



# OHIO DEPARTMENT OF HEALTH

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John R. Kasich / Governor

**ADTS# 69896**

**DATE:** May 1, 2014  
**TO:** Prospective Applicants for the MIECHV Program  
**FROM:** Karen Hughes, M.P.H. Chief *KAREN F. HUGHES (RPS)*  
Division of Family and Community Health Services

**SUBJECT:** Notice of Availability of Funds – Competitive Grant Applications for SFY 2015

The Ohio Department of Health (ODH), Division of Family and Community Health Services (DFCHS), Bureau for Children with Developmental and Special Health Needs (BCDSHN) announces the availability of grant funds for evidence-based home visiting programs in Allen, Ashtabula, Clinton, Columbiana, Coshocton, Crawford, Fayette, Gallia, Harrison, Mahoning, Meigs, Scioto, Stark, and Summit counties to implement the Maternal, Infant, and Early Childhood Home Visiting Program. The Request for Proposals (RFP) will provide you guidance in completing the online application for the FY 2015 competitive grant program period. Applications are due Monday, June 16, 2014 no later than 4:00 PM.

**Late applications will not be accepted.**

**A Bidders conference will be held on Tuesday May 6, 2014 at 10:00AM.** The call in number is 1-800-510-7500 and the participant code is 4435620#. **Attendance at the Bidders conference is required for agencies who have never received an ODH grant. This call is optional for previously funded grantees. If you will be calling in for the Bidders conference, contact Sue Scott, Program Consultant, by email at [Sue.Scott@odh.ohio.gov](mailto:Sue.Scott@odh.ohio.gov).**

Also please submit any questions about the RFP at the time you RSVP. Responses to questions received will be discussed at the Bidders conference.

To obtain a grant application packet:

- 1) Go to the ODH website at [www.odh.ohio.gov](http://www.odh.ohio.gov)
- 2) From the home page, click on "Our Programs – Funding Opportunities"
- 3) From the next page, click on "ODH Funding Opportunities"
- 4) Next click on "ODH Grants"
- 5) Next click on "Grant request for Proposals". This will give you a pull down menu with current grant RFP's by name
- 6) Select and highlight the MIECHV Evidence-Based Home Visiting Programs FY13 Program RFP and click "Submit". This process invokes Adobe Acrobat and will display the entire RFP. You can then review the RFP to determine your organizations' ability to meet the requirements of the grant and your intent to apply.

**All grant applications must be submitted via the Internet, using GMIS 2.0. To be eligible for funding, all interested applicants must: 1) submit the attached Notice of Intent to Apply for Funding form no later than Monday May 12, 2014, and; 2) attend or document in writing prior attendance at Grants Management Information System 2.0 (GMIS) training. Please complete and return the attached GMIS 2.0 Training form to schedule a specific training session date no later than Monday May 12, 2014.**

If you have any questions, please contact the Program Manager Jeffrey Wynnyk by email at [Jeffrey.Wynnyk@odh.ohio.gov](mailto:Jeffrey.Wynnyk@odh.ohio.gov) or Program Consultant Sue Scott at [Sue.Scott@odh.ohio.gov](mailto:Sue.Scott@odh.ohio.gov) or by phone at (614) 644 – 8389.



**ALL APPLICATIONS MUST BE SUBMITTED VIA THE INTERNET**

# **OHIO DEPARTMENT OF HEALTH**

**DIVISION OF**  
*FAMILY AND COMMUNITY HEALTH SERVICES*

**BUREAU OF**  
*CHILDREN WITH DEVELOPMENTAL AND SPECIAL HEALTH NEEDS*

*MATERNAL, INFANT, AND EARLY CHILDHOOD HOME VISITING PROGRAM (MH)*

**REQUEST FOR PROPOSALS (RFP)**

**FOR**

**FISCAL YEAR 2015**  
**(10/1/2014 – 09/30/2015)**

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

**COMPETITIVE GRANT APPLICATION INFORMATION**

Revised 01/07/14  
For grant starts 07/01/2014 and thereafter

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## **I. APPLICATION SUMMARY and GUIDANCE**

An application for an Ohio Department of Health (ODH) grant consists of a number of required parts – an electronic component submitted via the Internet website “ODH Application Gateway” and various paper forms and attachments. All the required parts of a specific application must be completed and submitted by the application due date. **Any required part that is not submitted by the due date indicated in sections 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>. (Click on Our Programs, Funding Opportunities, ODH Funding Opportunities, ODH Grants). Please refer to Policy and Procedure updates found on the GMIS bulletin board.
- B. Application Name:** *Maternal, Infant, and Early Childhood Home Visiting Program*
- C. Purpose:** On July 21, 2010, the Health Resources and Services Administration (HRSA) awarded formula grants to the fifty States and six jurisdictions to support Maternal, Infant, and Early Childhood Home Visiting. The diverse needs of children and their families in communities at risk are the target population to be served. The method of service is evidence-based home visiting which is designed to (1) strengthen and improve programs and activities carried out under Title V (Maternal and Child Health Block Grant), (2) to improve coordination of services for at-risk communities, and (3) to identify and provide comprehensive services to improve outcomes for families who reside in at-risk communities. The purpose of the sought proposals is to provide services to the identified at-risk communities using an evidence-based home visiting model and ultimately improve the lifelong health and well-being of those children, parents, and caregivers. Funds provided to an eligible entity receiving a grant shall supplement, and not supplant, funds from other sources for early childhood home visiting programs and initiatives.
- D. Qualified Applicants:** Eligible applicants are local public or non-profit agencies providing evidence-based home visiting services in any one or multiple counties that include: Allen, Ashtabula, Clinton, Columbiana, Coshocton, Crawford, Fayette, Gallia, Harrison, Mahoning, Meigs, Scioto, Stark, and Summit counties in Ohio. Applicant providers must be affiliated with either Healthy Families America (HFA) or Nurse Family Partnership (NFP) evidence-based home visiting model.

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

1. Applicant does not owe funds in excess of \$1,000 to the ODH.
2. Applicant is not 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 June 16, 2014.

**E. Service Area:** Identified at-risk communities within Allen, Ashtabula, Clinton, Columbiana, Coshocton, Crawford, Fayette, Gallia, Harrison, Mahoning, Meigs, Scioto, Stark, and Summit counties in Ohio. ODH recognizes that within these counties there are communities, neighborhoods, and/or census tracts with individual and clustered risk indicators that rate even higher than the county or State averages. It is the objective and intent of the MIECHV program that the most at-risk community (ies) be targeted and served by evidence-based home visiting services.

**F. Number of Grants and Funds Available:** Funding is available for up to 13 projects. Approximately \$1,870,000.00 will be available to fund up to 13 projects.

The amount awarded to each successful applicant will depend on the money available, the number of individuals identified as at-risk, the number of families proposed to serve, and the estimated cost of the selected evidence-based home visiting model implemented.

ODH will be monitoring program implementation and based in part on MIECHV program enrollment may be conducting a mid-year reallocation of grant funds.

*Funds provided to an eligible entity receiving a grant shall supplement, and not supplant, funds from other sources for early childhood home visiting programs and initiatives.*

*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, June 16, 2014). Applications and required attachments received late will not be considered for review.

Contact Sue Scott at 614-644-8755 or Sue.Scott@odh.ohio.gov with any questions. Enter the contact name listed under “Programmatic, Technical Assistance and Authorization for Internet Submission.”

**H. Authorization:** Authorization of funds for this purpose is contained in Amended Substitute House Bill 59 and/or the *Catalog of Federal Domestic Assistance (CFDA) Number* 93.505 Affordable Care Act (ACA) Maternal, Infant and Early Childhood Home Visiting Program.

**I. Goals:** The Ohio Department of Health, as a grantee for the Maternal, Infant, and Early Childhood Home Visiting program, and in partnership with the U.S. federal government (HRSA and Administration for Children and Families), seeks to provide direct services to meet the diverse needs of children and their families in communities at risk. The method of service eligible for this funding is evidence-based home visiting. The goals of the service include improving newborn and maternal health; reducing child injury, abuse, neglect or

maltreatment, and emergency room visits; improving school readiness and achievement; reducing domestic violence; increasing family economic self-sufficiency; and increasing coordination and referrals for other community resources and supports. For further specificity on the goals of this program, please see Appendix C: Ohio MIECHV Benchmarks and Performance Measures.

**Program Priorities and Requirements:** In Appendix C, Ohio MIECHV Benchmarks and Performance Measures, you will find the overall program priorities. These performance measures have been approved by the U.S. Department of Health and Human Services, Human Resource Services Administration and are the priorities which will lead Ohio to an effective, comprehensive early childhood system that supports the lifelong health and well-being of all children, parents, and caregivers whose social, economic, and/or environmental circumstances contribute to poor health and persistent inequalities.

ODH has selected two Home Visiting Models for agencies to choose from that align with the relevant outcomes of MIECHV. The models selected for consideration by the counties are: Healthy Families America (HFA) and Nurse Family Partnership (NFP).

Healthy Families America (HFA) [www.healthyfamiliesamerica.org](http://www.healthyfamiliesamerica.org)

*Population served:* HFA is designed for parents facing challenges such as single parenthood, low income, childhood history of abuse, substance abuse, mental health issues, and/or domestic violence. Individual programs select the specific characteristics of the target population they plan to serve. Families must be enrolled prenatally or within the first three months after a child's birth. Once enrolled, services are provided to families until the child enters kindergarten.

*Program focus:* HFA aims to (1) reduce child maltreatment; (2) increase use of prenatal care; (3) improve parent-child interactions and school readiness; (4) ensure healthy child development; (5) promote positive parenting; (6) promote family self-sufficiency and decrease dependency on welfare and other social services; (7) increase access to primary care medical services; and (8) increase immunization rates.

Nurse-Family Partnership (NFP) [www.nursefamilypartnership.org](http://www.nursefamilypartnership.org)

*Population served:* NFP is designed for first-time, low-income mothers and their children. It includes one-on-one home visits by a trained public health nurse to participating clients. The visits begin early in the woman's pregnancy (with program enrollment no later than the 28th week of gestation) and conclude when the woman's child turns two years old. During visits, nurses work to reinforce maternal behaviors that are consistent with program goals and that encourage positive behaviors and accomplishments. Topics of the visits include: prenatal care; caring for an infant; and encouraging the emotional, physical, and cognitive development of young children.

*Program focus:* The NFP program aims to improve maternal health and child health; improve pregnancy outcomes; improve child development; and improve economic self-sufficiency of the family.

Depending on the agencies determination of particular at-risk community(ies) that they will target for the evidence based home visiting program, one or both of these models may be

chosen for implementation.

Children develop within families, families exist within a community, and the community is surrounded by the larger society. These systems interact with and influence each other to increase or decrease risk and protective factors that affect the range of health and social outcomes. By connecting and establishing relationships with a community's most vulnerable individuals before or as they become parents has been shown to increase that individual's protective factors against the social and economic realities of their life.

Like Ohio's Help Me Grow Home Visiting program, this program helps to support eligible families through strengthening positive family environments for optimal growth and development of infants and young children. Successful applicants will use these funds to implement and maintain an evidence-based home visiting model which is coordinated with the other home visiting programs in its county and includes the following:

1. Informed consent for participation
2. Evidence-Based Home Visiting
3. Data collection, records keeping for validation, and program evaluation

The home visiting providers must assure that the MIECHV programs:

1. Adhere to the selected evidence-based home visiting model to ensure fidelity to the model.
2. Adhere to the selected evidence-based home visiting model's requirements for training, minimum qualifications, and certification as a service provider.
3. Adhere to the selected evidence-based home visiting model's requirement for eligibility and ensure that MIECHV program eligibility is diverse from Ohio's Help Me Grow Home Visiting Program's eligibility in order to not supplant state funding for home visiting programs.
4. Enter all data required into the state's early childhood data collection system, Early Track 3.0 accurately and completely, within 30 days of any program event with any participant.
5. Report to the Program Administrator, or their designee, within the Bureau for Children with Developmental and Special Health Needs at the Ohio Department of Health as the statewide grant manager.
6. Receive all program referrals through the county's Central Coordination Contractor.
7. Refer any child under the age of three with an identified developmental delay or disability to the state's Individuals with Disabilities Education Act, Part C program: Help Me Grow.
8. Refer any child over the age of three to the Local Education Agency of his/her residence when a developmental disability has been identified or is suspected as potentially eligible for the Individuals with Disabilities Education Act, Part B (Special Education Preschool and Special Education).

**J. Program Period and Budget Period:** The program period will begin October 1, 2014 and end on September 30, 2015. The budget period for this application is October 1, 2014 through September 30, 2015.

- K. Public Health Accreditation Board (PHAB) Standard(s):** *Identify the PHAB Standard(s) that will be addressed by grant activities. (An example is: 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 proposal to local health districts prior to submitting the grant application to ODH. The program summary, not to exceed one page, must include:
  - a) The Public Health Accreditation Board (PHAB) Standard(s) to be addressed by grant activities:
    - A description of the demographic characteristics (e.g., age, race, gender, ethnicity, 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**

**Special Note: ODH Staff Who Develop RFPs**

**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>.

- 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.**
- 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 *Sue Scott at 614-644-8755 or Sue.Scott@odh.ohio.gov* to whom the applicant agency can contact for questions regarding this RFP.

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

- P. Acknowledgment:** An 'Application Submitted' status will appear in GMIS 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, June 16, 2014 at 4:00PM.**

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.

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

- U. Freedom of Information Act:** The Freedom of Information Act (5 U.S.C.552) and the associated Public Information Regulations require the release of certain information regarding grants requested by any member of the public. The intended use of the information will not be a criterion for release. Grant applications and grant-related reports are generally available for inspection and copying except that information considered being an unwarranted invasion of personal privacy will not be disclosed. For guidance regarding specific funding sources, refer to: 45 CFR Part 5.
- 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 for Children with Developmental and Special Health Needs], [Maternal, Infant, and Early Childhood Home Visiting Program] and as a sub-award of a grant issued by [U.S. Department of Health and Human Services Health Resources and Services Administration] under the [Maternal, Infant, and Early Childhood Home Visiting Program]

grant, grant award number [D89MC25211-01-05], and CFDA number [93.505].”

- W. Reporting Requirements:** Successful applicants are required to submit subgrantee program and expenditure reports. Reports must adhere to the requirements of the ODH GAPP manual. Reports must be received in accordance with the requirements of the ODH GAPP manual and this RFP before the department will release any additional funds.

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

Reports shall be submitted as follows:

- 1. Program Reports:** subgrantees Program Reports must be completed and submitted via GMIS or the Subgrantee Performance Evaluation System (SPES), as required by the subgrant program by the following dates: *(List all required program report(s), submission method (i.e., GMIS or SPES and due dates.)* 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 or SPES) indicates acceptance of the ODH GAPP.*

- 2. Periodic Expenditure Reports:** Subgrantee Expenditure Reports **must** be completed and submitted **via GMIS** by the following dates: Q1: October 1, 2014 to December 31, 2014, due January 1, 2015; Q2: January 1, 2015 to March 31, 2015, due April 15, 2015; Q3: April 1, 2015 to June 30, 2015, due July 15, 2015; Q4: July 1, 2015 to September 30, 2015, due October 15, 2015. |

*Note: Outstanding obligations cannot be reported on the quarterly expense reports with the exception of the fourth quarterly expense report.*

- 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, 2015. 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 Sub-grantee Final Expense Report serves as an invoice to return unused funds.

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

- 4. Inventory Report:** A 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. 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 (including but not limited to bank fees);
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/Memos/default.aspx> then click on most recent Mileage Reimbursement memo.)
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;

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

**Z. Client Incentives:** Client incentives are an unallowable cost.

**Client Enablers:** Client enablers are unallowable cost.

**AA. 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.

**Subgrantee audit reports** (finalized and published, and including the audit Management Letters, if applicable) **which include internal control findings, questioned costs or any other serious findings, must include a cover letter which:**

- Lists and highlights the applicable findings;
- Discloses the potential connection or effect (direct or indirect) of the findings on subgrants passed-through the ODH; and,
- Summarizes a Corrective Action Plan (CAP) to address the findings. A copy of the CAP should be attached to the cover letter.

## AB. 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 10 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:

<b>Complete &amp; Submit Via Internet</b>
---

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 |
- Attachment #1: MIECHV Budget Proposal Worksheet |

One copy of the following documents must be e-mailed to [audits@odh.ohio.gov](mailto: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, 4<sup>th</sup> Floor  
246 N. High Street  
Columbus, Ohio 43215**

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

**Complete  
Copy &  
Mail To  
ODH**

- 1. An original and 2 copies of **Attachments** (non-Internet compatible) as required by program: **NONE** |

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

## **II. APPLICATION REQUIREMENTS AND FORMAT**

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

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

- A. Application Information:** Information on the applicant agency and its administrative staff must be accurately completed. This information will serve as the basis for necessary

communication between the agency and the ODH.

- B. Budget:** Prior to completion of the budget section, please review page 10 of the RFP for unallowable costs.

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

- 1. Primary Reason and Justification Pages:** Provide a detailed budget justification narrative that describes how the categorical costs are derived. Discuss the necessity, reasonableness, and allocability of the proposed costs. Describe the specific functions of the personnel, consultants and collaborators. Explain and justify equipment, travel, (including any plans for out-of-state travel), supplies and training costs. If you have joint costs refer to GAPP Chapter 100, Section 103.3 Cost Allocation Plan and the Compliance Section 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, 2014 to September 30, 2015.

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 original fully executed contracts on file. A completed "Confirmation of Contractual Agreement" (CCA) must be submitted via GMIS 2.0 for each contract once it has been signed by both parties. All contracts must be signed and dated by all parties prior to any services being rendered and must be attached to the CCA section in GMIS. The submitted CCA and attached contract must be approved by ODH before contractual expenditures are authorized. CCAs and attached contracts cannot be submitted until the first quarter grant payment has been issued.

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

**CCAs cannot be submitted until after the 1<sup>st</sup> quarter grant payment has been issued.**

The applicant shall itemize all equipment (**minimum \$1,000 unit cost value**) to be purchased with grant funds in the Equipment Section.

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

**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 but not to exceed 20 percent of the funds being provided by ODH. 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 within GMIS. This form is submitted as a part of each application via GMIS. The Assurances Certification sets forth standards of financial conduct relevant to receipt of grant funds and is provided for informational purposes. The listing is not all-inclusive and any omission of other statutes does not mean such statutes are not assimilated under this certification. Review the form and then press the “Complete” button. By submission of an application, the subgrantee agency agrees by electronic acknowledgment to the financial standards of conduct as stated therein.

**D. Project Narrative:**

**1. Executive Summary:** Identify the specific at-risk communities, target population, services and programs to be offered and what agency or agencies will provide those services, burden of health disparities and health inequities. Identify the eligibility criteria for the program. Describe the public health problem(s) that the program will address.

**2. Description of Applicant Agency/Documentation of Eligibility/Personnel:** Briefly discuss the applicant agency's eligibility to apply. Summarize the agency's structure as it relates to this program and, as the lead agency, how it will manage the program.

Describe the capacity of your organization, its personnel or contractors to communicate effectively and convey information in a manner that is easily understood by diverse audiences. This includes persons of limited English proficiency, those who are not literate, have low literacy skills, and individuals with disabilities.

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

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

*Explicitly describe segments of the target population who experience a disproportionate*

*burden for the health concern or issue; or who are at an increased risk for the problem addressed by this funding opportunity.*

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

- 4. Methodology:** In narrative form, identify the program goals, **Specific, Measurable, Attainable, Realistic & Time-Phased (SMART) process, impact, or outcome objectives** and activities. Indicate how they will be evaluated to determine the level of success of the program. If health disparities and/or health inequities have been identified, describe how program activities are designed will address these issues. Complete a program activities timeline to identify program objectives and activities and the start and completion dates for each.
- a) Specify the evidence-based model(s) that will be supported by the competitive funding. ODH approved models for this grant opportunity includes: Healthy Families America and Nurse Family Partnership. Additional information on these models that meet the HHS Criteria for Evidence of Effectiveness are can be found at the U.S. Department of Health and Human Services Home Visiting Evidence of Effectiveness website: <http://homvee.acf.hhs.gov/Default.aspx>.
  - b) As appropriate, identify meaningful support and collaboration with key stakeholders in planning, designing, implementing and evaluating all activities, including development of the application and, further, the extent to which these contributors reflect the cultural, racial, linguistic, and geographic diversity of the populations and communities served.
  - c) Provide an implementation plan addressing the items listed below. Discussion of implementation should include the following information:
    - a. Plan to engage community;
    - b. Plan for monitoring, program assessment and support, and technical assistance;
    - c. Plan for professional development and training;
    - d. Plan for staffing and subcontracting;
    - e. Plan for recruiting and retaining participants;
    - f. Continuous Quality Improvement plan;
    - g. Plan to maintain fidelity to model;
    - h. Plan to collect data on legislatively-mandated benchmarks;
    - i. Plan to coordinate with appropriate entities/programs;
  - d) Discuss challenges that are likely to be encountered in designing and implementing the MIECHV program and approaches that will be used to resolve such challenges.
  - e) Describe the availability of resources to continue the proposed project after the grant period ends and the State's demonstrated commitment to home visiting.

**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](http://www.ccr.gov).

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

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

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

**H. 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).

**I. Attachment(s):** Attachments are documents deemed necessary to the application that are not a part of the GMIS system. Attachments that are non-Internet compatible must be postmarked or received on or before the application due date. All attachments must clearly identify the authorized program name and program number. All attachments submitted to GMIS must be attached in the "Project Narratives" section and be in one of the following formats: PDF, Microsoft Word or Microsoft Excel. Please see the GMIS bulletin board for instructions on how to submit attachments in GMIS. An original and the required number of copies of non-Internet compatible attachments must be mailed to the ODH, Grants Services Unit, Central Master Files address by 4:00 p.m. on or before June 16, 2014. *A minimum of an original and the indicated number of copies of non-Internet attachments are required.*

**III. APPENDICES**

- A. GMIS Training Form
- B. Application Review Form
- C. Ohio's MIECHV Benchmark Plan
- D. MIECHV Quarterly Report Form
- E. FY15 Allocation Table
- F. Notice of Intent to apply.

## Appendix A GMIS 2.0 TRAINING REQUEST (Competitive Cycle ONLY)

This document is to be used for GMIS 2.0 during a competitive cycle only. **EACH** person requesting training must complete a form. Requests will only be honored when form is signed by your **Agency Head** or **Agency Financial Head**. Confirmation of your GMIS training session will be e-mailed once a date has been assigned by ODH.

Grant Program: \_\_\_\_\_ RFP Due Date: \_\_\_\_\_

Agency Name: \_\_\_\_\_

Salutation: (Dr., Mrs., etc.) \_\_\_\_\_

User's Name: (no nicknames, please) \_\_\_\_\_

User's Job Title: (ex.: Program Director) \_\_\_\_\_

Phone Number: \_\_\_\_\_

Fax Number: \_\_\_\_\_

E-mail address: \_\_\_\_\_

Agency/Financial Head Signature: \_\_\_\_\_  
(\*Signature of Agency/ Financial Head)

\_\_\_\_\_  
(\*Printed Name of Agency /Financial Head)

**TRAINING REQUEST FORMS MUST BE SUBMITTED WITH THE NOTICE OF INTENT TO APPLY FOR FUNDING FORM**

Users will receive his/her username and password via e-mail once they have completed training.

**Appendix B Fiscal Year 2015  
Application for MIECHV (MH) Funds  
Review Form**

County: \_\_\_\_\_

Applicant Organization: \_\_\_\_\_

Reviewer: \_\_\_\_\_

Section	Maximum Score	Comments
1. The Maternal, Infant and Early Childhood Home Visiting (MIECHV) in Ohio Application for funding was submitted by the due date and was complete with all Attachments.	10	
2. The applicant has identified the specific at-risk communities, target population, services and programs to be offered and what agency or agencies will provide those services, burden of health disparities and health inequities. Identify the eligibility criteria for the program. Describe the public health problem(s) that the program will address.	10	
3. The applicant provided information on the applicant agency's eligibility to apply. Summarize the agency's structure as it relates to this program and, as the lead agency, how it will manage the program.	10	
4. The applicant has explicitly described 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.	10	
5. The applicant has identified goals, <b>Specific, Measureable, Attainable, Realistic &amp; Time-Phased (SMART) process, impact, or outcome objectives</b> and activities.	10	
6. The applicant has specified the evidence-based model(s) that will be supported by the competitive funding.	10	
7. The applicant has identified meaningful support and collaboration with key stakeholders in planning, designing, implementing and evaluating all activities, including development of the application and, further, the extent to which these contributors reflect the cultural, racial, linguistic, and geographic diversity of the populations and communities served.	10	

## APPENDIX C Ohio's MIECHV Benchmark Plan

Construct	Performance Measure	Operational Definition	Measurement (Tool or Administrative)	Reliability / Validity of (Yes or No)	Definition of Improvement	Persons responsible	Source	Population	Sampling	Schedule (Frequency)	Data Point for Comparison	Data Analysis or CQI (optional)
<b>Benchmark 1: Improved maternal and newborn health</b>												
1) Prenatal care	Average number of prenatal care visits completed.	N: Total prenatal care visits completed. D: Total participating mothers [see Population].	Administrative	No	An increase in the average number of prenatal care visits completed, comparing Year $\pm 2$ data to Year 3 data. <b>Cross-sectional Comparison</b>	ODH staff	Vital statistics data from birth records	Participating mothers enrolled during pregnancy and have given birth to the child.	No	Administrative data collected continuously. Data analysis completed at least annually.	At delivery	Descriptive statistics, graphs, and summary reports will be used as appropriate and necessary. Analyses and CQI activities will consider annual data as well as cumulative data for the total length of participant enrollment and services.
2) Parental use of alcohol, tobacco, or illicit drugs	Proportion of mothers who smoked during pregnancy.	N: Mothers who smoked during pregnancy, and quit before the birth of their child. D: Total participating mothers who smoked during pregnancy [see Population].	Administrative	No	An increase in the proportion of participating mothers who smoked during pregnancy quitting before the birth of their child, comparing Year $\pm 2$ data to Year 3 data. <b>Cross-sectional Comparison</b>	ODH staff	Vital statistics data from birth records	Participating mothers enrolled during pregnancy and have given birth to the child.		Administrative data collected continuously. Data analysis completed at least annually.	At delivery	
3) Preconception care	Proportion of mothers who maintain annual gynecological exams.	N: Mothers who completed an annual gynecological exam. D: Total participating mothers [see Population].	Self-report	No	An increase in the proportion of participating mothers who completed an annual gynecological exam, comparing Year $\pm 2$ data to Year 3 data for Year $\pm 2$ population. <b>Cross-sectional Comparison</b>	Home visitors	Family interview	Participating mothers served postnatal or preconception for at least 12 months.		Family interview completed within sixty days of enrollment and at least every 180 days thereafter. Data analysis completed at least annually.	One year post-enrollment	

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4) Inter-birth intervals	Proportion of mothers provided information related to inter-birth spacing..	N: Mothers who were provided information related to inter-birth spacing. D: Total participating mothers [see Population].	Administrative	No	An increase or maintenance in the proportion of participating mothers who were provided information related to inter-birth spacing within one year post enrollment, comparing Year 1 data to Year 3 data. <b>Cross-sectional Comparison</b>	Home visitors	Family interview	Participating mothers served postnatal or preconception .	Family interview completed within sixty days of enrollment and at least every 180 days thereafter. Data analysis completed at least annually.	One year post-enrollment
5) Screening for maternal depressive symptoms	Proportion of mothers who are screened for maternal depressive symptoms.	N: Mothers screened for maternal depressive symptoms. D: Total participating mothers [see Population].	Tool	Yes	An increase or maintenance in the proportion of participating mothers screened for maternal depressive symptoms, comparing Year 1 data to Year 3 data. <b>Cross-sectional Comparison</b>	Home visitors	EPDS	Participating mothers enrolled no more than six months beyond the birth of their youngest child.	<b>EPDS administered within sixty days of caregiver's enrollment. Data analysis completed at least annually.</b>	Within 60 days of enrollment and 6 months post-delivery
6) Breastfeeding	Proportion of mothers who breastfeed.	N: Mothers who breastfeed. D: Total participating mothers [see Population].	Administrative	No	An increase in the proportion of participating mothers who breastfeed <b>within one year post enrollment at time of discharge from the hospital</b> , comparing Year 1 & 2 data to Year 3 data. <b>Cross-sectional Comparison</b>	ODH staff	Vital statistics data from birth records	Participating mothers enrolled during pregnancy.	Administrative data collected continuously. Data analysis completed at least annually.	Discharge from hospital

APPENDIX C Ohio's MIECHV Benchmark Plan

7) Well-child visits	Average number of well-child visits completed.	N: Total well-child visits completed before child's first birthday. D: Total participating children [see Population].	Self-report	No	An increase in the average number of well-child visits completed, comparing Year $\pm 2$ data to Year 3 data. Cross-sectional Comparison	Home visitors	Family interview	Children of participating mothers enrolled during pregnancy.		Family interview completed within sixty days of enrollment and at least every 180 days thereafter. Data analysis completed at least annually.	12 months child age	
Construct	Performance Measure	Operational Definition	Measurement (Tool or Administrative)	Reliability / Validity of (Yes or No)	Definition of Improvement	Persons responsible	Source	Population	Sampling	Schedule (Frequency)	Data Point for Comparison	Data Analysis or CQI (optional)
8) Maternal and child health insurance status	Proportion of families who have either public or private health insurance.	N: Families with either public or private health insurance one year post enrollment. D: Total participating families [see Population].	Self-report	No	An increase in the proportion of families who have either public or private health insurance, comparing Year $\pm 2$ data to Year 3 data for Year $\pm 2$ population. Cross-sectional Comparison	Home visitors	Family interview	Families served no less than <del>six</del> twelve months.		Family interview completed within sixty days of enrollment and at least every 180 days thereafter. Data analysis completed at least annually.	One year post-enrollment	Descriptive statistics, graphs, and summary reports will be used as appropriate and necessary. Analyses and CQI activities will consider annual data as well as cumulative data for the total length of participant enrollment and services.
<b>Benchmark 2: Child Injuries, Child Abuse, Neglect, or Maltreatment and Reduction of Emergency Department Visits</b>												
9) Visits for children the emergency department from all causes	Average number of emergency department visits.	N: Total emergency department visits for children within one year post enrollment. D: Total participating children [see Population].	Self-report	No	A decrease in the average number of emergency department visits for children, comparing Year $\pm 2$ data to Year 3 data for Year $\pm 2$ population. Cross-sectional Comparison	Home visitors	Family interview	Children of participating mothers served postnatal for no less than twelve months.	No	Family interview completed within sixty days of enrollment and at least every 180 days thereafter. Data analysis completed at least annually.	One year post-enrollment	Descriptive statistics, graphs, and summary reports will be used as appropriate and necessary. Analyses and CQI activities will consider annual data as well as

APPENDIX C Ohio's MIECHV Benchmark Plan

10) Visits for mothers the emergency department from all causes	Average number of emergency department visits.	N: Total emergency department visits for mothers within one year post enrollment. D: Total participating mothers [see Population].	Self-report	No	A decrease in the average number of emergency department visits for mothers comparing Year $\pm 2$ data to Year 3 data for Year $\pm 2$ population. <b>Cross-sectional Comparison</b>	Home visitors	Family interview	All participating mothers served for no less than twelve months.		Family interview completed within sixty days of enrollment and at least every 180 days thereafter. Data analysis completed at least annually.	One year post-enrollment	cumulative data for the total length of participant enrollment and services.
11) Information provided or training on prevention of child injuries	Proportion of families who receive information or training on prevention of child injuries.	N: Families who received information or training on prevention of child injuries within one year post enrollment. D: Total participating families [see Population].	Self-report	No	An increase or maintenance in the proportion of families who receive information or training on prevention of child injuries, comparing Year $\pm 2$ data to Year 3 data. <b>Cross-sectional Comparison</b>	Home visitors	Family interview	Participating mothers served postnatal for no less than twelve months.		Family interview completed within sixty days of enrollment and at least every 180 days thereafter. Data analysis completed at least annually.	One year post-enrollment	
12) Incidence of child injuries requiring medical treatment	Proportion of children with injuries requiring medical treatment.	N: Children with injuries requiring medical treatment within one year post enrollment. D: Total participating children [see Population].	Self-report	No	A decrease in the proportion of children with injuries requiring medical treatment, comparing Year $\pm 2$ data to Year 3 data for Year $\pm 2$ population. <b>Cross-sectional Comparison</b>	Home visitors	Family interview	Children of participating mothers served postnatal for no less than twelve months.		Family interview completed within sixty days of enrollment and at least every 180 days thereafter. Data analysis completed at least annually.	One year post-enrollment	
Construct	Performance Measure	Operational Definition	Measurement (Tool or Administrative)	Reliability / Validity of (Yes or No)	Definition of Improvement	Persons responsible	Source	Population	Sampling	Schedule (Frequency)	Data Point for Comparison	Data Analysis or CQI (optional)

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13) Reported suspected maltreatment for children in the program	Proportion of children with reported suspected maltreatment.	N: Children with reported suspected maltreatment within one year post enrollment. D: Total participating children [see Population].	Administrative	No	A decrease in the proportion of children with reported suspected maltreatment, comparing Year $\pm 2$ data to Year 3 data. Cross-sectional Comparison	ODH & ODJFS staff	MOU in progress	Children of participating mothers served postnatal for no less than twelve months.	Administrative data collected continuously. Data analysis completed at least annually.	One year post-enrollment	Descriptive statistics, graphs, and summary reports will be used as appropriate and necessary. Analyses and CQI activities will consider annual data as well as cumulative data for the total length of participant enrollment and services.
14) Reported substantiated maltreatment	Proportion of children with reported substantiated maltreatment.	N: Children with reported substantiated maltreatment within one year post enrollment. D: Total participating children [see Population].	Administrative	No	A decrease in the proportion of children with reported substantiated maltreatment, comparing Year $\pm 2$ data to Year 3 data. Cross-sectional Comparison	ODH & ODJFS staff	MOU in progress	Children of participating mothers served postnatal for no less than twelve months.	Administrative data collected continuously. Data analysis completed at least annually.	One year post-enrollment	
15) First-time victims of maltreatment	Proportion of children who are first-time victims of maltreatment.	N: Children who are first-time victims of maltreatment within one year post enrollment. D: Total participating children [see Population].	Administrative	No	A decrease in the proportion of children who are first-time victims of maltreatment, comparing Year $\pm 2$ data to Year 3 data. Cross-sectional Comparison	ODH & ODJFS staff	MOU in progress	Children of participating mothers served postnatal for no less than twelve months.	Administrative data collected continuously. Data analysis completed at least annually.	One year post-enrollment	

Benchmark 3: Improvements in School Readiness and Achievement

APPENDIX C Ohio's MIECHV Benchmark Plan

<p>16) Parent support for children's learning and development</p>	<p>Results of environmental screening.</p>	<p>N: Children with a decrease in concerns OR no concerns indicated with annual administration, compared to time initial. Comparison will be looked at the initial administration and most recent administration that occurred at least 12 months after the first administration. D: Total participating children [see Population].</p>	<p>Tool Sub-scales HOME - Learning Materials &amp; Parental Involvement Subscale NCAST - Social-Emotional Growth Fostering &amp; Cognitive Growth Subscales</p>	<p>Yes</p>	<p>A decrease in concerns indicated <u>OR</u> no concerns indicated via above/below cutoff. Individual Comparison</p>	<p>Home visitors</p>	<p>HOME or NCAST T</p>	<p>Children of participating mothers served no less than twelve months beyond their birth.</p>	<p>Environmental screening administered within sixty days of child's enrollment and at least annually thereafter. Data analysis completed at least annually.</p>	<p>Within 60 days of enrollment and 12 months after first administration</p>
<p>17) Parent knowledge of child development and of their child's developmental progress</p>	<p>Results of AAPI 2.</p>	<p>N: Families with a decrease in concerns OR no concerns indicated with annual administration, compared to initial. Comparison will be looked at the initial administration and most recent administration that occurred at least 12 months after the first administration. D: Total participating families [see Population].</p>	<p>Tool Sub-scales Construct A - Expectations of Child</p>	<p>Yes</p>	<p>A decrease in concerns indicated <u>OR</u> no concerns indicated via above/below cutoff. Individual Comparison</p>	<p>Home visitors</p>	<p>AAPI 2</p>	<p>Participating families served no less than twelve months postnatal.</p>	<p>AAPI 2 administered within sixty days of child's enrollment and at least annually thereafter. Data analysis completed at least annually.</p>	<p>Within 60 days of enrollment and 12 months after first administration</p>

Descriptive statistics, graphs, and summary reports will be used as appropriate and necessary. Analyses and CQI activities will consider annual data as well as cumulative data for the total length of participant enrollment and services.

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18) Parenting behaviors and parent-child relationship (e.g., discipline strategies, play interactions)	Results of environmental screening.	N: Families with a decrease in concerns OR no concerns indicated with annual administration, compared to initial. Comparison will be looked at the initial administration and most recent administration that occurred at least 12 months after the first administration. D: Total participating families [see Population].	Tool Sub-scales HOME - Responsivity, Acceptance, and Involvement Subscale NCAST - Sensitivity to Cues, Response to Child's Distress, Clarity of Cues, and Responsiveness to Caregiver Subscales	Yes	A decrease in concerns indicated <u>OR</u> no concerns indicated via above/below cutoff. Individual Comparison	Home visitors	HOME or NCAST T	Participating families served no less than twelve months postnatal.		Environmental screening administered within sixty days of child's enrollment and at least annually thereafter. Data analysis completed at least annually.	Within 60 days of enrollment and 12 months after first administration	
Construct	Performance Measure	Operational Definition	Measurement (Tool or Administrative)	Reliability / Validity of (Yes or No)	Definition of Improvement	Persons responsible	Source	Population	Sampling	Schedule (Frequency)	Data Point for Comparison	Data Analysis or CQI (optional)
19) Parent emotional well-being or parenting stress (note: <u>some</u> of these data may also be captured for maternal health under that benchmark area).	Results of PSI-SF.	N: Families with a decrease in concerns OR no concerns indicated with annual administration, compared to initial. Comparison will be looked at the initial administration and most recent administration that occurred at least 12 months after the first administration. D: Total participating families [see	Total Tool Score	Yes	A decrease in concerns indicated <u>OR</u> no concerns indicated via above/below cutoff. Individual Comparison	Home visitors	PSI-SF	Participating families served no less than twelve months postnatal.	No	PSI-SF administered within sixty days of child's enrollment and at least annually thereafter. Data analysis completed at least annually.	Within 60 days of enrollment and 12 months after first administration	Descriptive statistics, graphs, and summary reports will be used as appropriate and necessary. Analyses and CQI activities will consider annual data as well as cumulative data for the total length of participant enrollment and services.

APPENDIX C Ohio's MIECHV Benchmark Plan

		Population].										
20) Child's communication, language and emergent literacy	Communication results of developmental screening.	N: Children with a decrease in concerns OR no concerns indicated with time 2 administration, compared to initial. Comparison will be looked at the initial administration and most recent administration that occurred at least 12 months after the first administration. D: Total participating children [see Population].	Tool Sub-scales ASQ Communication Subscale	Yes	A decrease in concerns indicated <u>OR</u> no concerns indicated via above/below cutoff. Individual Comparison	Home visitors	ASQ	Children of participating mothers served no less than twelve months beyond their birth.		Developmental screening administered within sixty days of child's enrollment and at least every 180 days thereafter. Data analysis completed at least annually.	Age interval closest to 2 and 12 months after first administration	
21) Child's general cognitive skills	Problem Solving results of developmental screening.	N: Children with a decrease in concerns OR no concerns with time 2 administration, compared to initial. Comparison will be looked at the initial administration and most recent administration that occurred at least 12 months after the first administration.	Tool Sub-scales ASQ Problem Solving	Yes	A decrease in concerns indicated <u>OR</u> no concerns indicated via above/below cutoff. Individual Comparison	Home visitors	ASQ	Children of participating mothers served no less than twelve months beyond their birth.		Developmental screening administered within sixty days of child's enrollment and at least every 180 days thereafter. Data analysis completed at least annually.	Age interval closest to 2 and 12 months after first administration	

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		D: Total participating children [see Population].									
22) Child's positive approaches to learning including attention	Results of environmental screening.	N: Families with a decrease in concerns OR no concerns indicated with annual administration, compared to initial. Comparison will be looked at the initial administration and most recent administration that occurred at least 12 months after the first administration. D: Total participating families [see Population].	Tool Sub-scales HOME - Learning Material Subscale NCAST - Cognitive Growth Fostering Subscale	Yes	A decrease in concerns indicated OR no concerns indicated via above/below cutoff. Individual Comparison	Home visitors	HOME or NCAST T	Participating families served no less than twelve months postnatal.		Environmental screening administered within sixty days of child's enrollment and at least annually thereafter. Data analysis completed at least annually.	Within 60 days of enrollment and 12 months after first administration
23) Child's social behavior, emotion regulation, and emotional well-being	Results of social emotional screening.	N: Children with a decrease in concerns OR no concerns with time 2 administration, compared to initial. Comparison will be looked at the initial administration and most recent administration that occurred at least 12 months after the first administration. D: Total participating children [see Population].	Tool	Yes	A decrease in concerns indicated OR no concerns indicated via above/below cutoff. Individual Comparison	Home visitors	ASQ: SE	Children of participating mothers served no less than twelve months beyond their birth.		Social Emotional screening administered within sixty days of child's enrollment and at least every 180 days thereafter. Data analysis completed at least annually. Sites can administer the test within a month before or after the test date.	Age interval closest to 2 and 12 months after first administration

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Construct	Performance Measure	Operational Definition	Measurement (Tool or Administrative)	Reliability / Validity of (Yes or No)	Definition of Improvement	Persons responsible	Source	Population	Sampling	Schedule (Frequency)	Data Point for Comparison	Data Analysis or CQI (optional)
24) Child's physical health and development.	Results of developmental screening.	N: Children with a decrease in concerns OR no concerns with time 2 administration, compared to initial. Comparison will be looked at the initial administration and most recent administration that occurred at least 12 months after the first administration. D: Total participating children [see Population].	Tool Sub-scales ASQ Fine Motor & Gross Motor Subscales	Yes	A decrease in concerns indicated OR no concerns indicated via above/below cutoff. Individual Comparison	Home visitors	ASQ	Children of participating mothers served no less than twelve months beyond their birth.		Developmental screening administered within sixty days of child's enrollment and at least every 180 days thereafter. Data analysis completed at least annually.	Age interval closest to 2 and 12 months after first administration	Descriptive statistics, graphs, and summary reports will be used as appropriate and necessary. Analyses and CQI activities will consider annual data as well as cumulative data for the total length of participant enrollment and services.
<b>Benchmark 4: Crime or Domestic Violence</b>												
<i>Crime</i>	N/A											
25) Arrests												
26) Convictions												
<i>Domestic Violence</i>												
27) Screening for domestic violence												

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28) Of families identified for the presence of domestic violence, number of referrals made to relevant domestic violence services (e.g., shelters, food pantries);	Proportion of families with DV identified who are referred.	N: Families referred RE: DV within one year post enrollment. D: Total participating families with DV identified [see Population].	Self-report	No	An increase in the proportion of families with DV identified who are referred RE: DV, comparing Year 1-2 data to Year 3 data. Cross-sectional Comparison	Home visitors	Case record	Families with DV identified.		Case records are updated after every contact with or regarding participants.	12 months post-enrollment	well as cumulative data for the total length of participant enrollment and services.
29) Of families identified for the presence of domestic violence, number of families for which a safety plan was completed.	Proportion of families with DV identified who have a safety plan completed.	N: Families with DV safety plans completed within one year post enrollment. D: Total participating families with DV identified [see Population].	Self-report	No	An increase in the proportion of families with DV identified who have safety plans completed, comparing Year 1-2 data to Year 3 data. Cross-sectional Comparison	Home visitors	Case record	Families with DV identified.		Case records are updated after every contact with or regarding participants.	12 months post-enrollment	
Construct	Performance Measure	Operational Definition	Measurement (Tool or Administrative)	Reliability / Validity of (Yes or No)	Definition of Improvement	Persons responsible	Source	Population	Sampling	Schedule (Frequency)	Data Point for Comparison	Data Analysis or CQI (optional)
<b>Benchmark 5: Family Economic Self-Sufficiency</b>												
30) Household income and benefits (See SIR for definitions.)	Total household income and benefits.	N: Families with an increase in household income and benefits within one year post enrollment. D: Total participating families [see Population].	Self-report	No	An increase in the proportion of families with increased total household income and benefits, comparing Year 1-2 data to Year 3 data. Individual Comparison	Home visitors	Family interview	Families served no less than twelve months. Individual comparison points are based at caregiver's enrollment and 12-months post-caregiver-enrollment.	No	Family interview completed within sixty days of enrollment and at least every 180 days thereafter. Data analysis completed at least annually.	Enrollment and 12 months post-enrollment	Descriptive statistics, graphs, and summary reports will be used as appropriate and necessary. Analyses and CQI activities will consider annual data as well as cumulative data for the

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31) Employment or Education of adult members of the household	Educational attainment of adults in participating families.	N: Families with an adult who increased his/her educational attainment (including program participation) within one year post enrollment. D: Total participating families [see Population].	Self-report	No	An increase in the proportion of families with an adult who increased his/her educational attainment (including program participation), comparing Year $\pm 2$ data to Year 3 data. Individual Comparison	Home visitors	Family interview	Families served no less than twelve months with an adult who is interested in increasing his/her education attainment (including program participation). Individual comparison points are based at caregiver's enrollment and 12-months post-caregiver-enrollment.	Family interview completed within sixty days of enrollment and at least every 180 days thereafter. Data analysis completed at least annually.	Enrollment and 12 months post-enrollment	total length of participant enrollment and services.
32) Health insurance status	Proportion of families who have either public or private health insurance.	N: Families with either public or private health insurance one year post enrollment. D: Total participating families [see Population].	Self-report	No	An increase in the proportion of families who have either public or private health insurance, comparing Year $\pm 2$ data to Year 3 data for Year $\pm 2$ population. Individual Comparison	Home visitors	Family interview	Families served no less than <del>six</del> twelve months. Individual comparison points are based on caregiver's enrollment and 12-months post-caregiver-enrollment.	Family interview completed within sixty days of enrollment and at least every 180 days thereafter. Data analysis completed at least annually.	Enrollment and 12 months post-enrollment	
<b>Benchmark 6: Coordination and Referrals for Other Community Resources and Supports</b>											
33) Number of families identified for necessary services	Proportion of families assessed for necessary services using all required tools.	N: Families assessed for necessary services using all tools prescribed by the department. D: Total participating	Self-report	No	An increase or maintenance in the proportion of families assessed for necessary services using all tools prescribed by	Home visitors	Case record	Families served no less than six months.	Case records are updated after every contact with or regarding participants.	6 months post-enrollment	Descriptive statistics, graphs, and summary reports will be used as appropriate and necessary.

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Construct	Performance Measure	Operational Definition	Measurement (Tool or Administrative )	Reliability / Validity of (Yes or No)	Definition of Improvement	Persons responsible	Source	Population	Sampling	Schedule (Frequency)	Data Point for Comparison	Data Analysis or CQI (optional)
34) Number of families that required services and received a referral to available community resources	Proportion of families that required services and received a referral.	N: Families referred. D: Total participating families identified to require services [see Population].	Self-report	No	An increase or maintenance in the proportion of families identified to require services who are referred [see Population], comparing Year 1 to Year 3 data. Cross-sectional Comparison	Home visitors	Case record	Families, served no less than six months, assessed for necessary services using all required tools who required services.	No	Case records are updated after every contact with or regarding participants.	6 months post-enrollment	Analyses and CQI activities will consider annual data as well as cumulative data for the total length of participant enrollment and services. Descriptive statistics, graphs, and summary reports will be used as appropriate and necessary. Analyses and CQI activities will consider annual data as well as cumulative data for the total length of participant enrollment and services.
35) MOUs: Number of Memoranda of Understanding or other formal agreements with other social service agencies in the community	Number of formal agreements with other social service agencies	Number of formal agreements with other social service agencies	Administrative	No	An increase or maintenance in the number of formal agreements, comparing Year 1 to Year 3 data. Cross-sectional Comparison	ODH staff	ODH records	Data will be assessed at the end of the fiscal year.			End of Fiscal Year	
36) Information sharing: Number of agencies with which the home visiting provider has a clear point of contact.	Number of social service agencies that engage in regular communication with the home visiting provider	Number of social service agencies that engage in regular communication with the home visiting provider	Administrative	No	An increase or maintenance in the number of social service agencies, comparing Year 1 to Year 3 data. Cross-sectional Comparison	ODH staff	ODH records	Data will be assessed at the end of the fiscal year.			End of Fiscal Year	
N/A												

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37) Number of completed referrals	Proportion of families referred for identified required services that received services.	N: Families received required services. D: Total participating families referred for identified required services [see Population].	Self-report	No	An increase or maintenance in the proportion of families referred for identified required services who received services [see Population], comparing Year 1 to Year 3 data. Cross-sectional Comparison	Home visitors	Case record	Families, served no less than six months, that required services and received a referral.		Case records are updated after every contact with or regarding participants.	6 months post-enrollment	
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**Ohio Maternal, Infant and Early Childhood Home Visiting Program**  
**APPENDIX D: Quarterly Report Form**

**Purpose:** The Ohio Department of Health Maternal, Infant and Early Childhood Home Visiting (MIECHV) Program requires submission of the *MIECHV Contractor Quarterly Report* as part of the provider grant. This report informs the MIECHV Program Consultants and ODH management on how to assist with appropriate technical assistance to local contractors. It also provides a mechanism for reporting implementation details and successful strategies/best practices with ODH.

**Instructions:** Complete this form and submit electronically to your respective MIECHV Program Consultant.

<b>Program Period</b>	<b>Report Due Date</b>
<b>10/1/2014 – 12/31/2014</b>	<b>1/15/2015</b>
<b>1/1/2015 – 3/31/2015</b>	<b>4/15/2015</b>
<b>4/1/2015 – 6/30/2015</b>	<b>7/15/2015</b>
<b>7/1/2015 – 9/30/2015</b>	<b>10/15/2015</b>

**Agency Name:** \_\_\_\_\_ **Contract Manager:** \_\_\_\_\_

**Reporting Period:** *from* \_\_\_\_\_ *to* \_\_\_\_\_

**Submitted by:** \_\_\_\_\_ **Submission Date:** \_\_\_\_\_

Number of PROPOSED Families to be served: \_\_\_\_\_

Number of Families CURRENTLY being served: \_\_\_\_\_

**Ohio Maternal, Infant and Early Childhood Home Visiting Program  
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**Staffing**

*(Report the following staffing information for this reporting period)*

How many home visitors are currently employed? (FTE)	
How many HV supervisors are currently employed? (FTE)	
How many other staff supports the MIECHV program? (FTE and roles)	
List all currently vacant positions and describe plan and timelines to fill these positions.	
Describe how your program supports and monitors supervision (reflective, administrative and field).	

**Organizational Coordination Outreach and Referral**

*(List all agencies that you have a relationship with, including those with funding agreements and those with whom you have less formal arrangements (i.e., partners on a collaborative workgroup, memorandum of understanding (MOU), etc.)*

Name of agency, contact information, and name of specific contact person	Date if MOU or other formal agreement (if applicable)	Do you refer to this agency?	Does this agency refer to you?	Brief description of organization, nature of relationship, types of services provided, and any shared funding or resources (in kind, facilities, etc)

Are there any organizations that you would like to partner with but have not yet? Please describe the group, whether you have a plan for collaborating in the future, as well as any challenges to collaboration with this organization.

**Ohio Maternal, Infant and Early Childhood Home Visiting Program  
APPENDIX D: Quarterly Report Form**

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Are there community leaders that you have engaged? Please describe their role, how you have established this relationship and how you maintain this relationship.

Describe and attach any outreach materials you have developed and implemented for the program. Include a description of the materials intended audience, purpose and distribution plans.

Describe all targeted program and participant outreach activities conducted for this reporting period. Include targeted communities, staff involved, venues, challenges, strategies to overcome challenges, and outcomes. Identify any future outreach plans for the next reporting period.

Describe how your agency leadership supports the MIECHV Program

**Evidence-Based Home Visiting Model Affiliation**

*(Report the following EBHV information for this reporting period)*

What EBHV model are you implementing?	
Is your EBHB model affiliation current?	
Have all EBHV model fees been paid?	
Have you consulted with the EBHV national office to request model fidelity TA or with any other questions? What TA was requested? Did you receive the TA needed?	
Is all staff trained in the EBHV model being implemented? If no, what is your plan to have all staff trained?	

**Ohio Maternal, Infant and Early Childhood Home Visiting Program  
APPENDIX D: Quarterly Report Form**

What research-based parenting education curriculum are you implementing?	
Is all staff trained in the research-based parenting education curriculum being Implemented? If no, what is your plan to have all staff trained?	
Provide any other relevant updates or comments for this reporting period regarding EBHV model affiliation and/or research-based parenting education curriculum.	

**Program Narrative & Planning:**

*(Describe the status of program implementation of the MIECHV program related components such as staff recruitment and professional development, supervision, referral/outreach progress, participant enrollment/retention, home visiting service delivery, Early Track data system, billing and payments)*

Successes	Challenges and Barriers	Strategies to Overcome Challenges/Barriers
Provide any other relevant updates or comments for <b>this</b> reporting period:		
Describe any <i>Continuous Quality Improvement</i> processes or strategies being implemented:		
List major activities planned or goals for the <b>next</b> reporting period:		

**Ohio Maternal, Infant and Early Childhood Home Visiting Program**  
**APPENDIX D: Quarterly Report Form**

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**Technical Assistance/Training Needs:**

*(Describe areas where improved knowledge and skills for staff are needed and indicate technical assistance and/or trainings that would meet these needs and relate to program implementation)*

Identified Needs	Technical Assistance Request	Training Request

**Family Success Story:**

*(Describe how your staff and/or home visiting program positively affected the lives of MIECHV participants after enrollment commenced. Please provide specific examples and preserve confidentiality of participants by not identifying participants using any identifiable information)*

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**Ohio Maternal, Infant and Early Childhood Home Visiting Program**  
**Appendix E: SFY15 Allocation Table**

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**Respondents may propose to serve up to the number of children identified below and apply for funds up to the allocation level indicated.**

Agency	SFY15 Program Capacity	SFY15 Allocation
Allen County Commissioners	31	\$101,640.00
Ashtabula Co Community Action Agency	40	\$130,680.00
Columbiana County Board of Developmental Disabilities	23	\$74,250.00
Coshocton County Board of Developmental Disabilities	19	\$61,875.00
Crawford County General Health District	29	\$94,380.00
Fayette County Health Dept	41	\$136,125.00
Gallia-Meigs Community Action Agency, Inc.	36	\$119,790.00
Harrison Hills City School District	62	\$202,950.00
Highland Co Board of Commissioners	29	\$94,875.00
Mahoning Co Educational Service Center	127	\$417,450.00
South Central Ohio Educational Service Center	28	\$90,750.00
Stark Co Educational Service Center	58	\$189,750.00
Summit Co Public Health	48	\$156,750.00

**Appendix F**

**NOTICE OF INTENT TO APPLY FOR FUNDING**

Ohio Department of Health  
Division of Family and Community Health Services  
Bureau of Children with Developmental and Special Health Needs

*ODH Program Title:*

Maternal, Infant, and Early Childhood Home Visiting Program (MH)  
**ALL INFORMATION REQUESTED MUST BE COMPLETED.**  
*(Please Print Clearly or Type)*

County of Applicant Agency \_\_\_\_\_ Federal Tax Identification Number \_\_\_\_\_

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

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

Applicant Agency/Organization \_\_\_\_\_

Applicant Agency Address \_\_\_\_\_

Agency Contact Person Name and Title \_\_\_\_\_

Telephone Number \_\_\_\_\_ E-mail Address \_\_\_\_\_

Agency Head (Print Name) \_\_\_\_\_ Agency Head (Signature) \_\_\_\_\_

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

If yes, no further action is needed.

If no, at least two people from your agency are REQUIRED to complete the training before you will be able to access the ODH GMIS 2.0 system and submit a grant proposal. Fill out the training request form in the Request for Proposal. **The training form must be submitted with the Notice of Intent to Apply for Funding, W-9 form, EFT form, Proof of Liability (if applicable) and Proof of Non-Profit (if applicable).**

Mail, E-mail or Fax to: Jeffrey Wynnyk, MPA  
Ohio Department of Health  
246 North High Street – 5<sup>th</sup> Floor  
Columbus, OH 43215  
E-mail: [Jeffrey.Wynnyk@odh.ohio.gov](mailto:Jeffrey.Wynnyk@odh.ohio.gov)  
Fax: (614) 728-9163

**NOTICE OF INTENT TO APPLY FOR FUNDING (NOIAF), W-9 form, Vendor Information Form (New Agency Only), EFT form, PROOF OF LIABILITY (if applicable), AND PROOF OF NON-PROFIT (if applicable) MUST BE RECEIVED BY Monday May 12, 2014 at 4:00PM**

NOTE: NOIAF's will be considered late if any of the required forms listed above are not received by the due date. NOIAF's considered late will not be accepted.