



MEMORANDUM

Date: December 11, 2024

To: The Breast and Cervical Cancer Project- Community Health Worker

From: Jennifer Voit
Bureau of Health Improvement and Wellness
Ohio Department of Health

Subject: Breast and Cervical Cancer Project- Community Health Worker (HW26) 6/30/2025-6/29/2026

The Ohio Department of Health (ODH), Bureau of Health Improvement and Wellness announces the availability of grant funds.

All electronic applications and attachments are due by **4:00 p.m. Monday, January 27, 2025.**

Applications received after the due date will not be considered for funding. Faxed, hand-delivered or mailed applications will not be accepted.

All potential applicants are encouraged to attend a Bidders' Conference that will be held via webinar on **Monday, December 16, 2024, from 1:30 pm to 3:00 pm.** The Bidders' Conference will provide an opportunity for interested parties to learn more about the Request for Solicitation.

Microsoft Teams Meeting Link

https://teams.microsoft.com/l/meetup-join/19%3ameeting_MjU4YzY1YWEtYjVjZC00ZjAyLWE1NDMtMWU5YTA0ZjFjNTI%40thread.v2/0?context=%7b%22id%22%3a%2250f8cc4-94d8-4f07-84eb-36ed57c7c8a2%22%2c%22oid%22%3a%22f1b38d55-2cb4-49ec-9b22-ffcfc60d0316%22%7d

*ODH is using Microsoft Teams for this virtual meeting. We will be sharing our screen through this platform. To join the meeting, please click on “Join Microsoft Teams Meeting” above. If your agency does not have Microsoft Teams, you will be given the option to “Join on the web instead”. There is also a call-in number above if you do not plan to use your device’s audio. **Please note, this program works best in Google Chrome.***

This is a competitive solicitation; all interested parties must submit a Notice of Intent to Apply for Funding (NOIAF—Appendix A), no later than 4:00 p.m. on Wednesday, December 18, 2024 to be eligible for these funds.

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 B) no later than 4:00 p.m. on Wednesday, December 18, 2024, 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, please contact Erica Miller at Erica.Miller@odh.ohio.gov.

ALL APPLICATIONS MUST BE SUBMITTED THRU THE GRANT MANAGEMENT SYSTEMS

OHIO DEPARTMENT OF HEALTH

OFFICE OF THE MEDICAL DIRECTOR
BUREAU OF HEALTH IMPROVEMENT
AND WELLNESS

BREAST AND CERVICAL CANCER Project- COMMUNITY HEALTH WORKER HW26
SOLICITATION FOR FISCAL YEAR 2026
(06/30/2025-06/29/2026)

Local Public Applicant Agencies Non-Profit Applicants

COMPETITIVE GRANT APPLICATION INFORMATION
100% Deliverable Funding

Revised 9/29/2023
For grant starts 4/1/2024 and thereafter

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I. APPLICATION SUMMARY and GUIDANCE

An application for an Ohio Department of Health (ODH) grant consists of several required components including an electronic portion submitted via online and various paper forms and attachments. All the required components of a specific application must be completed and submitted by the application due date. **If any of the required components are not submitted by the due date indicated the entire application will not be considered for review.**

This is a competitive solicitation; a Notice of Intent to Apply for Funding (NOIAF – Appendix A) must be submitted by December 18, 2024, so access to the online application can be established.

NEW AGENCIES ONLY or if UPDATES are needed: For non-profit agencies, the NOIAF must be accompanied by proof of non-profit status. Both non-profit and local public agencies must submit proof of liability coverage. Potential applicants and current subrecipients are required to maintain their current supplier information in the State of Ohio Supplier Portal. This information includes, but is not limited to, Electronic Funds Transfer (EFT), 1099 Form and current address.

This information is maintained in the following website: <http://supplier.ohio.gov/>

Note: Subrecipients future payments will be held for any subrecipient that currently receives a paper check if the EFT information is not updated in the supplier portal.

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

- A. Policy and Procedures:** Uniform administration of all the ODH grants is governed by the ODH Grants Administration Policies and Procedures (OGAPP) manual and any updates in policies that have been posted on the GMIS Bulletin Board. This manual and GMIS Bulletin Board policy updates must be followed to ensure adherence to the rules, regulations, and procedures for the preparation of all subrecipient applications. The OGAPP manual is available on the ODH website (click or copy and paste the following link into your web browser: <https://odh.ohio.gov/wps/portal/gov/odh/about-us/funding-opportunities/resources/grants-administrative-policies-and-procedures-ogapp-manual>).

Updates to policies and procedures can be found on the GMIS bulletin board. All budget justifications must include the following language and be signed by the agency head listed in GMIS. Please refer to the Budget Justification templates listed on the GMIS bulletin board.

Budget Justification Certification language

- Subrecipient understands and agrees that it must follow the federal cost principle that applies to its type of organization (2 CFR, Part 225; 2 CFR, Part 220; or, 2 CFR, Part 230).
- Subrecipient's budgeted costs are reasonable, allowable, and allocable under OGAPP and federal rules and regulations.
- The OGAPP and the rules and regulations have been read and are understood.
- Subrecipient understands and agrees that costs may be disallowed if deemed unallowable or in violation of OGAPP and federal rules and regulations.
- The appropriate programmatic and administrative personnel involved in this application are aware of the agency's policy with regard to subawards and are prepared to establish the necessary inter-institutional agreements consistent with those policies.
- Subrecipient agrees and understands that costs incurred in the fulfillment of the Deliverables must be allowable under OGAPP and federal rules and regulations to qualify for reimbursement.

B. Application Name: The Breast and Cervical Cancer Program- Community Health Worker (HW26)

C. Purpose: The Ohio Breast and Cervical Cancer Project (BCCP) provides free breast and cervical cancer screening and diagnostic services to eligible women in Ohio with a focus on populations who are underserved and who have increased cancer risk due to health inequities. The purpose of this grant is to enroll all BCCP eligible patients at the awarded clinic into the Ohio BCCP program through the use of a Community Health Worker (CHW) or similar position title (will be referred to as CHW throughout the RFP). Increasing overall clinic breast and cervical cancer screening rates by implementing Evidence Based Interventions (EBI's) will also be a focus. The employed or contracted staff member will collaborate with clinic staff to develop and implement a process to ensure all BCCP eligible women are enrolled in the program with a focus on the priority population; Black/African American women between the ages of 21-64, uninsured or underinsured, and at or below 250% of the Federal Poverty Level (FPL). The BCCP eligibility guidelines include women aged 21 and older, at or below 300% FPL and should also be enrolled.

D. Qualified Applicants: All applicants must be a Federally Qualified Health Center, Community Health Center or look alike, or Public Health Department that serves the priority population as noted in section 1.C. Applicants must be able to provide data showing the number of primary care patients that are BCCP eligible, and that the patient population supports the amount of funding that is being provided. Applicant agencies must have the capacity to accept an electronic funds transfer (EFT). If an applicant agency needs GMIS access, then a GMIS access form must be submitted (Appendix B).

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

- The applicant does not owe funds to ODH and has repaid any funds due within 45 days of the invoice date.
- The applicant has not been certified to the Attorney General's (AG's) office.
- The applicant has submitted an application and all required attachments by **4:00 p.m. on Monday January 27, 2025.**

E. Service Area: This is a limited-service area to reach the priority population within Cuyahoga, Franklin, Montgomery, Summit, Mahoning, Lucas, and Hamilton County. Applicant must have clinics within this service area.

- II. Number of Grants and Funds Available:** Funding to support the Breast and Cervical Cancer Program Community Health Worker is derived from federal sources. Up to \$240,000 in grant funds are available to be awarded to at least 3 agencies. Eligible agencies may apply for a maximum award of \$80,000.

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.

Section 1: Requirements for Applicants

Planning Phase (must be completed no later than November 30, 2025)

1. Hire or contract a CHW that is 100% dedicated only to this work to develop, coordinate, and implement all planning activities as described in the Implementation Phase below. The CHW must work a sufficient number of hours to accomplish all required activities. **Program grant funds may not be used to supplant existing funding.**
2. Ensure all providers and staff, including those at multiple sites complete training modules that relate to identifying and enrolling all BCCP eligible patients.
3. Complete the Clinic Data Collection forms and provide baseline breast and cervical screening rates. These forms will be provided upon Notice of Award.
4. Assess the clinic and identify current Evidence Based Interventions (EBI's) in place to increase breast and cervical cancer screening rates.
5. Develop workplan activities on the provided work plan for the 12- month period.
6. Review the capacity of the clinics electronic health record (EHR) and make modifications as needed to identify BCCP eligible patients.
7. Applicant must have an active BCCP provider agreement on file or submit a signed BCCP provider agreement along with the grant application. Click the following link to access the BCCP Provider Agreement <https://odh.ohio.gov/know-our-programs/breast-cervical-cancer-project/providers> .
8. Applicant must provide a list of all ancillary service providers and indicate their willingness to utilize BCCP contracted providers for those services and referrals as needed.

CHW Implementation Phase (must begin no later than December 1, 2025)

1. The CHW will work with staff to assess the clinic flow to develop and implement a formal BCCP enrollment process to ensure all BCCP eligible patients are enrolled in BCCP.
2. Begin enrolling all BCCP eligible patients.
3. The CHW will be the point of contact for the BCCP Regional Enrollment Agency (REA) and will coordinate a process to provide any missing client demographics, health history, results, and claims. They will also be responsible for maintaining communications with the REA as needed.
4. The CHW will attend ODH trainings on the client management system, Med-IT.
5. Begin implementing workplan activities for all strategies in the workplan.

6. Provide workplan progress reports to ODH monthly and submit in GMIS.
7. Provide quarterly and annual clinic screening rates to ODH.
8. Implement new EBI's, including but not limited to reminder/recalls to increase overall clinic breast and cervical cancer screening rates.
9. Meet with ODH Program Consultant monthly via Microsoft Teams.
10. At any point in time, we may require the collection of additional data based on guidance from the CDC without advanced notice.

III. **Due Date:** All parts of the application, including any required attachments, must be completed, and received by ODH electronically via GMIS by **4:00 p.m. by Monday, January 27th, 2025**. Applications and required attachments received after this deadline will not be considered for review.

Contact Erica Miller, via email at Erica.Miller@odh.ohio.gov or by phone at (380) 215-2296 with any questions.

IV. **Authorization:** Authorization of funds for this purpose is contained in the *Catalog of Federal Domestic Assistance (CFDA) Number 93.994*.

V. **Goals:** The primary goal of this solicitation is to increase BCCP served rates in the priority population through the usage of Community Health Workers to develop and implement an enrollment process at the awarded clinic.

VI. **Program Period and Budget Period:** The program period will begin June 30, 2025, and end on June 29, 2030. For this budget period for this application is June 30, 2025, through June 29, 2026.

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

http://www.phaboard.org/wp-content/uploads/PHABSM_WEB_LR1.pdf

VIII. **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* — Applicants 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:

Public Health Accreditation Board (PHAB) Standard(s) to be addressed by grant activities. Please select from the following:

- **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 1.4:** Provide and Use the Results of Health Data Analysis to Develop Recommendations Regarding Public Health Policy, Processes, Programs, or Intervention.
- **standard 2.2:** Contain/Mitigate Health Problems and Environmental Public Health Hazards.
- **standard 3.2:** Provide Information on Public Health Issues and Public Health Functions Through Multiple Methods to a Variety of Audiences.

- **standard 4.1:** Engage with the Public Health System and the Community in Identifying and Addressing Health Problems through Collaborative Processes.
- **standard 10.2:** Promote Understanding and Use of the Current Body of Research Results, Evaluations, and Evidence-Based Practices with Appropriate Audiences.

The applicant must submit the above summary as part of the 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, note this when submitting the program summary with the grant application. If an applicant has a regional and/or statewide focus, a statement of support should be submitted from at least one local health district, if available.
3. *Evidence of Health Equity Strategies*

The ODH is committed to the elimination of health disparities and achieving health equity for all Ohioans. The items below are requirements for all applicants to ensure health equity is embedded within all components of the application (e.g., Goals, Program Narrative, and Objectives.)

- 1) Identify specific groups who experience a disproportionate burden of disease, health condition or health outcome targeted by this solicitation (See Ohio's State Health Assessment for Ohio's health data) at <https://odh.ohio.gov/wps/portal/gov/odh/explore-data-and-stats/interactive-applications/>.
- 2) Identify geographic reference points (i.e., census tracts, census block groups or zip codes) to specify where program activities are focused.
- 3) Use direct or indirect feedback from the prioritized population, community, group, or community agency to identify specific social and environmental conditions (social determinants of health) associated with health disparities and health inequities.
- 4) Identify measurable health equity targets that demonstrate reducing disparities and improving health equity are critical goals to be achieved through program activities. This information must also be supported by data. For guidance on methodology to establish equity targets, review 2030 Target Setting Methodologies for Objectives in Healthy People 2030.
<https://www.healthypeople.gov/sites/default/files/TargetSettingReport-8-6-18%20FINAL.pdf>
- 5) Outline specific evaluation strategies to measure the impact of program activities on decreasing and/or eliminating health disparities and health inequities.

The following are best practices aimed at eliminating disparities and achieving health equity. They are not required, but highly encouraged to use.

- 1) Link proposed activities to health equity strategies identified in local, state, or national planning documents. These documents include, but are not limited to strategies, goals and objectives outlined in the [Healthy People 2030](#), the [State Health Improvement Plan \(SHIP\)](#) and local Community Health Assessments.
 - State Health Improvement Plan - <https://odh.ohio.gov/wps/portal/gov/odh/about-us/sha-ship>

- Healthy People 2030 - <https://health.gov/healthypeople>

- 2) Develop staffing plans where board members, leadership and program staff reflect the race, ethnicity, background, and/or culture of the population being served.
- 3) Identify up and downstream approaches to address social determinants of health and reduce disparities.

Upstream factors like food, housing and income insecurity that focus on addressing social determinants of health decrease barriers and improve supports that provide opportunity for people to achieve their full health potential. Downstream approaches focus on providing equitable access to care and services to reduce the negative impact of social determinants on health outcomes.

- 4) Establish non-traditional partnerships among different sectors of the community (e.g., faith-based organizations, community organizations, businesses, universities, healthcare) that can provide valuable insight, new perspective, and more effective ways to achieve program goals. Non-traditional partners create opportunities to collaborate across sectors and may serve as a new source of support for the program.

Understanding Health Disparities, Health Inequities, Social Determinants of Health & Health Equity: The following information is provided to explain key health equity concepts and terms.

Racial and ethnic minorities, those living in rural communities, people with disabilities, the LGBTQ community and Ohio's economically disadvantaged residents do not have the same opportunities as other groups to achieve and sustain optimal health. Health disparities occur when these groups experience more diseases, death, or disability is 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, learn, work, play, and age. Health disparities are unnatural and occur because of low 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, safe housing, quality education, safe neighborhoods and freedom from racism and other forms of discrimination. These are referred to as **social determinants of health (SDOH)**. SDOH is a root cause of health disparities. The systematic nature of health disparities is considered unjust and is referred to as **health inequities**. The ability of everyone to have the same opportunity to achieve the best health possible is referred to as **health equity**. Programs that incorporate social determinants into the planning and implementation of interventions will greatly contribute to advancing health equity.

IX. Human Trafficking: Human trafficking is defined by the use of force, fraud, or coercion to compel victims into performing labor or commercial sex acts. Populations at increased risk include but are not limited to lesbian-gay-bisexual-transgender-questioning individuals, individuals with disabilities, undocumented immigrants, runaway and homeless youth, temporary guest-workers, and low-income individuals.

ODH is committed to the elimination of human trafficking in Ohio. If applicable to the subrecipient program, ODH will give priority consideration to those subrecipients who can demonstrate the following:

1. Victims of human trafficking are included in your agency's target population.
 - a. At-risk population

- b. Mental health population
- c. Homeless population
- 2. Agencies that promote the expansion of services to identify and serve those affected by human trafficking.

 X Applicable to The Breast and Cervical Cancer Project Community Health Worker

- N. Appropriation Contingency:** Any award made through this program is contingent upon the availability of funds for this purpose. **The subrecipient 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:** Agencies will receive their authorization after the posting of the Solicitation to the ODH website and the receipt of the NOIAF. Please contact Erica Miller, Program Consultant via email at Erica.miller@odh.ohio.gov or by phone at 380-215-2296 for questions regarding this Solicitation.
- P. Acknowledgment:** An application submitted status will appear in GMIS that acknowledges ODH system receipt of the application submission.
- Q. Late Applications:** GMIS automatically provides a time and date system for grant application submissions. Required attachments and/or forms must be uploaded into GMIS by **Monday, January 27, 2025 at 4:00 p.m.**
- R. Successful Applicants:** Successful applicants will receive official notification in the form of a Notice of Award (NOA). The NOA, issued over the signature of the Director of the Ohio Department of Health, allows for expenditure of the funds.
- S. Unsuccessful Applicants:** Within 30 days after a decision to disapprove or not fund a grant application, a written notification, issued over the signature of the Director of Health, or his designee, shall be sent to the unsuccessful applicant via GMIS.
- T. Review Criteria:** All proposals will be graded on the quality, clarity, and completeness of the application. Applications will be graded according to the extent to which the proposal:
- 1. Workplan and/or logic model demonstrate how activities reduce health disparities and inequities.
 - 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 can attain program objectives.
 - 4. Describe Specific, Measurable, Attainable, Realistic, Time-Phased, Inclusive, and Equitable (S.M.A.R.T.I.E.) objectives, activities, (SMARTIE) milestones and outcomes with respect to timelines and resources.
 - 5. Estimate reasonable cost to the ODH, considering the anticipated results.
 - 6. Show 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 to reflect the communities served through grant funds.
 - 7. Have an evaluation plan, including a design for determining program success and demonstrate that the

community being served will be meaningfully engaged in formative and outcome evaluations.

8. Respond to the special concerns and program priorities specified in the Solicitation.
9. Have acceptable past performance in areas related to programmatic and financial stewardship of grant funds.
10. Are compliant with OGAPP.
11. Explicitly identify 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.
12. Describe activities which support the requirements outlined in Sections I. thru M. of this Solicitation Program.
13. Has demonstrated acceptable past performance in areas related to programmatic and financial stewardship of grant funds.

Additional details of scoring can be found in Appendix D, Breast and Cervical Cancer Project Community Health Worker Application Review form.

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 solicitations. **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 Service; 34 CFR Part 5 for funds from the U.S. Department of Education or, 7 CFR Part 1 for funds from the U.S. Department of Agriculture. [Select only the appropriate reference.]
- 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.
- W. Reporting Requirements:** Successful applicants are required to submit subrecipient program and expenditure reports. The reports must be received in accordance with the requirements of the OGAPP manual and this solicitation before the department releases any additional funds.

Note: Failure to ensure 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:

- a. **Program Reports:** Subrecipients' program reports must be completed and submitted via GMIS, as required by the subgrant program by the following dates. Additional program reporting requirements can be found in Appendix C1, Deliverable – Objective Descriptions. **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.

☒ Program Reports Required

☐ No Program Reports Required

Period	Report Due Date
June 30 - July 31, 2025	August 10, 2025
August 1 – 31, 2025	September 10, 2025
September 1 – 30, 2025	October 10, 2025
October 1 – 31, 2025	November 10, 2025
November 1 – 30, 2025	December 10, 2025
December 1 – 31, 2025	January 10, 2026
January 1 – 31, 2026	February 10, 2026
February 1 – 28, 2026	March 10, 2026
March 1 – 31, 2026	April 10, 2026
April 1 – 30, 2026	May 10, 2026
May 1 – 31, 2026	June 10, 2026
June 1 – 29, 2026	July 10, 2026

Submission of subrecipient program reports via GMIS indicates acceptance of the OGAPP.

Funded agencies will also be required to attend monthly or quarterly meetings (virtual) with ODH staff to discuss progress towards meeting the requirements set forth.

- b. **Subrecipient Reimbursement Expenditure Reports:** Subrecipients can choose monthly or quarterly reimbursements (expenditure report submission) from ODH (please check the reimbursement type on the attached NOIAF). Please note that no changes can be made to the reimbursement type during the fiscal year once the project numbers have been established in GMIS. Subrecipient monthly reimbursement expenditure reports **must** be completed and submitted **via GMIS** by the following dates:

c.

Period	Report Due Date
June 30 – July 31, 2025	August 10, 2025
August 1 – 31, 2025	September 10, 2025
September 1 – 30, 2025	October 10, 2025
October 1 – 31, 2025	November 10, 2025
November 1 – 30, 2025	December 10, 2025
December 1 – 31, 2025	January 10, 2026
January 1 – 31, 2026	February 10, 2026

February 1 – 28, 2026	March 10, 2026
March 1 – 31, 2026	April 10, 2026
April 1 – 30, 2026	May 10, 2026
May 1 – 31, 2026	June 10, 2026
June 1 – 29, 2026	July 10, 2026

Subrecipient quarterly reimbursement expenditure reports **must** be completed and submitted **via GMIS** by the following dates: **(please see example below)**.

Period	Report Due Date
June 30 – September 30, 2026	October 10, 2025
October 1 – December 31, 2026	January 10, 2026
January 1 – March 31, 2026	April 10, 2026
April 1 – June 29, 2026	July 10, 2026

Note: Obligations not reported in the final monthly or 4th quarter expenditure report will not be considered for payment with the final expenditure report.

d. Final Expenditure Reports: A Subrecipient 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 August 5, 2026. The information contained in this report must reflect the program’s accounting records and supportive documentation. Any cash balances must be returned with the Subrecipient final expense report, which serves as an invoice to return unused funds.

- *Submission of the Monthly/Quarterly and Final subrecipient expenditure reports via the GMIS system indicates acceptance of OGAPP. Clicking the “Approve” button constitutes an authorization of the submission the agency official and serves as an electronic acknowledgment and acceptance of OGAPP rules and regulations.*

X. Special Condition(s): A Special Conditions link is available for viewing and responding to special conditions within GMIS. The 30-day time-period, in which the subrecipient must respond to special conditions will begin when the link is viewable. Subsequent payments will be withheld until satisfactory responses to the special conditions or a plan describing how those special conditions will be satisfied is submitted to GMIS.

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.
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. Contributions to a contingency fund.
6. Entertainment.
7. Fines and penalties.

8. Membership fees — unless related to the program and approved by ODH.
9. Interest or other financial payments (including but not limited to bank fees).
10. Contributions made by program personnel.
11. Costs to rent equipment or space owned by the funded agency.
12. Inpatient services.
13. The purchase or improvement of land; the purchase, construction, or permanent improvement of any building; unless allowable by the grant.
14. Satisfying any requirement for the expenditure of non-federal funds as a condition for the receipt of federal funds.
15. Payments to any person for influencing or attempting to influence members of Congress or the Ohio General Assembly in connection with awarding of grants.

Subrecipients will not receive payment from ODH grant funds used for prohibited purposes. ODH has the right to recover funds paid to Subrecipients for purposes later discovered to be prohibited.

AA. Audit: Subrecipients currently receiving funding from the ODH are responsible for submitting an independent audit report. Every subrecipient will fall into one of two categories which determine the type of audit documentation required.

Subrecipients that spend \$750,000 or more in federal awards per fiscal year are required to have a single audit which meets OMB's Federal Uniform Administrative Requirements. The subrecipient must submit, 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 no later than nine months after the end of the Subrecipient's fiscal year. 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's Federal Uniform Administrative Requirements.

Subrecipients that expend less than the \$750,000 threshold require a financial audit conducted in accordance with Generally Accepted Government Auditing Standards. The Subrecipient must submit a copy of the audit report, the auditor's management letter, and a corrective action plan (if applicable) within 30 days of the receipt of the auditor's report, but no later than nine months after the end of the subrecipient's fiscal year. **The financial audit is not an allowable cost to the program.**

Once an audit is completed, a copy must be sent to <https://harvester.census.gov/facweb/> or to the ODH Grants Services Unit, (GSU) within 30 days. Reference:

OGAPP and OMB's Omni Circular Federal Uniform Administrative Requirements regarding Audits of States, Local Governments, and Non-Profit Organizations for additional audit requirements.

Subrecipient audit reports (finalized and published, and including the audit Management Letters, if applicable) **which include internal control findings, questioned costs or any other material 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 ODH.
- Summarizes a Corrective Action Plan (CAP) to address the findings. A copy of the CAP must be attached to

the cover letter.

AB. Application Submission: Formatting Requirements:

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

The GMIS application submission must consist of the following:

**Complete &
submit
online.**

1. Application Information
2. Project Narrative (including letters of support)
3. Project Contacts
4. Budget
 - Primary Reason
 - Funding
 - Justification
 - Personnel
 - Other Direct Costs
 - Equipment
 - Contracts
 - Compliance Section
 - Summary
5. Civil Rights Review Questionnaire
6. Assurances Certification
7. Federal Funding Accountability and Transparency Act (FFATA) reporting form. Must have an active SAM.gov registration.
8. Change request in writing on agency letterhead (**Existing agency with tax identification number, name and/or address change(s)**).
9. If not previously submitted, if all federal funding expensed equals or exceeds \$750,000, upload the current audit to <https://harvester.census.gov/facweb/> or if less than \$750,000, email audit to audits@odh.ohio.gov.
10. Public Health Impact Statement Summary (non-health department only)
11. Statement of Support from the Local Health Districts (non-health department only)
12. Appendix E, Practice Site Locations and Prenatal Care Provider Information

X. APPLICATION REQUIREMENTS AND FORMAT

Agencies will receive GMIS access after the Notice of Intent to Apply for Funding is submitted to ODH.

All applications must be submitted via GMIS. Submission of all parts of the grant application via the ODH's GMIS system indicates acceptance of OGAPP. Submission of the application constitutes an authorization by the agency official and serves as an electronic acknowledgment and acceptance of OGAPP 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 ODH.
- B. Budget:** Prior to completion of the budget section, please review the Solicitation for unallowable costs. A 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.
- A. Primary Reason and Justification Pages:** Provide a budget justification narrative outlining how the deliverable will be met. A budget justification example can be found on the GMIS Bulletin Board.
- B. Other Direct Costs:** Submit a budget for this section and the necessary form(s) to support costs for the period June 30, 2025 to June 29, 2026.
- C. Compliance Section:** 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.*
- C. Assurances Certification:** Each subrecipient must submit the assurances (Federal and State Assurances for subrecipients) 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 submitting the application, the subrecipient agency acknowledges the financial standards of conduct as stated herein.

D. Project Narrative

- A. Executive Summary:** Applicants need to provide data that clearly identifies the number of primary care patients that are BCCP eligible. Eligibility guidelines are as follows; female, Ohio resident, aged 21 years and older, income at or below 300% of the FPL, and uninsured or underinsured. Applicants must also provide data that the patient population encompassing the target BCCP population, Black/African American women between the ages of 21-64, uninsured or underinsured, and at or below 250% of the Federal Poverty Level (FPL) supports the amount of funding being requested. Complete the form in Appendix E to support your executive summary. Describe how your agency will assess its current clinic flow to develop and implement a culturally responsive formal BCCP enrollment process to ensure all BCCP eligible patients are enrolled in the program. In addition, describe how the program will be evaluated and the agency's plan for quality assurance. Indicate total amount of funding requested.
- B. 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 agency's experience providing breast and cervical cancer screenings and diagnostics, and its capacity to implement this project. Include process of referring out if necessary for diagnostic services and mammograms. Include all ancillary service providers, and your willingness to refer to those contracted with BCCP.
 - Complete the Practice Site Collection Form (Appendix E). If the agency is currently providing breast and/or

cervical screenings in more than one practice site, a form will need to be completed for each clinic locations.

- d. Briefly describe your previous or current experience working with CHW's to address health disparities and health inequities.
- e. Provide a description of your plans to hire or contract a CHW that is 100% dedicated only to this work to develop, coordinate, and implement a BCCP enrollment process, and how they will work a sufficient number of hours to accomplish all required activities. Must indicate planned number of hours the employee will be working weekly to ensure all deliverables are met.
- f. Describe the capacity of your organization, its personnel, or contractors to communicate effectively and convey information in accordance with National Standards for Culturally and Linguistically Appropriate Services (CLAS) and Americans with Disabilities Act (ADA) Standards for Effective Communication in a manner and method 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. (see standards below)
 - National CLAS Standards
<https://thinkculturalhealth.hhs.gov/clas#:~:text=The%20National%20CLAS%20Standards%20are,culturally%20and%20linguistically%20appropriate%20services.>
 - ADA Standards for Effective Communication <https://www.ada.gov/effective-comm.htm>

- C. **Problem/[Need]:** Identify and describe the local health status concern(s) that will be addressed by the program. Only provide 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 disparity (e.g., population, location), health status (e.g., morbidity and/or mortality) or health system (e.g., accessibility, availability, affordability, appropriateness, quality of health services) indicators. The indicators should be measurable in order to serve as baseline data upon which evaluation will be based. Clearly identify the priority population of focus for this grant; Black/African American women between the ages of 21-64, uninsured or underinsured, and at or below 250% of the Federal Poverty Level (FPL).

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

Methodology: In narrative form, identify the program goals, **SMARTIE** process, impact, or outcome objectives and activities. Indicate how they will be evaluated to determine the level of success of the program. Describe how program activities are designed to address health disparities and/or health inequities identified in the proposal. Complete a program activities timeline to identify program objectives and activities and the start and completion dates and staff responsible for each. Please see Appendix D, Program Review Form for additional details regarding methodology and SMARTIE objectives.

- E. **Civil Rights Review Questionnaire — EEO Survey:** The Civil Rights Review Questionnaire Survey is a part of the Application Section of GMIS. Subrecipients must complete the questionnaire as part of the application process. This questionnaire is submitted online automatically with each application online.
- F. **Federal Funding Accountability and Transparency Act (FFATA):** All applicants applying for ODH grants are required to complete the FFATA reporting form in GMIS. Applicants must ensure that the information contained in SAM.gov, and the FFATA reporting form match. ODH will hold all payments if an applicant's information does not successfully upload into the federal system.

All new applicants for ODH grants are required to register in SAM.gov and submit the information in the grant application. For information about System for Award Management (SAM) go to <https://sam.gov/>.

Information on Federal Spending Transparency can be located at www.usaspending.gov.

Required by all applicants, the FFATA form is located on the GMIS Application page and must be completed to submit the application.

- G. Attachment(s):** Attachments are documents which are not part of the standard GMIS application but are deemed necessary to a given grant program. All attachments must clearly identify the authorized program name and program number. All attachments submitted in 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. Attachments must be uploaded in GMIS by **4:00 p.m. on or before Monday, January 27, 2025.**

III APPENDICES

- A. Notice of Intent to Apply for Funding
- B. GMIS Training, User Access, Access Change or Deactivation
- C. C1 Deliverable 1 – Objective Descriptions
C1 Deliverable 2 – Objective Descriptions
C2 Deliverable Allocations
- D. Application Review Form
- E. Practice Site Collection Form
- F. Current EBI List
- G. EBI Implementation Plan
- H. Workplan
- I. Formal BCCP Enrollment Process Description
- J. Budget Justification Examples

Appendix A

Reimbursement

Type

Select one of the
options below:

☐ Monthly

OR

☐ Quarterly

NOTICE OF INTENT TO APPLY FOR FUNDING

Ohio Department of Health

Bureau of Health Improvement and
Wellness

*Breast and Cervical Cancer Program- Community
Health Worker*

Submission Required

See due date below.

New Applicants must submit the
GMIS Access form with the Notice of
Intent to Apply for Funding Form

ALL THE INFORMATION REQUESTED MUST BE COMPLETED.

County of Applicant Agency _____ Federal Tax Identification Number _____

Geographic Area Applying to Cover _____

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

☐

Hospital

☐

Local Schools

☐

City Agency

☐

Higher Education

☐

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)

Please note that the agency head listed above must match the agency head listed in GMIS. Unless for a new agency, NOIAF's will not be accepted if the name doesn't match what is listed in GMIS. If the agency head needs to be updated in GMIS, please include a letter on the agency letterhead outlining the change. The new agency head's signature will be accepted with receipt of the update letter.

Does your agency have at least two staff members who currently have access to the ODH GMIS system? YES ☐ NO ☐

If yes, no further action is needed. If not, ODH Grants Services Unit staff will email the GMIS reference guide to the email addresses listed on the GMIS Access Request form.

The NOIAF must be accompanied by the agency's Proof of Non-Profit status (if applicable) and Proof of Liability Coverage (if applicable). Potential applicants and current subrecipients are required to set up and maintain their current supplier information in the State of Ohio Supplier Portal. This information includes, but is not limited to, Electronic Funds Transfer (EFT), 1099 Form and current address.

This information must be set-up and maintained in the following website: <http://supplier.ohio.gov/>.

Note: Subrecipients' future payments will be held if the agency receives a paper check due to the EFT information not being properly maintained in the supplier portal.

Forms are only required for NEW AGENCIES or if UPDATES are needed for current agencies. THE NOIAF AND REQUIRED FORMS MUST BE EMAILED TO Erica Miller, Erica.Miller@odh.ohio.gov BY **December 18, 2024**.

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

Appendix B

This form must be submitted with the Notice of Intent to Apply for Funding Form for all new ODH applicants.

GMIS Training, User Access, Access Change or Deactivation Request

One request per person. Requests will only be honored when signed by your **Agency Head** or **Agency Financial Head** and complete. In addition, if a user leaves your agency, you are to notify ODH so that the account is rendered inactive and submit a form for the replacement. The user will receive his/her username and password via e-mail once the request is processed. *Refresher guides can be found on the ODH web site: <https://odh.ohio.gov/wps/portal/gov/odh/about-us/funding-opportunities/ODH-Grants/>. ODH Grants Page – “GMIS Training Resource” Section.*

Date: _____

Check the type of access and complete the information requested:

☐ Employee —needs GMIS Training

☐ New Employee —needs GMIS Access. Effective Date of Activation: _____

☐ Existing Employee —New GMIS User or GMIS User Access Change.

Effective/Change Date: _____

☐ Deactivation —User no longer needs access to ODH Application Gateway/GMIS 2.0 or GMIS 2.0 only: Effective Date of Deactivation (ODH Application Gateway/GMIS 2.0): _____

Or Effective Date of Deactivation (GMIS 2.0 access only): _____

Agency Name & Address: _____

Employee Name (no nicknames):

Employee Job Title:

Employee Office Phone Number:

Employee Office Fax Number:

Employee Office Email Address:

User Access Section: Please check all that applies and enter requested information: Email

Notifications: ☐ Yes ☐ No

GMIS Project Number(s) user needs access to: _____

Authorization Signature for User Access/Change/Deactivation:

Signature of Agency Head or Agency Financial Head

Printed Name of Agency Head or Agency Financial Head

To be completed by Grants System Officer ONLY—Date Received: _____ Date Processed: _____

Deliver Requests to Maria Kapenda, Data System Administrator, 614-620-5184

Scan & Email: Grant.Support@odh.ohio.gov.

Appendix C1

Name of Subgrant Program: Breast and Cervical Cancer Program- Community Health Worker

Budget Period: 6/30/2025 – 6/29/2026

of Deliverables: 2

X Deliverables Only

Deliverable — Objective 1: Community Health Worker Planning Phase

Maximum Funding for Deliverable – Objective 1 is \$40,000

By November 30, 2025 all planning phase activities must be completed and submitted to ODH for approval via GMIS. There are five required sub-deliverable objectives related to program planning for which the applicant agency will determine both funding and timelines. Complete this form by inserting dates and submit with your application.

Deliverable – Objective 1A: Community Health Worker

By October 1, 2025, subrecipient will employ or contract a Community Health Worker (CHW) that is 100% dedicated only to this work to develop, coordinate, and implement all planning activities as described in the Implementation Phase. The new employee must work a sufficient number of hours to accomplish all required activities. Once the position is filled, the subrecipient must submit the position description, resume, hours of work, and contact information of the new employee to ODH. Documentation must be submitted via GMIS attachment; subrecipient should notify the ODH program consultant via email once required information is submitted.

Deliverable – Objective 1B: Work Plan

By [insert date], subrecipient will submit a comprehensive work plan for the 12-month grant period for which funding was received. The plan must include specific measurable activities to accomplish ODH-defined strategies. Work plan must be submitted for ODH approval via GMIS attachment; subrecipient should notify the ODH program consultant via email once work plan is submitted.

Deliverable – Objective 1C: Staff Training

By [insert date], subrecipient will submit verification of completion of training modules. All providers and staff, including those at multiple sites must complete training modules that relate to identifying and enrolling all BCCP eligible patients. Training verification must be submitted for approval by ODH via GMIS attachment; subrecipient should notify the ODH program consultant via email once training verification is submitted.

Deliverable – Objective 1D: Clinic Assessment Tools

By [insert date], subrecipient will complete the Clinic Data Collection forms and provide baseline breast and cervical screening rates. It may be necessary to review and modify the clinic EHR system to successfully pull required data. The completed forms must be submitted for approval by ODH via GMIS attachment; subrecipient should notify the ODH program consultant via email once the forms are submitted.

APPENDIX C1

Deliverable – Objective 1E: Evidence Based Interventions

By [insert date], subrecipient will assess the clinic and identify current Evidence Based Interventions (EBI's) in place to increase breast and cervical cancer screening rates. Identified EBI's must be submitted utilizing the EBI form in Appendix G via GMIS attachment; subrecipient should notify the ODH program consultant via email once submitted.

Deliverable — Objective 2: Community Health Worker Implementation Phase

Maximum Funding for Deliverable 2 is \$40,000

No later than December 1, 2025, subrecipient will attend ODH trainings on the BCCP client management system and begin implementing a formal BCCP enrollment process to ensure all BCCP eligible patients are enrolled in the program. There are three required sub-deliverable objectives related to implementation and reporting for the remainder of the grant program and for which the subrecipient will determine funding. Subrecipients may begin implementation earlier than December 1, 2025, if all planning deliverables are complete and approved by ODH.

Deliverable- Objective 2A: Develop and Implement a Formal BCCP Enrollment Process

Subrecipient will utilize the clinic assessment completed in the planning phase to implement a formal BCCP enrollment process to ensure all BCCP eligible women are enrolled in the program and entered into the client management system, Med-IT. The CHW will attend Med-IT trainings with the BCCP Program Consultant to ensure all data is appropriately collected and entered. The formal enrollment process must be submitted utilizing the provided form in Appendix I for approval by ODH via GMIS attachment; subrecipient should notify the ODH program consultant via email once the forms are submitted.

Deliverable – Objective 2B: Monthly Workplan Progress Reporting and Meetings

Subrecipient will submit a monthly workplan progress report by the 10th of each month outlining progress made towards each strategy describing activities including dates and a description of the successes and barriers for each strategy.

Deliverable – Objective 2C: Quarterly Screening Rates and Implementation of Evidence Based Interventions

Subrecipient will develop and implement a Health System EBI Implementation Plan to increase overall clinic breast and cervical cancer screening rates utilizing the provided Implementation Plan in Appendix G along with quarterly screening rates that must be submitted via GMIS attachment; subrecipient should notify the ODH program consultant via email once submitted. Planning and implementation of EBI's may require the coordination of internal clinic meetings to ensure readiness of implementation and likelihood of achieving outcomes.

Appendix C2

Name of Subgrant Program: Breast and Cervical Cancer Program- Community Health Worker

Budget Period: June 30, 2025 to June 29, 2026

of Deliverables: 2

Use Budget Justification Scenario #3

MAXIMUM AMOUNT OF FUNDING FOR DELIVERABLE 1 IS \$40,000					
Deliverable 1A Community Health Worker	Deliverable 1B Work Plan	Deliverable 1C Staff Training	Deliverable 1D Clinic Assessment	Deliverable 1E Identify Current EBI's	Total Deliverable 1 Funding
Amount to be determined by applicant and approved by ODH	Amount to be determined by applicant and approved by ODH	Amount to be determined by applicant and approved by ODH	Amount to be determined by applicant and approved by ODH	Amount to be determined by applicant and approved by ODH	
\$ TBD	\$ TBD	\$ TBD	\$ TBD	\$ TBD	\$40,000

Appendix C2

MAXIMUM AMOUNT OF FUNDING FOR DELIVERABLE 2 IS \$40,000			
Deliverable 2A Formal Enrollment Process	Deliverable 2B Monthly Workplan and Meetings	Deliverable 2C Quarterly Screening Rates and Implementation Plan	Total Deliverable 2 Funding
Amount to be determined by applicant and approved by ODH	Amount to be determined by applicant and approved by ODH	Amount to be determined by applicant and approved by ODH	
\$ TBD	\$ TBD	\$ TBD	\$40,000

APPENDIX D

Reviewer: _____

Date: _____

BCCP-CHW26 Application Review Form

Applicant Agency: _____ Total Requested Budget: _____

Scoring Instructions					
Does not Meet	Weak	Weak to Meets	Meets	Meets to Strong	Strong
0	1	2	3	4	5

Does Not Meet (0): Response does not comply substantially with requirements or is not provided
 Weak (1): Response was poor related to meeting the objectives
 Weak to Meets (2): Response indicates the objectives will not be completely met or at a level that will be below average
 Meets (3): Response generally meets the objectives (or expectations)
 Meets to Strong (4): Response indicates the objectives will be exceeded
 Strong (5): Response significantly exceeds objectives or expectations

<input type="checkbox"/> Recommend <input type="checkbox"/> Not recommended	Comments:
Special Conditions:	

Section	Maximum Points	Score
Application Quality	15	
Executive Summary	25	
Description of Applicant Agency/ Documentation of Eligibility/[Personnel]	35	
Problem/Need	15	
Methodology	20	
Budget	20	
TOTAL	130	
Impact Score		
Priority Population Reach	20	
BCCP Eligible Population Reach	30	
TOTAL	50	

	Score	Comments	Page No
Application Quality			
Proposal is well organized and clearly written.			
Proposal is complete with all required attachments, including position description, resume, hours of work, and contact information of the new employee.			
Proposal adheres to solicitation guidance regarding formatting requirements.			
Total			
Executive Summary			
Outlines the program's goals and objectives.			
Provides data that identifies the number of primary care patients that are BCCP eligible.			
Provides data that the patient population encompassing the BCCP target population supports the amount of funding being requested.			
Describes how the program will be evaluated and the agency's plan for quality assurance.			
Specifies total amount of funding requested for this project.			
Total			
Description of Application Agency/Documentation of Eligibility/Personnel			
Adequately summarizes agency's eligibility to apply and its structure as it relates to management of this grant program.			

Describes agency's experience providing breast and cervical screening and diagnostic services, and its process of referring out for cervical diagnostic services and mammography when needed.			
Completed the Practice Site Collection form for all clinic sites.			
Describes willingness to refer to BCCP contracted providers when necessary.			
Provides a description of plans to hire or contract a CHW that is 100% dedicated to this work.			
Demonstrates agency's commitment to cultural competency.			
Demonstrates victims of human trafficking are included in the agency's target population.			
Total			
Problem/Need			
Identifies, describes and provides data on the local health concern to be addressed by the program.			
Effectively describes access to breast and cervical screening issues in the agency's service area.			
Describes the segments of the target population who experience disparities and who are at high risk for disease.			
Total			
Methodology	Score	Comments	Page No
Clearly identifies SMARTIE objectives and activities designed to accomplish program goals.			
Describes plan for accomplishing objectives, including timelines for activities.			
Indicates how objectives will be evaluated in order to determine the program's success.			
Describes how activities are designed to address health disparities and/or health inequities.			
Total			
Budget	Score	Comments	Page No
The proposed budget is adequate to accomplish program objectives and deliverables.			

Budget elements are consistent with other information in application (e.g., executive summary, program narrative, GMIS budget and budget justification).			
Deliverable objective descriptions and allocations are consistent with Appendices C1 and C2 in the Solicitation.			
All deliverables and deliverable funding amounts are included and form is signed by the agency head.			
Total Score			

Applicants must score a minimum of 70% above to qualify for Impact Scoring.

Impact Score	Maximum Score	Weight	Comments
Priority population reach.	5	4	
BCCP eligible population reach.	5	6	
Total Score			

APPENDIX E

Breast and Cervical Cancer Project- Community Health Worker

Practice Site Collection Form

Applicant Agency Name: _____ **GMIS Project #:** _____

Please complete the table below for each practice site location your agency operates that provides breast and/or cervical screenings. For column H, the Ohio Health Vulnerability Score can be found by searching the practice site address at the following website <https://odh.ohio.gov/know-our-programs/health-equity/health-improvement-zones>.

[illegible]

APPENDIX F

Applicant Agency Name: _____ **GMIS Project #:** _____

Conduct a clinic assessment to identify and list current Evidence Based Interventions in place at the clinic to increase breast and cervical cancer screenings among patients.

[illegible]

APPENDIX G

Health System EBI Implementation Plan

The Health System EBI Implementation Plan is a management tool for planning the implementation of *Community Guide*-supported evidence-based interventions (EBIs). The plan is intended to promote program success by ensuring rigorous assessment and planning in the selection of priority EBIs and supporting strategies. A well-constructed Health System EBI Implementation Plan demonstrates your readiness for implementation and likelihood of achieving outcomes. Also, the plan may be useful as a reference to identify what works and what is less productive once implementation begins.

Figure 1. Baseline Assessment and Planning Tools: Example Grantee, Health System, and Clinics

Health System Name		Implementation Period	
Health System Point of Contact		# of Clinics Sites Participating in Implementation	

I. HEALTH SYSTEM ASSESSMENT

Health System Assessment Approach

Briefly describe the assessment approach used to define the current environment within the health system and needed interventions. (e.g., interviews with key staff, review of clinic and health system data.

APPENDIX G

Current Health System Environment

Briefly describe the current health system environment: internal/external (e.g., number of primary care clinic sites, existing B&C screening policy and procedures, current screening processes, workflow approach, data documentation, B&C policy mandates from state or federal agencies, political climate, and organizational culture.

Description of Intervention Needs and Interventions Selected

Briefly describe the health system processes and practices that require intervention throughout the health system in order to increase breast and cervical cancer screening. Describe how selected interventions will be implemented in participating clinics. Note if there are differences by clinic.

Potential Barriers and/or Challenges

Briefly describe any anticipated potential barriers or challenges to implementation. Note if there are differences by clinic.

APPENDIX G

Implementation Resources Available

List or summarize the resources available to facilitate successful implementation (e.g., EHR system, clinic-based patient navigators). Note if there are differences by clinic. Will the program be using Patient Navigators or CHWs to support implementation of evidence-based interventions.

--

II. EBI INTERVENTION DESCRIPTION

Objectives

List your objectives for this plan.

Clinic Objectives:
1.
2.
3.
4.
5.
6.

APPENDIX G

Revising the EBI Implementation Plan

Briefly describe how you will use feedback and monitoring and evaluation data to review and revise this Health System EBI Implementation Plan.

Retention and Sustainability

Briefly describe how you plan to continue to collect annual screening and other data throughout the five year grant period, and promote continued implementation, monitoring, and evaluation.

APPENDIX G

Health System EBI Implementation worksheet

This worksheet assists in identifying, planning, and monitoring major tasks in implementing selected priority EBIs and supportive activities within the clinic. Staff at other clinic sites may use this worksheet to guide implementation at their sites as well. Although the boxes in the worksheet will expand, entries should be meaningful and concise.

[illegible]

**Breast and Cervical Cancer Program- Community Health Worker
Grant Year 2026 Work Plan**

Instructions:

Use the following grid to develop activities to meet the objectives listed below. Progress made towards each strategy will be reported on monthly by describing activities including dates, and how health disparities have been addressed. Include a description of the successes and barriers for each strategy.

Objective 1: Identify and enroll all BCCP eligible women into the program by implementing a formal BCCP enrollment process. Provide a minimum of 3 activities to meet this objective that address the following:		
<ul style="list-style-type: none">Plans to assess barriers to enrollment and make modifications as needed.Plans to coordinate with the REA to ensure all needed forms, patient health history, results, and claims are entered into Med-IT.Provide training to all new employees about the BCCP program and enrollment process.		
Activities	Person(s) Responsible	Status Met, Ongoing, Not Met

APPENDIX H

Objective 2: Develop and implement EBI’s to increase overall breast and cervical cancer screening rates. Provide a minimum of 4 activities to meet this objective that address the following:		
<ul style="list-style-type: none">• Provide clinic quarterly breast and cervical cancer screening rates.• Plans to identify clinic staff to participate in EBI planning activities and create sustainability within the clinic.• Plans to identify EBI’s to implement.• Plans to monitor and evaluate data to revise the EBI Implementation Plan.		
Activities	Person(s) Responsible	Status Met, Ongoing, Not Met

APPENDIX H

Objective 3: Increase breast and cervical cancer screenings among Black/African American population at each clinic site. Provide a minimum of 3 activities to meet this objective.		
Activities	Person(s) Responsible	Status Met, Ongoing, Not Met

APPENDIX I

Breast and Cervical Cancer Program- Community Health Worker Formal BCCP Enrollment Process

Provide a brief description of the formal enrollment process that has been implemented into your clinic workflow to ensure all BCCP eligible patients are enrolled in the program.

APPENDIX J

BUDGET JUSTIFICATION EXAMPLE (Deliverable Funding Only)

NOTES:

- 1. Budget justification line items MUST be in the same order as in the GMIS budget.

OTHER DIRECT COSTS

Deliverable – Objectives

(PLEASE REFER TO SUBGRANT SOLICITATION FOR THE REQUIRED SCENARIO) (Note: Budget leverage cannot be used to move funding into or out of any Deliverables – Objective line item. Also, indirect cannot be charged against this line item.)

Scenario 1 (please refer to the solicitation to determine which scenario to use)

- Deliverable – Objective 1 \$10,000
Note: A brief description of how agency will accomplish meeting the deliverable may be required. Please refer to the solicitation to determine if this is required to be included in the budget justification. A detailed breakout of the deliverable budget is not required and should not be included in the budget justification.
- Deliverable – Objective 2 \$45,000
Note: A brief description of how agency will accomplish meeting the deliverable may be required. Please refer to the solicitation to determine if this is required to be included in the budget justification. A detailed breakout of the deliverable budget is not required and should not be included in the budget justification.
- Deliverable – Objective 3 \$75,000
Note: A brief description of how agency will accomplish meeting the deliverable may be required. Please refer to the solicitation to determine if this is required to be included in the budget justification. A detailed breakout of the deliverable budget is not required and should not be included in the budget justification.

Scenario 2 (please refer to the solicitation to determine which scenario to use)

- Deliverable – Objective 1
Franklin County \$40,000
Union County \$11,000
Madison County \$20,000
Licking County \$15,000
Note: A brief description of how agency will accomplish meeting the deliverable may be required. Please refer to the solicitation to determine if this is required to be included in the budget justification. A detailed breakout of the deliverable budget is not required and should not be included in the budget justification.
- Deliverable – Objective 2
Franklin County \$52,500
Union County \$9,500
Madison County \$12,500
Licking County \$16,500

Note: A brief description of how agency will accomplish meeting the deliverable may be required. Please refer to the solicitation to determine if this is required to be included in the budget justification. A detailed breakout of the deliverable budget is not required and should not be included in the budget justification.

• Deliverable – Objective 3	
Franklin County	\$78,750
Union County	\$16,750
Madison County	\$8,750
Licking County	\$38,750

Note: A brief description of how agency will accomplish meeting the deliverable may be required. Please refer to the solicitation to determine if this is required to be included in the budget justification. A detailed breakout of the deliverable budget is not required and should not be included in the budget justification.

Scenario 3 (please refer to the solicitation to determine which scenario to use)

• Deliverable – Objective 1	
Objective A	\$10,000
Objective B	\$20,000
Objective C	\$30,000
Objective D	\$40,000

Note: A brief description of how agency will accomplish meeting the deliverable may be required. Please refer to the solicitation to determine if this is required to be included in the budget justification. A detailed breakout of the deliverable budget is not required and should not be included in the budget justification.

• Deliverable – Objective 2	
Objective A	\$12,500
Objective B	\$2,500
Objective C	\$1,500
Objective D	\$16,500

Note: A brief description of how agency will accomplish meeting the deliverable may be required. Please refer to the solicitation to determine if this is required to be included in the budget justification. A detailed breakout of the deliverable budget is not required and should not be included in the budget justification.

• Deliverable – Objective 3	
Objective A	\$28,750
Objective B	\$8,750
Objective C	\$1,750
Objective D	\$38,050

Note: A brief description of how agency will accomplish meeting the deliverable may be required. Please refer to the solicitation to determine if this is required to be included in the budget justification. A detailed breakout of the deliverable budget is not required and should not be included in the budget justification.

Total Other Direct Costs	\$Total
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Budget Grand Total	\$
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- Notes:**
- 1. The budget justification must be signed by the agency head listed in GMIS.**
 - 2. Budget revisions that do not include a signed budget justification by the agency head listed in GMIS will be disapproved.**
 - 3. Authorized representative certification language must also be included with agency head signature.**

Subrecipient's authorized representative certifies the foregoing:

- Subrecipient understands and agrees that it must follow the federal cost principle that applies to its type of organization (2 CFR, Part 225; 2 CFR, Part 220; or, 2 CFR, Part 230).
- Sub-recipient's budgeted costs are reasonable, allowable and allocable under OGAPP and federal rules and regulations.
- The OGAPP and the rules and regulations have been read and are understood.
- Subrecipient understands and agrees that costs may be disallowed if deemed unallowable or in violation of OGAPP and federal rules and regulations.
- The appropriate programmatic and administrative personnel involved in this application are aware of agency policy in regard to subawards and are prepared to establish the necessary inter-institutional agreements consistent with those policies.
- Subrecipient agrees and understands that costs incurred in the fulfillment of the Deliverables must be allowable under OGAPP and federal rules and regulations to qualify for reimbursement.

[Signature]

[Print Name & Title]

[Date]