

MEMORANDUM

Date: August 1, 2013

To: Non-Profit, Ohio-Based Medical Organizations

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

Subject: Notice of Availability of Funds – Maximizing Office Based Immunization (MOBI)
January 1, 2014 – December 31, 2014

The Ohio Department of Health (ODH), Division of Prevention and Health Promotion (DOP), Bureau of Infectious Diseases (BID), announces the availability of grant funds to support one (1) grant initiative for the Maximizing Office Based Immunization (MOBI) grant activities for a three year program period from January 1, 2014 through December 31, 2016. MOBI funds are designed to maintain and coordinate a state-wide program to educate physician offices that provide immunizations to pediatric patients in order to improve the rates of vaccines administered on-time and lower the occurrence of vaccine-preventable diseases among Ohio's pediatric population. This goal will be accomplished primarily through state-wide education activities.

To obtain a grant application packet:

1. Go to the ODH website at: www.odh.ohio.gov;
2. Click on the 'Our Programs' pull-down menu;
3. Click on 'Funding Opportunities';
4. Click on "ODH Funding Opportunities";
5. Click on 'ODH Grants';
6. Click on 'Grants Request for Proposals' – this will provide you with a pull-down menu listing the current RFPs in order by name;
7. Select the 'Maximizing Office Based Immunization (MOBI)' 2014 RFP and click 'Submit'; this will open the .pdf version of the 2014 MOBI RFP.

All interested parties must submit a Notice of Intent to Apply for Funding (attached) no later than Monday, August 26, 2013 to be eligible for these funds. Non-profit, Ohio-based medical organizations that have established credibility with pediatricians and family practitioners in Ohio may apply. Only one grant will be awarded. Prospective applicants who successfully complete the Notice of Intent to Apply for Funding (Appendix 2) will be authorized to apply for MOBI funds using the GMIS 2.0 system, and will receive further guidance from the Immunization Program in early September 2013.

All applications and attachments are due by 4:00 p.m. on Monday, September 30, 2013. Electronic applications received after Monday, September 30, 2013 will not be considered for funding. Faxed, hand-delivered or mailed applications will not be accepted.

All grant applications must be submitted via the Internet, using the Grants Management Information System (GMIS 2.0). Applicants must attend or must document, in writing, prior attendance at GMIS 2.0 training in order to receive authorization for Internet submission. Please complete and submit the ODH GMIS 2.0 Form (Appendix 1) no later than Monday, August 26, 2013 to the Grants Administration Unit to begin the process to authorize your account.

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

Notice of Availability of Funds

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

Introduction / Background

The Ohio Department of Health (ODH), Division of Prevention and Health Promotion (DOP), Bureau of Infectious Diseases (BID), announces the availability of grant funds to support activities to support the Maximizing Office Based Immunization (MOBI) program. The goal of these grant funds is to maintain and coordinate a state-wide program to educate physician offices providing immunizations to pediatric patients in order to improve the rates of vaccines administered on-time and lower the occurrence of vaccine-preventable diseases among Ohio's pediatric population. This goal will be accomplished primarily through state-wide education activities. Applicants must apply for all the objectives listed in the Request for Proposals (RFP).

Eligibility

Non-profit, Ohio-based medical organizations that have established credibility with pediatricians and family practitioners in Ohio are eligible to apply. Applications are competitive.

Program Period and Award Amounts

The three-year program period begins January 1, 2014 and ends December 31, 2016. One grant will be awarded. Total funding for the MOBI grant is expected to be approximately \$215,000 for calendar year 2014. Funds originate from federal funding sources.

Applications including any required forms and required attachments mailed or electronically submitted via GMIS 2.0 are due by 4:00 p.m. Monday, September 30, 2013. Attachments and/or forms sent electronically must be transmitted by the application due date. Attachments and/or forms mailed that are non-Internet compatible must be postmarked or received on or before the application due date.

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

Grant Application Packet

1. To obtain a grant application packet:

- Go to the ODH website at: www.odh.ohio.gov;
- Click on the 'Our Programs' pull-down menu;
- Click on 'Funding Opportunities';
- Click on 'ODH Funding Opportunities';
- Click on 'ODH Grants';
- Click on 'Grants Request for Proposals' – this will provide you with a pull-down menu listing the current RFPs in order by name;
- Select the 'Maximizing Office Based Immunizations (MOBI) 2014 RFP and click 'Submit'; this will open the .pdf version of the 2014 MOBI RFP.
- In the application packet you will find:
 - a. ***Request for Proposals (RFP)*** – *This document outlines detailed information about the background, intent and scope of the grant, policy, procedures,*

performance expectations, and general information and requirements associated with the administration of the grant.

- b. ***Notice of Intent to Apply for Funding*** – *the purpose of this document is to ascertain your intent to apply for available grant funds. Please note that all interested parties must submit a Notice of Intent to Apply for Funding (attached) no later than Monday, August 26, 2013.*

2. When you have accessed the application packet:

- a. Review the RFP to determine your organization's ability to meet the requirements of the grant and your intent to apply.
- b. After your RFP review, if you want to submit an application for the grant, complete the *Notice of Intent to Apply for Funding* form in the application packet. Mail, email or fax the form to ODH, per the instructions listed by **Monday, August 26, 2013**. The *Notice of Intent to Apply for Funding* is mandatory if you are intending to apply for the grant.

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

- a. Create a grant application account number for your organization. This account number will allow you to submit an application via the Internet, using the Grants Management Information System (GMIS 2.0). All grant applications must be submitted via the Internet using GMIS 2.0. ODH will assess your organization's GMIS training needs (as indicated on the completed *Notice of Intent to Apply for Funding* form) and contact you to schedule a training date. The GMIS 2.0 training is mandatory if your agency has never been trained on GMIS 2.0. Please complete and submit the ODH GMIS 2.0 form (Appendix 1) no later than Monday, August 26, 2013 to the Grants Administration Unit to begin the process to authorize your account.
- b. ODH will notify all health departments who have submitted a *Notice of Intent to Apply for Funding* of the date for a bidder's phone conference or webinar.

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

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



ALL APPLICATIONS MUST BE SUBMITTED VIA THE INTERNET

OHIO DEPARTMENT OF HEALTH

DIVISION OF PREVENTION AND HEALTH PROMOTION

BUREAU OF INFECTIOUS DISEASES

**MAXIMIZING OFFICE BASED IMMUNIZATIONS (MOBI)
REQUEST FOR PROPOSALS (RFP)**

**FOR
FISCAL YEAR 2014
(01/01/14 – 12/31/14)**

Non-Profit Ohio-Based Medical Organization Applicants

COMPETITIVE GRANT APPLICATION INFORMATION

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

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I. APPLICATION SUMMARY and GUIDANCE

An application for an Ohio Department of Health (ODH) grant consists of a number of required parts – an electronic component submitted via the Internet website “ODH Application Gateway” and various paper forms and attachments. All the required parts of a specific application must be completed and submitted by the application due date. **Any required part that is not submitted by the due date indicated in sections D, G, and I 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 Sub-grantee applications. The GAPP manual is available on the ODH website <http://www.odh.ohio.gov>. (Click on “Our Programs”, click on “Funding Opportunities”, click on “ODH Funding Opportunities”; click on “ODH Grants” and then click on “GAPP”) Please refer to Policy and Procedure updates found on the GMIS bulletin board.

B. Application Name: Maximizing Office Based Immunizations (MOBI)

C. Purpose: The Ohio Department of Health (ODH) Immunization Program seeks to maintain and coordinate a state-wide program to educate physician offices that provide immunizations to pediatric patients in order to improve the rates of vaccines administered on-time and lower the occurrence of vaccine-preventable diseases among Ohio’s pediatric population.

D. Qualified Applicants: Non-profit, Ohio-based medical organizations that have established credibility with pediatricians and family practitioners in Ohio may apply. Only one grant will be awarded.

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

1. Applicant doesn’t owe funds in excess of \$1,000 to the ODH.
2. Applicant isn’t certified to the Attorney General’s (AG’s) office.
3. Applicant has submitted application and all required attachments by 4:00 p.m. on Monday, September 30, 2013.

E. Service Area: Applicants must be able to coordinate the MOBI program for the entire state of Ohio.

F. Number of Grants and Funds Available: One grant will be awarded. Total funding for the MOBI grant is expected to be approximately \$215,000 for calendar year 2014. Funds originate from federal funding sources.

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

- G. Due Date:** All parts of the application must be completed and received by ODH electronically via GMIS or via ground delivery by 4:00 p.m. on Monday, September 30, 2013. Applications and required attachments received late will not be considered for review.

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

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

- I. Goals:** MOBI will work towards improving immunization rates through increased education to physician offices that provide immunizations to pediatric patients. MOBI will equip and enable local health districts to provide at least 350 high quality MOBI peer-to-peer programs to Ohio private practices during the grant period.

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

- J. Program Period and Budget Period:** The program period will begin on January 1, 2014 and ends on December 31, 2016. The budget period for this application will begin on January 1, 2014 and end on December 31, 2014.

- K. Public Health Accreditation Board (PHAB) Standard(s):** PHAB Standards that will be addressed by IAP grant activities will be:

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

The PHAB standards are available at the following website:

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

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

1. *Public Health Impact Statement Summary* - Applicant agencies are required to submit a summary of the program to local health districts prior to submitting the grant application to ODH. The program summary, not to exceed one page, must include:
 - a) The Public Health Accreditation Board (PHAB) Standard(s) to be addressed by grant activities:
 - A description of the demographic characteristics (e.g., age, race, gender, ethnicity) of the target population and the geographical area in which they live (e.g. census tracts, census blocks, block groups);
 - A summary of the services to be provided or activities to be conducted; and,
 - A plan to coordinate and share information with appropriate local health districts.

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

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

M. Incorporation of Strategies to Eliminate Health Inequities

The ODH is committed to the elimination of health inequities. Racial and ethnic minorities and Ohio's economically disadvantaged residents experience health inequities and, therefore, do not have the same opportunities as other groups to be healthy.

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

children relevant to your jurisdiction.

Throughout the various components of this application (Program Narrative, Objectives, and Workplan), applicants are required to:

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

Please note that these interventions must coincide with selected health equity strategies identified in GMIS. These strategies are based on the National Stakeholder Plan to Achieve Health Equity. For your convenience a summary of these strategies are located in Appendix 7.

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

Community Commons

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

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

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

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

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

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

Pediatrics, Vol. 110, No. 5, November 2002. Reducing Geographic, Racial, and Ethnic Disparities in Childhood Immunization Rates by Using Reminder/Recall Interventions in Urban Primary Care Practices. See this weblink for more information: <http://pediatrics.aappublications.org/content/110/5/e58.full.pdf>.

National Healthcare Disparities Report from 2012 (see page 2-38):

- Across childhood immunization measures, most showed improvement.
- Quality worsened for children ages 19-35 months with 3 or more doses of Hib vaccine.
- The childhood immunization measures all come from the Centers for Disease Control and Prevention's (CDC) National Immunization Survey (NIS).

This survey can be located at:

http://www.ahrq.gov/research/findings/nhqrd/nhdr12/nhdr12_prov.pdf

National Immunization Survey: from January 1, 2011 – December 31, 2011, the following indicators show that generally, limited disparities exist for children aged 19-35 months of age in Ohio, however there remains limited information regarding immunization indicators in rural areas, and in racial groups for Blacks, Hispanics and Multiple Races (Non-Hispanic).

Coverage Levels By WIC and Poverty Status	Enrolled in WIC	Below Poverty	At or Above Poverty
DTaP #3	95.5%	98.5%	95.5%
DTaP #4	NA	NA	86.5%
Polio #3	92.4%	97.4%	92.6%
MMR #1	91.2%	95.8%	91.2%
Hib #3	95.5%	98.5%	95.4%
HepB #3	96.5%	97.7%	94.9%
HepB Birth Dose	84.3%	NA	82.0%
Var #1	93.5%	94.8%	92.2%
PCV #3	94.6%	97.2%	92.9%
PCV#4	NA	NA	87.0%
HepA #1	74.9%	NA	68.1%
Rotavirus #2+	NA	NA	65.3%

Coverage Levels by Urbanicity	Central City MSA	Non-Central City MSA	Non-MSA
DTaP #3	99.2%	93.4%	98.2%
DTaP #4	93.6%	83.3%	NA
Polio #3	99.2%	89.9%	95.1%
MMR #1	94.7%	90.0%	97.4%
Hib #3	99.2%	93.4%	97.8%
HepB #3	97.2%	94.8%	94.6%
HepB Birth Dose	86.6%	80.3%	NA
Var #1	96.1%	92.7%	NA
PCV #3	96.2%	91.1%	97.8%
PCV#4	89.7%	NA	NA
HepA #1	NA	NA	NA
Rotavirus #2+	NA	NA	NA

Coverage Levels by Race / Ethnicity	White only Non-Hispanic	Black Only Non-Hispanic	Hispanic	Multiple Race, Non-Hispanic
DTaP #3	96.6%	NA	NA	NA
DTaP #4	84.0%	NA	NA	NA
Polio #3	94.4%	NA	NA	NA
MMR #1	94.7%	NA	NA	NA
Hib #3	96.5%	NA	NA	NA
HepB #3	95.3%	NA	NA	NA
HepB Birth Dose	78.0%	NA	NA	NA

Var #1	92.1%	NA	NA	NA
PCV #3	94.3%	NA	NA	NA
PCV#4	83.5%	NA	NA	NA
HepA #1	69.1%	NA	NA	NA
Rotavirus #2+	65.0%	NA	NA	NA

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

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

*Certain groups in Ohio face significant barriers to achieving the best health possible. These groups include Ohio’s poorest residents and racial and ethnic minority groups. Health disparities occur when these groups experience more disease, death or disability beyond what would normally be expected based on their relative size of the population. For the purposes of this RFP, Health disparities are often characterized by such measures as disproportionate incidence, prevalence and/or mortality rates of vaccine-preventable diseases or low immunization levels. Health is largely determined by where people, live, work and play. Health disparities are unnatural and can occur because of socioeconomic status, race/ethnicity, sexual orientation, gender, disability status, geographic location or some combination of these factors. Those most impacted by health disparities also tend to have less access to resources like healthy food, good housing, good education, safe neighborhoods, freedom from racism and other forms of discrimination. These are referred to as **social determinants of health**. Social determinants are the root causes of health disparities. The systematic and unjust distribution of social determinants resulting in negative health outcomes is referred to as **health inequities**. As long as health inequities persist, those aforementioned groups will not achieve their best possible health. The ability of marginalized groups to achieve optimal health (like those with access to social determinants) is referred to as **health equity**. Public health programs that incorporate social determinants into the planning and implementation of interventions will greatly contribute to the elimination of health inequities*

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

N. Appropriation Contingency: Any award made through this program is contingent upon the availability of funds for this purpose. **The 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 (*list a contact name, e-mail address, and phone number*) to whom the applicant agency can contact for questions regarding this RFP.

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

- P. Acknowledgment:** An ‘Application Submitted’ status will appear in GMIS 2.0 that acknowledges ODH system receipt of the application submission.
- Q. Late Applications:** Applications are dated the time of actual submission via the Internet utilizing GMIS. Required attachments and/or forms sent electronically must be transmitted by the application due date. Required attachments and/or forms mailed that are non-Internet compatible must be postmarked or received on or before the application due date of Monday, September 30, 2013.

Applicants should request a legibly dated postmark, or obtain a legibly dated receipt from the U.S. Postal Service, or a commercial carrier. Private metered postmarks shall **not** be acceptable as proof of timely mailing. Applicants can hand-deliver attachments to ODH, Grants Services Unit, Central Master Files; but they must be delivered by **4:00 p.m.** on the application due date. FAX attachments will not be accepted. **GMIS applications and required application attachments received late will not be considered for review.**

- R. Successful Applicants:** Successful applicants will receive official notification in the form of a Notice of Award (NOA). The NOA, issued under the signature of the Director of Health, allows for expenditure of grant funds.
- S. Unsuccessful Applicants:** Within 30 days after a decision to disapprove or not fund a grant application for a given program period, written notification, issued under the signature of the Director of Health, or his designee shall be sent to the unsuccessful applicant.
- T. Review Criteria:** All proposals will be judged on the quality, clarity and completeness of the application. Applications will be judged according to the extent to which the proposal:
1. Contributes to the advancement and/or improvement of the health of Ohioans;
 2. Is responsive to policy concerns and program objectives of the initiative/program/activity for which grant dollars are being made available;
 3. Is well executed and is capable of attaining program objectives;
 4. Describes specific objectives, activities, milestones and outcomes with respect to time-lines and resources;
 5. Estimates reasonable cost to the ODH, considering the anticipated results;

6. Indicates that program personnel are well qualified by training and/or experience for their roles in the program and the applicant organization has adequate facilities and personnel;
7. Provides an evaluation plan, including a design for determining program success;
8. Is responsive to the special concerns and program priorities specified in the FRP;
9. Has demonstrated acceptable past performance in areas related to programmatic and financial stewardship of grant funds;
10. Has demonstrated compliance to GAPP, Chapter 100;
11. Explicitly identifies specific groups in the service area who experience a disproportionate burden of vaccine-preventable diseases or low immunization levels; and,
12. Applicant describes activities which supports the requirements outlined in sections I. thru M. of this RFP.

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

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

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

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

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

“This work is funded either in whole or in part by a grant awarded by the Ohio Department of Health, Bureau of Infectious Diseases, Immunization Program and as a sub-award of a grant issued by ODH under the Immunization and Vaccines for Children

Grant, award number 1H23IP000765, and CFDA number 93.268.”

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

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

Reports shall be submitted as follows:

1. Program Reports: Sub-grantees Program Reports must be completed and submitted via GMIS according to Appendix 4, “2014 Maximizing Office Based Immunization (MOBI) Semi-Annual Report Instructions” by the following dates: July 15, 2014 and January 15, 2015. Required attachments associated with the Program Report are to be submitted according to Appendix 4 and will be submitted through GMIS 2.0. Any paper non-Internet compatible report attachments must be submitted to Central Master Files by the specific report due date. **Program Reports that do not include required attachments will not be approved.** All program report attachments must clearly identify the authorized program name and grant number.

Submission of Sub-grantee Program Reports via the ODH’s GMIS indicates acceptance of the ODH GAPP.

2. Periodic Expenditure Reports: Sub-grantee quarterly Expenditure Reports **must** be completed and submitted **via GMIS** by the following dates:

- a. First quarter expenditure report for period January 1, 2014 through March 31, 2014 due April 15, 2014;
- b. Second quarter expenditure report for period April 1, 2014 through June 30, 2014 due July 15, 2014;
- c. Third quarter expenditure report for period July 1, 2014 through September 30, 2014 due October 15, 2014, and
- d. Fourth quarter expenditure report for period October 1, 2014 through December 31, 2014 due January 15, 2015.

3. Final Expense Reports: A Subgrantee Final Expense Report reflecting total expenditures for the fiscal year must be completed and submitted **via GMIS by 4:00 p.m. on or before** February 15, 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 Subgrantee Final Expense Report serves as an invoice to return unused funds.

Submission of the periodic and final Sub-grantee expenditure reports via the

GMIS system indicates acceptance of ODH GAPP. Clicking the “Approve” button signifies authorization of the submission by an agency official and constitutes electronic acknowledgment and acceptance of GAPP rules and regulations.

4. **Inventory Report:** A listing of all equipment purchased in whole or in part with **current** grant funds (Equipment Section of the approved budget) must be submitted via GMIS as part of the Sub-grantee Final Expense Report. At least once every two years, inventory must be physically inspected by the Sub-grantee. Equipment purchased with ODH grant funds must be tagged as property of ODH for inventory control. Such equipment may be required to be returned to ODH at the end of the grant program period.
- X. Special Condition(s):** Responses to all special conditions **must be submitted via GMIS within 30 days of receipt of the first quarter payment.** A Special Conditions link is available for viewing and responding to special conditions. This link is viewable only after the issuance of the subgrantee’s first payment. The 30-day time period, in which the subgrantee must respond to special conditions, will begin when the link is viewable. Failure to submit satisfactory responses to the special conditions or a plan describing how those special conditions will be satisfied will result in the withholding of any further payments until satisfied.
- Y. Unallowable Costs:** Funds **may not** be used for the following:
1. To advance political or religious points of view, or for fund raising or lobbying, but must be used solely for the purpose as specified in this announcement;
 2. To disseminate factually incorrect or deceitful information;
 3. Consulting fee for salaried program personnel to perform activities related to grant objectives;
 4. Bad debts of any kind;
 5. Lump sum indirect or administrative costs;
 6. Contributions to a contingency fund;
 7. Entertainment;
 8. Fines and penalties;
 9. Membership fees -- unless related to the program and approved by ODH;
 10. Interest or other financial payments (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/TravelRule/> then click on OBM Travel Rule);
 17. Costs related to out-of-state travel, unless otherwise approved by ODH, and

described in the budget narrative;

18. Training longer than one week in duration, unless otherwise approved by ODH;
19. Contracts, for compensation, with advisory board members;
20. Grant-related equipment costs greater than \$300, unless justified and approved by ODH;
21. Payments to any person for influencing or attempting to influence members of Congress or the Ohio General Assembly in connection with awarding of grants;
22. Local immunization registry software products or maintenance; and,
23. Plaques, clothing and commemorative items such as pens, mugs/cups, folders/folios, lanyards, and conference bags.

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

- Z. Audit:** Sub-grantees currently receiving funding from the ODH are responsible for submitting an independent audit report that meets OMB Circular A-133 requirements, a copy of the auditor's management letter, a corrective action plan (if applicable) and a data collection form (for single audits) within 30 days of the receipt of the auditor's report, but not later than nine (9) months after the end of the sub-grantee's fiscal year.

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

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

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

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

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

AA. Submission of Application:

Formatting Requirements:

- Properly label each item of the application packet (ex. budget narrative, program narrative, etc).
- Each section should use 1.5 spacing with one-inch margins.
- Program and Budget narratives must be submitted in portrait orientation on 8 ½ by 11 paper.
- Number all pages (print on one side only).
- Program narrative should not exceed 40 pages (**excludes** appendices, attachments, budget and budget narrative).
- Use a 12 point font.
- Forms must be completed and submitted in the format provided by ODH.

The GMIS 2.0 application submission must consist of the following:

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

1. Application Information
2. Project Narrative
3. Project Contacts
4. Budget
 - Primary Reason
 - Funding
 - Cash Needs
 - Justification
 - Personnel
 - Other Direct Costs
 - Equipment
 - Contracts
 - Compliance Section D
 - Summary
5. Civil Rights Review Questionnaire (EEO Survey)
6. Assurances Certification
7. Federal Funding Accountability and Transparency Act (FFATA) reporting form
8. Electronic Funds Transfer (EFT) form (**Required if new agency, thereafter only if banking information has changed.**)
9. IRS W-9 Form (**Required if new agency, thereafter only when tax identification number or agency address information has changed.**) **One of the following forms must accompany the IRS W-9 Form:**
 - a. Vendor Information Form (**New Agency Only**)
 - b. Vendor Information Change Form (**Existing agency with tax identification number, name and/or address change(s).**)
 - c. Change request in writing on Agency letterhead (**Existing agency with tax identification number,**

name and/or address change(s).)

10. Public Health Impact Statement
11. Statement of Support from the Local Health Districts
12. Liability Coverage (**Non-Profit organizations only; proof of current liability coverage and thereafter at each renewal period.**)
13. Evidence of Non-Profit Status (**Non-Profit organizations only**)
14. Attachments as required by Program (list each one or “NONE”)

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

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

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

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

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

**Complete
Copy &
Mail To
ODH**

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

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

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 13 of the RFP for unallowable costs. Match or Applicant Share is not required by this program. Do not include match or Applicant Share in the budget and/or the Applicant Share column of the Budget Summary. Only the narrative may be used to identify additional funding information from other resources.
- 1. Primary Reason and Justification Pages:** Provide a detailed budget justification narrative that describes how the categorical costs are derived. Discuss the necessity, reasonableness, and allocability of the proposed costs. Describe the specific functions of the personnel, consultants, and collaborators. Explain and justify equipment, travel (including any plans for out-of-state travel), supplies and training costs. If you have joint costs refer to GAPP Chapter 100, Section 103 and Section D (9) of the application for additional information.
 - 2. Personnel, Other Direct Costs, Equipment & Contracts:** Submit a budget with these sections and form(s) completed as necessary to support costs for the period January 1, 2014 to December 31, 2014.

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

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

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

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

- 3. Compliance Section D:** Answer each question on this form as accurately as possible. *Completion of the form ensures your agency's compliance with the administrative standards of ODH and federal grants.*
- 4. Funding, Cash Needs and Budget Summary Sections:** Enter information about the funding sources, budget categories and forecasted cash needs for the program.

Distribution should reflect the best estimate of need by quarter. Failure to complete this section will cause delays in receipt of grant funds.

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

D. Project Narrative:

1. Executive Summary: Provide a brief synopsis of the purpose, methodology, and evaluation plan of this Immunization project. Identify the target population, services and programs to be offered those services, burden of health disparities and health inequities. Describe the public health problems that the program will address.

2. Description of Applicant Agency/Documentation of Eligibility/Personnel: Note the following issues in this section:

- Summarize the agency's structure as it relates to this program and, as the lead agency, how it will manage the program and work with any other participating agencies (e.g., Sub-contracted local health districts, other health districts within the applicant county). Describe plans for meeting with multiple health department agencies involved with this program to review progress on IAP grant activity.
- Describe the capacity of your organization, its personnel or contractors to communicate effectively and convey information in a manner that is easily understood by diverse audiences. This includes persons of limited English proficiency, those who are not literate, have low literacy skills, and individuals with disabilities.
- Describe the capacity of your organization to reach populations disproportionately impacted by low immunization rates. Note any relationships with social service or community organizations that provide services to disparate populations.
- Note any personnel or equipment deficiencies that will need to be addressed in order to carry out this grant.
- Describe plans for hiring and training, as necessary. Delineate all personnel who will be directly involved in program activities. Include the relationship between program staff members, staff members of the applicant agency, and other partners and agencies that will be working on this program. Include position descriptions for these staff.

3. Problem/Need: Identify and describe the local health status concern that will be

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

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

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

- 4. Methodology:** In a narrative format, identify the following program goals, objectives and activities in this section. The MOBI grant applicant must respond to each of the following required program objectives (Objectives 1 - 6).

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

Specific (focused)

Measurable

Achievable

Realistic

Time-phased

Required MOBI Grant Activities

Describe your plans to accomplish the following grant objectives in the Project Narrative section in GMIS 2.0. Attach the Project Narrative in a MS Word (.doc) or .pdf format.

Objective 1: MOBI Presentation Development

The grantee will use the existing MOBI presentation to revise and update the MOBI materials for the 2014 calendar year according to current ACIP guidance.

- 1a Describe the plan to revise and update the MOBI educational presentation. Include a discussion on incorporating new ACIP, CDC and AAP recommendations and any new strategies that specifically address strategies for improving immunization rates.
- 1b Describe the plan to utilize a curriculum review committee to include representatives from the ODH Immunization program, Ohio AAP and other MOBI users and trainers. Indicate how the grantee will consult with the NCIRD Trainer as necessary.
- 1c Describe a plan to include materials promoting the awareness of health disparities within individual provider practices and ensuring access to immunizations for all children.

Objective 2: MOBI Presentation Support

The grantee will provide planning services and administrative support to the MOBI trainers in Ohio.

- 2a Describe the plan to facilitate a minimum of 350 MOBI presentations in Ohio. The ideal target is closer to 400 presentations.
- 2b Indicate how the latest edition of the CDC Pink Book will be provided to each office

- trained.
- 2c Indicate how a MOBI office resource pack will be produced and provided to each office trained.
 - 2d Indicate how a MOBI individual resource will be produced and provided to each MOBI attendee.
 - 2e Describe the process of how local trainers will communicate to the grantee for requests for presentations.
 - 2f Describe the process to provide CNE and CME credit to participants for completed courses.

Objective 3: Training the Trainers

The grantee will train MOBI trainers close to the beginning of the calendar year, equipping them to successfully conduct MOBI trainings throughout Ohio.

- 3a Describe the plan to provide one MOBI train-the-trainer workshop within the first quarter of 2014 and any additional workshops as needed.
- 3b Describe the plan to update, produce and distribute an electronic presentation file to each active trainer.
- 3c Describe the plan to update, produce and distribute one training manual per active trainer.

Objective 4: Ongoing Design and Development

The grantee will update MOBI training materials during the calendar year and provide continuing education to MOBI trainers.

- 4a Describe the process for the review of training materials given possible ACIP or CDC recommendation changes.
- 4b Indicate the process for production of a newsletter for trainers in order to provide continuing education.
- 4c Describe the process to update the MOBI resource pack materials as necessary.

Objective 5: Marketing

The grantee will successfully market the MOBI program among immunization provider offices in Ohio.

- 5a Describe the process and timelines to market the MOBI program to private providers in Ohio.
- 5b Indicate any proposed changes to the MOBI marketing brochure (MOBI travels) or any other MOBI marketing materials.
- 5c Describe the plan to collaborate with community immunization initiatives and promote the importance of MOBI.

Objective 6: Program Administration and Evaluation

The grantee will successfully administer the MOBI program in Ohio and will evaluate trainers and the program as a whole.

- 6a Describe the plan to compile and evaluate data for all the individual MOBI programs.
- 6b Describe the plan to provide semi-annual updates to ODH regarding the number of planned and completed MOBI programs in the form of a spreadsheet with listed names of providers and trainers. Submit the spreadsheet of information with semi-annual reports.
- 6c Describe the plan to evaluate the over-all MOBI program strengths and weaknesses.
- 6d Describe the plan to observe and evaluate twenty percent of MOBI trainers performing a MOBI presentation at least once during each year. This should be a random event. Develop a standardized form to evaluate the effectiveness of the presenter, as well as the presentation materials. Summarize the data collected from these observations and report semi-annually to ODH regarding aggregate information – no trainer specific information

is necessary.

- 6e Describe the plan to contact a random sample of physician offices to assess the impact the MOBI presentation has in changing office procedures and vaccine coverage rates; offices will be asked to specify changes they have made to immunization practices as a result of the MOBI program.

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

F. Federal Funding Accountability and Transparency Act (FFATA) Requirements: FFATA was signed on September 26, 2006. FFATA requires ODH to report all Sub-grants receiving \$25,000 or more of federal funds. All applicants applying for ODH grant funds are required to complete the FFATA Reporting Form in GMIS.

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

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

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

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

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

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

Print in PDF format and mail to ODH, Grants Services Unit, Central Master Files address. The completed appropriate Vendor Form **must be** dated and signed, in blue ink,

with original signatures. Submit the original and one copy of each.

- I. Public Health Accreditation Board Standards:** Attach in GMIS the PHAB Standards that will be addressed by grant activities.
- J. Public Health Impact:** Only for applicants which are not local health departments, attach in GMIS the response/statement(s) of support from the local health district(s) to your agency's communication regarding the impact of the proposed grant activities on the PHAB Standards. If a statement of support from the local health districts is not available, indicate that and submit a copy of the program summary your agency forwarded to the local health district(s).
- K. Liability Coverage:** Liability coverage is required for all non-profit agencies. Non-profit organizations **must** submit documentation validating current liability coverage. Attach in GMIS the Certificate of Insurance Liability (**Non-Profit organizations only; current liability coverage and thereafter at each renewal period.**)
- L. Non-Profit Organization Status:** Non-profit organizations **must** submit documentation validating current status. Attach in GMIS the Internal Revenue Services (IRS) letter approving non-tax exempt status.
- M. Attachment(s):** Attachments are documents deemed necessary to the application that are not a part of the GMIS system. Attachments that are non-Internet compatible must be postmarked or received on or before the application due date. An original and the required number of copies of non-Internet compatible attachments must be mailed to the ODH, Grants Services Unit, Central Master Files address by 4:00 p.m. on or before September 30, 2013. All attachments must clearly identify the authorized program name and program number. All attachments must be submitted as a PDF, Microsoft Word or Microsoft Excel document. Please see the GMIS bulletin board for instructions on how to submit attachments in GMIS. **Attachments as Required by Program:** None.

III. APPENDICES

- (1) GMIS Training Form
- (2) Notice of Intent to Apply for Funding
- (3) 2014 MOBI Application Review Form
- (4) 2014 MOBI Semi-Annual Progress Report Instructions
- (5) Summary of the National Stakeholder Strategy for Achieving Health Equity

Appendix 2
NOTICE OF INTENT TO APPLY FOR FUNDING

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

ODH Program Title: Maximizing Office Based Immunizations (MOBI)

ALL INFORMATION REQUESTED MUST BE COMPLETED.
(Please Print Clearly or Type) – Due by August 26, 2013

County of Applicant Agency _____

Federal Tax Identification Number _____

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

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

Applicant Agency/Organization _____

Applicant Agency Address _____

Agency Contact Person/Title _____

Telephone Number _____

E-mail Address _____

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

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

NOTICE OF INTENT TO APPLY FOR FUNDING MUST BE RECEIVED BY AUGUST 26, 2013. Effective 6/01/07

Appendix 3

**2014 Maximizing Office-Based Immunization (MOBI)
Application Review Form**

Applicant Name: _____ GMIS #: _____

Score Summary

Application Element	Score	Point Value
GMIS 2.0 Budget Issues		3
Executive Summary		2
Description of Applicant Agency/Documentation of Eligibility/Personnel		5
Problem/Need		2
Obj. 1: MOBI Presentation Development		6
Obj. 2: MOBI Presentation Support		9
Obj. 3: Training the Trainers		5
Obj. 4: Ongoing Design and Development		4
Obj. 5: Marketing MOBI		5
Obj. 6: Program Administration and Evaluation		9
Total Application Point Score		50
Total Application % Score		NA

2014 MOBI Application Review Form

Category	Score
GMIS 2.0 Budget Issues	
Q: Do budget items in GMIS 2.0 relate to required grant objectives?	0 1
Q: Is the GMIS 2.0 budget justification section complete ? (provide info on personnel, other costs, equipment and contracts?)	0 1
Q: Does the total budget equal to or below the maximum available funds?	0 1
<i>Notes:</i>	Subtotal _____ / 3
Executive Summary	
Q: Did the applicant provide a poor, average or good overview?	0 1 2
<i>Notes:</i>	Subtotal _____ / 2
Description of Applicant Agency/Documentation of Eligibility/Personnel	
Q: Applicant summarize the agency structure & management of the MOBI grant?	0 1
Q: Describe capacity to communicate to diverse audiences?	0 1
Q: Describe plans for quality assurance methods?	0 1
Q: Note any personnel or equipment deficiencies?	0 1
Q: Describe plans for hiring & training / partners?	0 1
<i>Notes:</i>	Subtotal _____ / 5
Problem / Need	
Q: Identify local health status information & identified the target population?	0 1
Q: Described other organizations involved in addressing this need?	0 1
<i>Notes:</i>	Subtotal _____ / 2
Objective 1: MOBI Presentation Development	
1a – Described the plan to revise & update the educational presentation?	0 1 2
1b – Described the plan to use the curriculum review committee?	0 1 2
1c – Described a plan to to include materials promoting the awareness of health disparities within individual provider practices and ensuring access to immunizations for all children?	0 1 2
<i>Notes:</i>	Subtotal _____ / 6

Objective 2: MOBI Presentation Support	
2a – Described the plan to conduct 350 MOBI presentations in Ohio?	0 1 2
2b – Described plan to provide one CDC Pink Book per office trained?	0 1
2c – Described plan to provide one office resource pack per office trained?	0 1
2d – Described plan to provide one individual resource pack per attendee?	0 1
2e – Described process of communication with local trainers?	0 1 2
2f – Describe process to provide CNE and CME credit to participants for completed courses?	0 1 2
<i>Notes:</i>	Subtotal _____ / 9
Objective 3: Training the Trainers	
3a – Described plans to provide one MOBI train-the-trainer workshop for local trainers within the first quarter of 2014 and additional workshops as needed?	0 1 2
3b – Described plans to update, produce and distribute an electronic presentation file to each active trainer?	0 1 2
3c – Described plans to update, produce and distribute one training manual per active trainer?	0 1
<i>Notes:</i>	Subtotal _____ / 5
Objective 4: Ongoing Design and Development	
4a – Described plans to review materials for accuracy?	0 1
4b - Plans to provide newsletters for trainers to update information and methods?	0 1 2
4c – Plans to update resource pack materials as necessary?	0 1
<i>Notes:</i>	Subtotal _____ / 4
Objective 5: Marketing MOBI	
5a – Described process and timelines market the program to private providers in Ohio?	0 1 2
5b – Described plans to update and distribute the marketing brochure?	0 1
5c – Described Plans to collaborate with community immunization initiatives?	0 1 2
<i>Notes:</i>	Subtotal _____ / 5
Objective 6: Program Administration and Evaluation	
6a – Described plans to compile and evaluate data for all MOBI programs?	0 1 2
6b – Described plans to provide semi-annual updates of planned and completed MOBI programs?	0 1 2

6c – Described plans to evaluate the over-all MOBI strengths and weaknesses?	0 1
6d – Described the plan to observe and evaluate 20% of MOBI presenters?	0 1 2
6e – Described plans to contact a random sample of physician offices to assess the impact the MOBI presentation has in changing office procedures and vaccine coverage rates?	0 1 2
<i>Notes:</i>	Subtotal _____ / 9

Special Conditions:

Comments to Subgrantee:

Reviewer Signature:

Appendix 4

2014 Maximizing Office-Based Immunization (MOBI) Semi-Annual Progress Report Instructions

Please use the following instructions to prepare the semi-annual progress report for your MOBI subgrant. Please follow instructions carefully, as progress reports are scored. All 2014 MOBI reports are due to ODH on the following dates: July 15, 2014 and January 15, 2015.

1. Provide a brief narrative of the progress made towards each objective during the previous 6 month period (January – June 2014 or July – December 2014). Re-state each MOBI objective as listed in the 2014 MOBI RFP. Identify the specific successes and challenges encountered and the solutions instituted for each objective. Significant achievements should be described, as well as instances when objectives were not met. Be specific in your description of accomplishments. The narrative must be one file per county, combining all the objectives together. The file format may be either MS Word or .pdf. In multiple county situations, the lead agency and each subcontracting county is to attach a separate narrative file. All narrative files must be attached in the ODH Grants Management Information System (GMIS 2.0) under the ‘Project’ / ‘Program Reports’ section.
2. Report any additional evaluation / outcome measures requested at a later date for each objective.
3. Provide samples of locally produced promotional materials, pamphlets, articles, letters, or reports created during the report period that directly relate to grant objectives (e.g., newsletters). Attachments can be attached in the ODH Grants Management Information System (GMIS 2.0) under the ‘Project’ / ‘Program Reports’ section. If you elect to send any hard copy attachments, note your grant number and agency name on the front page, with one original and two copies to:

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

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

Appendix 5

Summary of the National Stakeholder Strategy for Achieving Health Equity

<p>The fundamental purpose of the National Stakeholder Strategy is to promote systematic and systemic change that improves the overall health of the nation. Achieving this purpose will take time, include many people, and require that steps be taken incrementally while maintaining focus on the ultimate goal of achieving health equity. In this regard, the information in this section provides an overview of what may be required to influence change and improve outcomes for affected communities. It sets out a strategy for change based on the five key goals and 20 strategies that were developed through an extended grassroots process. The goals and their corresponding strategies provide a starting point and menu of resources for stakeholders to design actions that are achievable through their scopes of influence and areas of expertise.</p>		
Goal	Goal Description	Strategy
1	AWARENESS Increase awareness of the significance of health disparities, their impact on the nation, and the actions necessary to improve health outcomes for racial, ethnic, and underserved populations.	<p>1. Healthcare Agenda - Ensure that ending health disparities is a priority on local, state, tribal, regional, and federal healthcare agendas.</p> <p>2. Partnerships - Develop and support partnerships among public, nonprofit, and private entities to provide a comprehensive infrastructure to increase awareness, drive action, and ensure accountability in efforts to end health disparities and achieve health equity across the lifespan.</p> <p>3. Media - Leverage local, regional, and national media outlets using traditional and new media approaches as well as information technology to reach a multitier audience—including racial and ethnic minority communities, youth, young adults, older persons, persons with disabilities, LGBT groups, and geographically isolated individuals to encourage action and accountability.</p> <p>4. Communication - Create messages and use communication mechanisms tailored for specific audiences across their lifespan, and present varied views of the consequences of health disparities that will encourage individuals and organizations to act and to reinvest in public health.</p>
2	LEADERSHIP Strengthen and broaden leadership for addressing health disparities at all levels.	<p>5. Capacity Building - Build capacity at all levels of decision making to promote community solutions for ending health disparities.</p> <p>6. Funding Priorities- Improve coordination, collaboration, and opportunities for soliciting community input on funding priorities and involvement in research and services.</p> <p>7. Youth - Invest in young people to prepare them to be future leaders and practitioners by actively engaging and including them in the planning and execution of health, wellness, and safety initiatives.</p>
3	HEALTH SYSTEM AND LIFE EXPERIENCE Improve health and healthcare outcomes for racial, ethnic, and underserved populations.	<p>8. Access to Care - Ensure access to quality health care for all.</p> <p>9. Children - Ensure the provision of needed services (e.g., mental, oral, vision, hearing, and physical health; nutrition; and those related to the social and physical environments) for at risk children, including children in out-of-home care.</p> <p>10. Older Adults - Enable the provision of needed services and programs to foster healthy aging.</p> <p>11. Health Communication - Enhance and improve health service experience through improved health literacy, communications, and interactions.</p> <p>12. Education - Substantially increase, with a goal of 100%, high school graduation rates by working with schools, early childhood programs, community organizations, public health agencies, health plan providers, and businesses to promote the connection between educational attainment and long term health benefits.</p> <p>13. Social and Economic Conditions- Support and implement policies that create the social, environmental, and economic conditions required to realize healthy outcomes.</p>
4	CULTURAL AND LINGUISTIC COMPETENCY Improve cultural and linguistic competency and the diversity of the health-related workforce	<p>14. Workforce - Develop and support the health workforce and related industry workforces to promote the availability of cultural and linguistic competency training that is sensitive to the cultural and language variations of diverse communities.</p> <p>15. Diversity - Increase diversity and competency of the health workforce and related industry workforces through recruitment, retention, and training of racially, ethnically, and culturally diverse individuals and through leadership action by healthcare organizations and systems.</p> <p>16. Ethics and Standards, and Financing for Interpreting and Translation Services - Encourage interpreters, translators, and bilingual staff providing services in languages other than English to follow codes of ethics and standards of practice for interpreting and translation. Encourage financing and reimbursement for health interpreting services.</p>
5	DATA, RESEARCH, AND EVALUATION Improve data availability, coordination, utilization, and diffusion of research and evaluation outcomes	<p>17. Data - Ensure the availability of health data on all racial, ethnic, and underserved populations.</p> <p>18. Community-Based Research and Action, and Community- Originated Intervention Strategies - Invest in community-based participatory research and evaluation of community-originated intervention strategies in order to build capacity at the local level for ending health disparities.</p> <p>19. Coordination of Research - Support and improve coordination of research that enhances understanding about, and proposes methodology for, ending health and healthcare disparities.</p> <p>20. Knowledge Transfer - Expand and enhance transfer of knowledge generated by research and evaluation for decision making about policies, programs, and grant making related to health disparities and health equity.</p>