic		n.a.			n.a.
Missing Program Salary										Nutrition		n.a.			n.a.
					\$ -				\$ -	Admin		n.a.			n.a.
Program Salary and Salary from Other Funding Sources do not equal 100%										Breastfeeding		n.a.			n.a.
Missing NCBA Data										Clinic		n.a.			n.a.
Missing Program Salary										Nutrition		n.a.			n.a.
					\$ -				\$ -	Admin		n.a.			n.a.
Program Salary and Salary from Other Funding Sources do not equal 100%										Breastfeeding		n.a.			n.a.
Missing NCBA Data										Clinic		n.a.			n.a.
Missing Program Salary										Nutrition		n.a.			n.a.
					\$ -				\$ -	Admin		n.a.			n.a.
Program Salary and Salary from Other Funding Sources do not equal 100%										Breastfeeding		n.a.			n.a.
Missing NCBA Data										Clinic		n.a.			n.a.
Missing Program Salary										Nutrition		n.a.			n.a.

(Attachment 4)

**VOTER REGISTRATION ASSISTANCE PLAN
Fiscal Year 2014**

WIC PROGRAM

(Project Name)

(Project Number)

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

1. ___ The name of the voter registration coordinator and the locations of all the local clinic sites where voter registration is being conducted were reviewed and submitted in response to the FY2014 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 5)

Clinic Self-Assessment Activity

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

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

Please check the response that best describes your level of agreement	Strongly Agree	Agree	Neutral	Disagree	Strongly Disagree	Thoughts/Comments
Our clinic is welcoming to participants: Brightly painted walls, murals, welcome signs in languages spoken by participants. Artwork, posters, bulletin boards with community activities reflects 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 6)

**WIC FARMERS' MARKET NUTRITION PROGRAM
RESPONSIBILITIES**

WIC PROGRAM

(Project Name)

(Project Number)

The responsibilities of the parties are set forth below:

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

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

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

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

2. Cooperate with FMNP farmers, State WIC Agency, or federal officials to resolve questions or issues as they arise.
3. Issue FMNP coupons in accordance with and as designated by State WIC Agency criteria through specified clinics, and to specific categories and numbers of participants.
4. Verify receipt of FMNP coupons from State WIC Agency and 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:

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

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

FMNP Projects

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

Yes, the project will operate the FMNP per Attachment #6.

(Attachment 7)

Childhood Obesity Inventory Tool

(Local Nutrition Education and Physical Activity Community Resources Submission Form)

_____ WIC PROGRAM _____
(Project Name) (Project Number)

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

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

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

(Attachment 8)
PRIVATE PHYSICIAN/HOSPITAL/CLINIC MEDICAL SERVICES
MEMORANDUM OF AGREEMENT
FY14-FY16

_____ WIC PROGRAM _____
(Project Name) (Project Number)

Physician's Name: _____

Specialty: _____

Office Address: _____

Office Telephone Number: _____

Office Hours: _____

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

Pregnant Women Breastfeeding Women Postpartum Women

Infants 0 -1 Children 1-5

Do you accept Medicaid payment? Yes No

If Yes, what is your provider number? _____

Do you accept reduced fees for services? Yes No

List hospital affiliations _____ (optional)

MEMORANDUM OF AGREEMENT

By and between the _____ and
Name of Local Agency

Name of Physician

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

Agency for the Special Supplemental Nutrition Program for Women, Infants and Children (WIC Program), wishes to provide WIC Program services to eligible women, (pregnant, postpartum, and

breastfeeding), infants, and children, but does not provide the health services which the WIC Program requires; and

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

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

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

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

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

1. The Physician shall provide such pediatric, obstetrical, lactation, and other services as the Physician deems appropriate in the exercise of his or her professional medical judgment to persons who seek such services upon referral from the Local Agency.
2. With the written consent of the patient, the Physician shall provide the Local Agency with such information pertaining to the patient as the Local Agency may require in order to determine the patient's eligibility for participation in the WIC Program.
3. The Physician understands that the Local Agency shall not reimburse the Physician for providing health services to patients who the Local Agency refers to the Physician.
4. The Physician or clinic shall, in providing its services and in its terms and conditions of employment, comply with all requirements under federal and state law pertaining to nondiscrimination and equal employment opportunity, including Title VI of the 1964 Civil Rights Act and pertinent federal regulations.
5. This agreement shall take effect on October 1, 2013 and shall remain in effect through September 30, 2016 unless terminated by either party upon written notice of termination being served by the party terminating on the other party. A 30 day notification of termination by the terminating party is required.

BY:

Signature of the WIC Program Director

Date

Signature of Physician or Clinic Administrator

Date

(Attachment 9)

Statement of Intent to Pursue Health Equity Strategies

Project Name _____ Project Number _____

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 *Feeding Ohio's Hungry Future: Goals for a Brighter Tomorrow* 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."

The Ohio Children's 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. (1)

The Children's Ohio Hunger Alliance 2009 report 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."

The current economy has exacerbated the population at-risk with unemployment in _____ County at _____ percent per the *Civilian Labor Force Estimates* issued by the Ohio Department of Job and Family Services (2). The Ohio Department of Health Bureau of Nutrition Services issued letter 2010-055, *FY10 Potential Eligible Estimates*, indicating that _____ County's number is _____. This grant application is directed at serving _____ or _____ percent of those potentially eligible for WIC nutrition services.

1. Ohio Children's Hunger Alliance County Profiles at: <http://www.childrenshungeralliance.org/index.cfm?fuseaction=cms.page&id=1043>
2. Civilian Labor Force Estimates: <http://ohiolmi.com/laus/ColorRateMap.pdf>

(Attachment 10)

Employee Monthly Time Study Report

Employee Name: _____ Position: _____
 Type in Total Regular WIC hrs/wk: _____ Clinics: _____

Date Time Study was Conducted (e.g., February 2011) From: _____ To: _____

*Type in Employee's Total Hours for NCBA Below; e.g., 2.25 (*cell will automatically format)*

Date <small>e.g., October-08 (*cell will automatically format)</small>	Nutrition Education (N) <small>*whole #'s only no text</small>	Clinic Services (C) <small>*whole #'s only no text</small>	Breast-feeding (B) <small>*whole #'s only no text</small>	Admin-istration (A) <small>*whole #'s only no text</small>	Peer Breast- feeding (PHB) <small>*whole #'s only no text</small>	Hours Per Month (HPM)
						0.00
						0.00
						0.00
						0.00
						0.00
						0.00
						0.00
						0.00
						0.00
						0.00
						0.00
						0.00
						0.00
						0.00
						0.00
Total Hours	0.00	0.00	0.00	0.00	0.00	0.00

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

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

The Hours listed below are the hours to be used in the Personnel Budget for NCBA

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

*If the decimal is 0.5 or greater round up
 *If it is 0.4 or less round down.

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

For Director's use only

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

Enter employee's new hours *self calculates
 N Hours #DIV/0!
 C Hours #DIV/0!
 B Hours #DIV/0!
 A Hours #DIV/0!
 PHB Hours #DIV/0!

Justification:
 Date:

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

N Hours
 C Hours
 B Hours
 A Hours
 PHB Hours

Justification:
 Date:

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

Employee Name: _____ Date: _____ Check to Authenticate Signature

Supervisor's Name: _____ Date: _____ Check to Authenticate Signature

(Attachment 11)

PROGRAM ATTACHMENT CHECKLIST

Project Name _____ Project Number _____

Please complete and return this page as your verification that all attachments are included.

ENCLOSED

1. #1 FY14 CLINIC AND STAFF DATA SHEET _____
2. #2 BREASTFEEDING PEER HELPER PROGRAM BUDGET/EXPENDITURE FORM _____
3. #3 PERSONNEL BUDGET TOOL **(MANDATORY)** _____
4. #4 FY14 VOTER REGISTRATION ASSISTANCE PLAN _____
5. #5 CLINIC SELF-ASSESSMENT ACTIVITY _____
6. #6 WIC FARMERS' MARKET NUTRITION PROGRAM RESPONSIBILITIES _____
7. #7 CHILDHOOD OBESITY INVENTORY TOOL _____
8. #8 PRIVATE PHYSICIAN/HOSPITAL/CLINIC MEDICAL SERVICES MEMORANDUM OF AGREEMENT (MOA) _____
9. #9 STATEMENT OF INTENT TO PURSUE HEALTH EQUITY STRATEGIES _____
10. #10 WIC TIME STUDY _____
11. #11 PROGRAM ATTACHMENT CHECKLIST _____

NOTICE OF INTENT TO APPLY FOR FUNDING

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

ODH Program Title:

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

ALL INFORMATION REQUESTED MUST BE COMPLETED.

(Please Print Clearly or Type)

County of Applicant Agency _____

Federal Tax Identification Number _____

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

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

Applicant Agency/Organization Agency Head _____

Applicant Agency Address _____

Agency Contact Person/Title _____

Telephone Number _____

E-mail Address _____

Agency Head Signature _____

Employees needing access to this grant other than Agency Head (Agency Head will be granted access):

Does your agency have at least one staff person who has been trained in and currently has access to the ODH GMIS 2.0 system? YES NO

If NO, someone from your agency is REQUIRED to complete the training before you will be able to access the ODH GMIS 2.0 system and submit a grant proposal. Fill out the training request form and check the box stating that your agency is applying for an ODH grant for the first time and training is needed in order to submit your grant proposal. **The training form must be attached be attached to the Notice of Intent to Apply for Funding.**

If YES, above, you have verified that your agency already has access to the ODH GMIS 2.0 system. **Are you satisfied with the level of GMIS training of your staff?** YES NO

If YES – No further action is needed.

If NO – Use the attached training request form to request to be scheduled for GMIS 2.0 training. While we will try to schedule you for training as soon as possible, agencies which do not have access to the ODH GMIS 2.0 system will have first priority for training.

Mail, E-mail or Fax to: Alison Murphy, Nutrition and Administrative Services Supervisor; 614-644-7956 |
Ohio Department of Health – WIC Program |
246 North High Street | 6th floor |
Columbus, OH 43215
E-mail: Alison.Murphy@odh.ohio.gov |
Fax: 614-564-2470 |

NOTICE OF INTENT TO APPLY FOR FUNDING MUST BE RECEIVED BY May 28, 2013