



## MEMORANDUM

Date: April 29, 2026

To: First-tier subrecipient agencies

From: Sara Haig, Chief  
Bureau of Maternal, Child, and Family Health  
Ohio Department of Health

Subject: First-tier subrecipient Continuation Solicitation for the Special Supplemental Nutrition Program for Women, Infants, and Children (WIC), Federal Fiscal Year 2027 (10/1/2026 – 9/30/2027), WIC Administration (WA27)

The Ohio Department of Health (ODH), Bureau of Maternal, Child, and Family Health, announces the availability of grant funds.

All electronic applications and attachments are due by 4 p.m., on Monday, June 8, 2026. Applications received after the due date will not be considered for funding. Faxed, hand-delivered or mailed applications will not be accepted.

Electronic application components must be submitted via the on-line Grants Management Information System Portal (GMISP).

Any award made through this program is contingent upon the availability of funds for this purpose. The First-tier subrecipient agency must be prepared to support the costs of operating the program until receipt of grant payments.

Submission of the **application** constitutes acknowledgment and acceptance of ODH Policies and Procedures, federal, state, and local laws and ordinances, and ODH policy and procedure updates posted on the GMISP Bulletin Board, and any other program-specific requirements including the Office of Management and Budget (OMB) Uniform Grant Guidance (UGG) as outlined in the competitive solicitation. Reference the competitive solicitation for more information. The competitive solicitation for this grant program can be found on the ODH website at <https://odh.ohio.gov/about-us/funding-opportunities/resources/competitive-solicitation-proposals-archive-section>.

If you have questions, please contact Meredith McHugh at [Meredith.McHugh@odh.ohio.gov](mailto:Meredith.McHugh@odh.ohio.gov).

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## I. CONTINUATION FUNDING APPLICATION GUIDANCE

### Base Only Funding Base and Deliverable Funding

**A. Policy and Procedures:** The Continuation Funding Application consists of multiple parts: Program Updates (if applicable), Program Budget and Budget Narrative, and Other Required Attachments.

Submission of the application constitutes acknowledgment and acceptance of ODH policy and procedures, rules, federal, state, and local laws and ordinances and any other program-specific requirements, including the Ohio WIC Policy and Procedure Manual, as outlined in the competitive solicitation. This Solicitation pertains to budget period: October 1, 2026 – September 30, 2027, of the total project period, October 1, 2022 – September 30, 2027. Reference the competitive solicitation for more information.

- The first-tier 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).
- First-tier subrecipient’s budgeted costs are reasonable, allowable, and allocable under ODH policy and procedures, and federal, state, and local laws, ordinances, rules and regulations.
- The first-tier subrecipient understands and agrees that costs may be disallowed if deemed unallowable or in violation of ODH policy and procedures, and federal, state, and local laws, ordinances, rules and regulations.
- The appropriate programmatic and administrative personnel involved in this application are aware of ODH policy regarding subawards and are prepared to establish the necessary inter-agency agreements consistent with those policies.
- The first-tier subrecipient agrees and understands that costs incurred in the fulfillment of the Deliverables must be allowable under ODH policy and procedures, and federal, state, and local laws, ordinances, rules and regulations to qualify for reimbursement.

**B. Number of Grants and Funds Available:** Up to 74 grants may be awarded for a total amount of \$58,129,373. The maximum funding that will be awarded to each designated service area listed in the FY2027 Local Project Funding and Caseload Plan, Appendix B, in the FY27 Total NOA column. Federal WIC funding may not cover all costs incurred by a Local Agency to administer or operate the WIC Program.

*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.*

### C. Formatting Requirements for Attachments:

- Properly label each item of the application packet (ex. budget narrative, program narrative).
- Each section should use 1.5 spacing with one-inch margins.
- Program and budget narratives must be submitted in portrait orientation and fit on 8 ½ x 11 paper when printed.
- Number all pages (print on one side only). Place agency name and GMISP number on each page.
- Use a 12-point Calibri font.
- Forms must be completed and submitted in the format provided by ODH.

### D. Qualified Applicants:

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

1. The Applicant does not owe funds to ODH and/or has repaid any funds due within 45 business days of the invoice date.
2. Applicants have not been certified to the Ohio Attorney General's (AG's) office.
3. First-tier subrecipients under any Federal award/contract/cooperative agreement must certify to the pass-through entity whenever applying for funds, requesting payment, and submitting financial reports: "I certify to the best of my knowledge and belief that the information provided herein is true, complete, and accurate. I am aware that the provision of false, fictitious, or fraudulent information, or the omission of any material fact, may subject me to criminal, civil, or administrative consequences including, but not limited to violations of U.S. Code Title 18, Sections 2, 1001, 1343 and Title 31, Sections 3729-3730 and 3801-3812." Each such certification must be maintained pursuant to the requirements of § 200.334.
4. All applicants must have a Whistleblower Protection Policy as required by **200.217 Whistleblower Protections**.
5. Take reasonable cybersecurity and other measures to safeguard information including protected personally identifiable information (PII) and other types of information. This also includes information the Federal agency or pass-through entity designates as sensitive or other information the recipient or First-tier subrecipient considers sensitive and is consistent with applicable Federal, State, local, and tribal laws regarding privacy and responsibility over confidentiality.
6. Applicant has submitted an application and all required attachments by **4 p.m. on Monday, June 8, 2026**.
7. Applicant agrees to utilize State WIC-provided technology to implement the WIC program, including but not limited to WIC Certification System, secure document upload, SMS texting service.
8. Applicant agrees to complete the WIC electronic documents survey annually with submission of WIC grant application: <https://redcap.link/E-DataManagement>.
9. Applicant agrees to follow the Ohio WIC Policy and Procedure Manual.

## II. PROGRAM UPDATES:

Program should review the Evidence of Health Disparity Strategies Checklist in Appendix A when drafting the program narrative, objectives, and workplan.

- A. **Program Progress Report: Attach the program progress report for the current grant period. If the program progress report is not scheduled to be submitted before the application due date, then it must be submitted with the application.** WIC Programs must ensure the second quarter electronic Quarterly Activity Report (eQAR) has been submitted in GMISP by April 10, 2026.
- B. **Program Narrative:** Complete and submit a narrative statement (do not exceed five pages) which explains any changes to program scope, personnel, partnerships with agencies or organizations, or other information the First-tier subrecipient wishes to share for continuation funding. Additional topics to address include, but are not limited to, the following:

- Confirmation of annual licensure requirements of applicable positions (Section 113 of the Ohio WIC Policy and Procedure Manual).
- Newly created or substantially revised positions.
- Changes to total number of hours used to calculate your project's full-time equivalency (i.e., 35, 37, or 40).
- Personnel or equipment deficiencies need to be addressed in order to carry out this grant.
- Progress to successfully resolve cited corrective actions or any revision(s) made to your action plan identified in last Management Evaluation (not applicable to projects with a scheduled Management Evaluation in the second or third quarter of FY26).
- Plans for breastfeeding promotion and support for all families:
  - Re-state your project's breastfeeding goals for FY2026. Discuss progress and challenges toward achieving these goals and any adjustments made to improve their impact. Describe lessons learned and how you will carry those forward into your project's breastfeeding promotion and support endeavors.
  - Describe how your local Breastfeeding Peer Program supports moms in achieving their breastfeeding goals.
  - Share how your project addresses breastfeeding issues that are beyond the skill level of WIC Health Professionals. Provide the name for at least one person that will serve as a local IBCLC referral source and the name of your local Designated Breastfeeding Expert (DBE).
  - Explain your project's process for determining eligibility for a breast pump and helping to ensure participants have a successful pumping experience.
  - Describe how your project will provide ongoing breastfeeding training for all staff.
  - List any changes to breastfeeding specific staff and describe their role in providing breastfeeding support.

**C. Objectives and Work Plan:** Complete and submit a short summary of any changes in the Specific, Measurable, Achievable, Results-Oriented, and Time-Based (SMART) objectives and submit an updated work plan in the GMISP. Reference the competitive Solicitation for information. This should be based on a review of the Progress Plans submitted to date. Provide a brief report addressing elements of each objective and activity, including status (met, ongoing or unmet); major findings; and barriers and how barriers were addressed. Please complete the following:

1. The project's completion of eQARs is considered a response to this question and no further action is required.
2. Submit an updated Nutrition Education Plan, Attachment 8. Reference the Ohio WIC Policy and Procedure Manual, Section 411, for instructions to complete.

**D. Documentation and Progress on Health Disparity and Disparity Reduction Activities:**

Please provide detailed updates on the goals, objectives and deliverables specified in the competitive solicitation relating to health disparity. This information must be supported by data. Continuation solicitations should prepare a summary of activities completed, during the previous funding period, to outreach to the priority populations and / or neighborhoods specified in their plan. *The project response to the SMART Objective/eQAR submission is considered a response to this question.*

**E. Program Budget:** Prior to completion of the budget section, reference the competitive solicitation for unallowable costs and review criteria.

**1. Budget Narrative:** Provide detailed budget justification in a narrative that describes how categorical costs are derived. Discuss the necessity, reasonableness, and allocation of the proposed costs. Describe the specific functions

of the personnel, consultants, and collaborators. Explain and justify equipment, travel (including plans for out-of-state travel), supplies and training costs.

**Cost-Sharing** is not required by this program. Do not include a cost 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

**2. FY2027 Budget via GMISP:** Complete requested budget information as follows:

- **Personnel, Other Direct Costs, Equipment and Contracts Sections:** Submit a new budget to support costs for the period 10/1/26 – 9/30/27.
- Submit a budget with these sections and form(s) completed as necessary to support costs for the period October 1, 2026 to September 30, 2027. Funds may be used to support personnel, training, travel (see OBM website <https://obm.ohio.gov/reports-and-resources/08-state-travel-guidelines>) and supplies directly related to planning, organizing, and conducting the initiative/program/activity described in this announcement. Participant engagement and project evaluation costs can also be included as direct costs.

All first-tier subrecipient personnel paid using any portion of this subaward must complete daily timesheets. Time & Effort reporting must be completed if staff are charged to multiple funding sources.

The first-tier subrecipient shall retain all original fully executed Notice of Award Acceptance (NOAA) on file. A completed “Confirmation of NOAA Agreement” (CCA) must be submitted via GMISP for each NOAA once it has been signed by both parties. All NOAA’s must be signed and dated by all parties prior to any service being rendered and must be attached to the NOAA section in GMISP. The submitted NOAA must be approved by ODH before contractual expenditures are authorized. CCAs and attached contracts cannot be submitted until the first quarter grant payment has been issued. The first-tier subrecipient shall itemize all equipment (minimum \$10,000, unit cost value) to be purchased with grant funds in the Equipment Section.

- **Compliance:** Answer each question on this form. Completion of the form ensured agency’s compliance with the administrative standards of ODH and if applicable state and federal grants.

**3. 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. Travel and meals over the current state rates (see OBM website: <https://obm.ohio.gov/reports-and-resources/08-state-travel-guidelines> for the most recent Mileage Reimbursement memo.)
16. Costs related to out-of-state travel, unless otherwise approved by ODH, and described in the budget narrative.
17. Training longer than one week in duration, unless otherwise approved by ODH.
18. Contracts for compensation with advisory board members.
19. Grant-related equipment costs greater than \$1,000, unless justified in the budget narrative and approved by ODH.
20. Payments to any person for influencing or attempting to influence members of Congress or the Ohio General Assembly in connection with awarding of grants.
21. Promotional Items.
22. Office Furniture (including but not limited to desks, chairs, file cabinets) unless otherwise stated.

**The following are unallowable program-specific costs, unless approved by the ODH WIC Program:**

23. Refreshments unless related to nutrition education, outreach, or combined nutrition education and outreach efforts;
24. Certification—ODH will not reimburse any local agency staff member for performing heights, weights, bloodwork, and evaluations on a cost per certification basis;
25. The expenses of the Chief or Assistant to the Executive Officer of the local agency or of a political subdivision except when that officer functions as a WIC Health Professional;
26. Advertising (i.e., print, radio, television) unless directed at the appropriate target audience;
27. Staff overtime expenses exceeding 10% of a position's budgeted salary or any salary increase that exceeds 10% of a position's budgeted salary;
28. Staff bonuses, regardless of amount;
29. New staff positions;
30. Outreach, nutrition education materials, and conference registration or materials costs greater than or equal to \$500;
31. Any rent increase or move to a new clinic site;
32. All out of state travel;
33. In-state travel costing \$300 or more per person when not sponsored by State WIC;
34. All IT equipment regardless of cost, except mouse, keyboard, speakers, microphone, webcam, and monitor.
35. Outreach items such as breast pumps, breastfeeding aids, and written materials purchased with Breastfeeding Peer funds.

**First-tier subrecipients will not receive payment from ODH grant funds used for prohibited purposes. ODH has the right to recover funds paid to First-tier subrecipients for purposes later discovered to be prohibited.**

#### 4. Indirect (Facilities and Administration):

Use the indirect cost rate included in the agency's Indirect Cost Rate Agreement as negotiated with and approved by the cognizant federal funder. If the applicant chooses this option, then the agreement must be submitted in GMISP as an attachment to the application.

If the First-tier subrecipient has not executed a federally approved Indirect Cost Rate Agreement, the First-tier subrecipient may elect to charge a de minimis rate of 15% of modified total direct costs (MTDC) which may be used indefinitely.

Base the budget solely upon direct costs.

#### F. Other Application Requirements:

**Program Specific Attachments:** Complete and submit the following attachments. Attachments will be sent separately to your project in a Microsoft Office Program format to be completed and submitted via GMISP. All attachments submitted to GMISP must be attached in the format originally provided. Attachments 1, 2, 3, 4, 5, 6, 8, and 9 must be completed and submitted. Attachment 7 is to be completed and submitted only if changes have occurred since FY2026.

- Attachment 1- FY27 Clinic and Staff Data Sheet
- Attachment 2 - Breastfeeding Peer Program Budget and Expenditure Form
- Attachment 3 - Budget Tool
- Attachment 4 - Voter Registration Assistance Plan
- Attachment 5a - WIC Employee Daily Time Study
- Attachment 5b - WIC Employee Monthly Time Study
- Attachment 6 - WIC Farmers' Market Nutrition Program Responsibilities
- Attachment 7 - Private Physician/Hospital/Clinic Medical Services Memorandum of Agreement (MOA)
- Attachment 8 - Nutrition Education Plan
- Attachment 9 - Assurance of Civil Rights Compliance

##### a. Other Required Documentation:

- First-tier 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 on the following website: <https://ohiopays.ohio.gov/ier.ohio.gov/>.

**Note:** First-tier 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.

- **Audit:** First-tier subrecipient agencies are responsible for submitting an audit report. Once an audit is completed, a copy must be sent to ODH via [audits@odh.ohio.gov](mailto:audits@odh.ohio.gov). Reference the GMISP Bulletin Board for more information.

- **Civil Rights Review Questionnaire — EEO Survey:** The Civil Rights Review Questionnaire (EEO) Survey is a part of the Application Section of GMISP. First-tier subrecipients must complete the questionnaire as part of the application process. This questionnaire is submitted online automatically with each application.
- **Assurances Certification:** Each First-tier subrecipient must acknowledge the Assurances (Federal and State Assurances for Subgrantees) form in GMISP. 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 First-tier subrecipient agency agrees by electronic acknowledgment to the financial standards of conduct as stated therein.
- **Federal Funding Accountability and Transparency Act (FFATA):**  
All new applicants applying for ODH grant funds are required to complete the FFATA reporting form in GMISP.

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

- **For Non-Profit Organizations Only:**
  1. **Liability Coverage:** Liability coverage is required for all non-profit agencies. Non-profit organizations must submit documentation validating current liability coverage. Attach the current Certificate of Insurance Liability in GMISP.
  2. **Non-Profit Organization Status:** Non-profit organizations must submit documentation validating current status. If changed, attach in GMISP the Internal Revenue Services (IRS) letter approving non-tax-exempt status.

**G. 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, gender, 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 First-tier subrecipient program, ODH will give priority consideration to those First-tier subrecipients who can demonstrate the following:

- a. Victims of human trafficking are included in your agency’s target population.
  1. At-risk population.
  2. Mental health population.
  3. Homeless population.

Agencies that promote the expansion of services to identify and serve those affected by human trafficking.

Not Applicable to Special Supplemental Nutrition Program for Woman, Infants, and Children (WIC)

**H. Post Submission Requirements:**

Continuation applicants are required to submit program and expenditure reports. Reports must be received in accordance with the requirements of the program, NOA, terms and conditions and this solicitation before the department will release any additional funds. All submissions regardless of type, must have the following phrase accompany the transmission: “I certify to the best of my knowledge and belief that the information provided herein is true, complete, and accurate. I am aware that the provision of false, fictitious, or fraudulent information, or the omission of any material fact, may subject me to criminal, civil, or administrative consequences including, but not limited to violations of U.S. Code Title 18, Sections 2, 1001, 1343 and Title 31, Sections 3729-3730 and 3801-3812.”

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

Reports shall be submitted as follows:

- a. Program Reports: First-tier subrecipient program reports must be completed and submitted via GMISP by the following dates. Program reports that do not include required attachments (non-Internet submitted) 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
October 1 – December 31, 2026	January 10, 2027
January 1 - March 31, 2027	April 10, 2027
April 1- June 30, 2027	July 10, 2027
July 1- September 30, 2027	October 10, 2027

- b. First-tier subrecipient Reimbursement Expenditure Reports:** First-tier subrecipient monthly expenditure reports **must** be completed and submitted **via GMISP** by the following dates:

Period	Report Due Date
October 1 – 31, 2026	November 10, 2026
November 1 – 30, 2026	December 10, 2026
December 1 – 31, 2026	January 10, 2027
January 1 – 31, 2027	February 10, 2027
February 1 – 28, 2027	March 10, 2027
March 1 – 31, 2027	April 10, 2027
April 1 – 30, 2027	May 10, 2027
May 1 – 31, 2027	June 10, 2027
June 1 – 30, 2027	July 10, 2027
July 1 – 31, 2027	August 10, 2027
August 1 – 31, 2027	September 10, 2027
September 1 – 30, 2027	October 10, 2027

First-tier subrecipient Quarterly Reimbursement Expenditure Reports **must** be completed and submitted **via GMISP** by the following dates:

Period	Report Due Date
October 1 – December 31, 2026	January 10, 2027
January 1 – March 31, 2027	April 10, 2027
April 1 – June 30, 2027	July 10, 2027
July 1 – September 30, 2027	October 10, 2027

**Note:** Obligations not reported on the final monthly or fourth quarter expenditure report will not be considered for payment with the final expenditure report.

- c. Final Expenditure Reports:** A First-tier subrecipient final expenditure report reflecting total expenditures for the fiscal year must be completed and submitted **via GMISP** by 4 p.m. on or before November 5, 2027. The information contained in this report must reflect the program’s accounting records and supportive documentation. Any cash balances must be returned with the First-tier subrecipient final expense report, which serves as an invoice to return unused funds.

***Submission of ALL First-tier subrecipient program and expenditure reports via the ODH’s GMISP system indicates acceptance of OGAPP. Clicking the “Submit” or “Approve” button constitutes your authorization of the submission as an agency official and serves as your electronic acknowledgment and acceptance of OGAPP rules and regulations.***

### III APPENDICES

- A. Evidence of Health Disparity Strategies Checklist
- B. FY27 Local Project Funding and Caseload Plan
- C. Application Submission Checklist

## Appendix A

### ODH Evidence of Strategies to Reduce Health Disparities Checklist

This checklist should be used to support planning, implementation, and evaluation of strategies to reduce disparities and overcome social determinants of health. This checklist is a guide to establish a baseline criterion that all projects funded by ODH to support alignment with established priorities to achieve optimal health for all Ohioans.

#### *Health Disparities and Social Determinants of Health*

Social and economic disparities within Ohio communities 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 disease, death, or disability beyond what would normally be expected based on their relative size of the population. Health disparities are often characterized by such measures as disproportionate incidence, prevalence and/or mortality rates of diseases or health conditions. Health is largely determined by where people live, 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 forms of discrimination. These are referred to as **social determinants of health (SDOH)**. SDOH are a root cause of health disparities. The ability of everyone to have the same opportunity to achieve the best possible health is important to eradicate disparate outcomes. Programs that incorporate social determinants into the planning and implementation of interventions will greatly contribute to advancing health opportunities.

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

- 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 Ohio's health data. <https://odh.ohio.gov/wps/portal/gov/odh/explore-data-and-stats/interactive-applications/2019-online-state-health-assessment>
- Identify geographic reference points (i.e., census tracts, census block groups or zip codes) to specify where program activities are focused.
- 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.

- Identify measurable health disparities targets that demonstrate reducing disparities and improving the health of target populations are critical goals to be achieved through program activities. This information must also be supported by data.

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

- 1) Link proposed activities to reduce health disparities identified in local, state, or national planning documents. These documents include, but are not limited to strategies, goals and objectives outlined in the [State Health Improvement Plan \(SHIP\)](#) and local Community Health Assessments.
- 2) Develop staffing plans where board members, leadership and program staff proportionally represent the population being served.
- 3) Identify up- and downstream approaches to address health determinants and reduce disparities. Upstream factors like food, housing and income insecurity that focus on addressing health determinants decrease barriers and improve supports that provide opportunities for people to achieve their full health potential. Downstream approaches focus on providing 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.

Appendix B

FY27 Funding Model Table

**FY2027 Local WIC Project Funding and Caseload Plan: Continuation**

Local WIC Project	FY27 TOTAL NOA	FY27 NSA Portion of NOA	FY27 Peer Portion of NOA*	FY27 Laptop Portion of NOA***	NSA BF Requirement**	1/6 NSA Requirement for Nutrition and BF**	FY27 Caseload
ADAMS/BROWN COUNTY WIC PROGRAM	\$ 556,823	\$ 520,800	\$ 33,773	\$ 2,250	\$ 12,557	\$ 86,800	1,500
ALLEN COUNTY WIC PROGRAM	674,300	633,928	39,247	1,125	15,554	105,655	1,858
ASHTABULA COUNTY WIC PROGRAM	652,075	612,124	37,701	2,250	14,976	102,021	1,789
ATHENS/PERRY CNTY WIC PROGRAM	599,612	560,932	36,430	2,250	13,620	93,489	1,627
AUGLAIZE COUNTY WIC PROGRAM	267,953	240,130	26,698	1,125	5,065	40,022	605
BELMONT COUNTY WIC PROGRAM	321,560	292,908	27,527	1,125	6,680	48,818	798
BUTLER COUNTY WIC PROGRAM	2,237,660	2,137,131	97,154	3,375	62,708	356,189	7,491
CARROLL COUNTY WIC PROGRAM	175,032	150,997	22,910	1,125	3,106	25,166	371
CHAMPAIGN CNTY WIC PGM	185,626	160,358	24,143	1,125	3,298	26,726	394
CLARK COUNTY WIC PROGRAM	1,101,825	1,042,592	58,108	1,125	27,390	173,765	3,272
CLERMONT COUNTY WIC PROGRAM	858,181	811,790	44,141	2,250	20,635	135,298	2,465
CLINTON COUNTY WIC PROGRAM	270,864	241,700	26,914	2,250	5,441	40,283	650
COSHOCTON COUNTY WIC PROGRAM	269,835	240,316	27,269	2,250	5,408	40,053	646
CRAWFORD COUNTY WIC PROGRAM	410,208	378,916	30,167	1,125	8,798	63,153	1,051
CUYAHOGA COUNTY WIC PROGRAM	4,232,234	4,043,923	172,561	15,750	128,941	673,987	15,403
DARKE/MERCER COS. WIC PROGRAM	496,939	459,180	33,259	4,500	10,924	76,530	1,305
DEFIANCE COUNTY WIC PROGRAM	245,540	218,152	26,263	1,125	4,487	36,359	536
DELAWARE/UNION COUNTY WIC	634,255	590,636	39,119	4,500	14,407	98,439	1,721
ERIE/HURON COUNTY WIC PROGRAM	696,919	655,100	39,569	2,250	16,114	109,183	1,925
FAIRFIELD COUNTY WIC PROGRAM	689,491	645,936	39,055	4,500	15,872	107,656	1,896
FAYETTE COUNTY WIC PROGRAM	236,458	210,012	25,321	1,125	4,320	35,002	516
FRANKLIN COUNTY WIC PROGRAM	7,409,412	7,068,714	327,198	13,500	234,007	1,178,119	27,954
FULTON/HENRY CO. WIC PROGRAM	400,021	367,540	30,231	2,250	8,497	61,257	1,015
GALLIA COUNTY WIC PROGRAM	330,694	300,174	29,395	1,125	6,856	50,029	819
GREENE COUNTY WIC PROGRAM	597,467	557,772	37,445	2,250	13,536	92,962	1,617
GUERNSEY COUNTY WIC PROGRAM	361,493	330,622	28,621	2,250	7,593	55,104	907
HAMILTON COUNTY WIC PROGRAM	4,217,736	4,036,452	170,034	11,250	128,681	672,742	15,372
HARRISON COUNTY WIC PROGRAM	104,208	80,993	22,090	1,125	1,666	13,499	199
HHP: HANCOCK/HARDIN/PUTNAM WIC PROGRAM	684,666	644,040	37,251	3,375	15,821	107,340	1,890
HIGHLAND COUNTY WIC PROGRAM	350,878	319,204	28,299	3,375	7,316	53,201	874
HOCKING COUNTY WIC PROGRAM	242,880	215,710	26,045	1,125	4,437	35,952	530
HOLMES COUNTY WIC PROGRAM	152,644	129,019	22,500	1,125	2,654	21,503	317
JACKSON COUNTY WIC PROGRAM	268,787	240,130	26,407	2,250	5,249	40,022	627
JEFFERSON COUNTY WIC PROGRAM	345,644	316,090	28,429	1,125	7,241	52,682	865
KNOX COUNTY WIC PROGRAM	330,694	300,174	29,395	1,125	6,856	50,029	819
LAKE/GEAUGA COUNTY WIC PROGRAM	1,072,918	1,019,426	51,242	2,250	26,712	169,904	3,191
LAWRENCE COUNTY WIC PROGRAM	365,276	335,466	28,685	1,125	7,710	55,911	921
LICKING COUNTY WIC PROGRAM	738,256	696,532	40,599	1,125	17,261	116,089	2,062
LOGAN COUNTY WIC PROGRAM	238,087	210,989	25,973	1,125	4,336	35,165	518
LORAIN COUNTY WIC PROGRAM	1,535,595	1,470,162	63,183	2,250	39,905	245,027	4,767
LUCAS COUNTY WIC PROGRAM	2,720,575	2,606,599	104,976	9,000	79,015	434,433	9,439
MADISON COUNTY WIC PROGRAM	316,152	287,372	27,655	1,125	6,546	47,895	782
MAHONING COUNTY WIC PROGRAM	1,296,463	1,240,504	55,959	-	33,183	206,751	3,964
MARION COUNTY WIC PROGRAM	558,435	524,276	34,159	-	12,649	87,379	1,511
MEDINA COUNTY WIC PROGRAM	489,886	452,544	33,967	3,375	10,749	75,424	1,284
MEIGS COUNTY WIC PROGRAM	173,250	148,148	23,977	1,125	3,047	24,691	364
MIAMI COUNTY WIC PROGRAM	334,724	305,364	28,235	1,125	6,982	50,894	834
MONROE COUNTY WIC PROGRAM	149,594	125,641	22,828	1,125	2,520	20,940	301
MONTGOMERY CNTY. WIC PROGRAM	2,428,263	2,311,374	113,514	3,375	68,761	385,229	8,214
MORROW COUNTY WIC PROGRAM	165,853	142,450	23,403	-	2,930	23,742	350
MUSKINGUM COUNTY WIC PROGRAM	574,968	539,444	34,399	1,125	13,051	89,907	1,559
NOBLE COUNTY WIC PROGRAM	116,096	92,389	22,582	1,125	1,900	15,398	227
OTTAWA COUNTY WIC PROGRAM	169,988	145,706	23,157	1,125	2,997	24,284	358

Local WIC Project	FY27 TOTAL NOA	FY27 NSA Portion of NOA	FY27 Peer Portion of NOA*	FY27 Laptop Portion of NOA***	NSA BF Requirement**	1/6 NSA Requirement for Nutrition and BF**	FY27 Caseload
PAULDING COUNTY WIC PROGRAM	\$ 164,380	\$ 139,194	\$ 24,061	\$ 1,125	\$ 2,863	\$ 23,199	342
PORTAGE/COLUMBIANA WIC PROGRAM	1,130,667	1,076,340	52,077	2,250	28,378	179,390	3,390
PREBLE COUNTY WIC PROGRAM	268,169	240,130	26,914	1,125	5,249	40,022	627
RICHLAND/ASHLAND CNTY WIC PRG	903,937	855,548	46,139	2,250	21,916	142,591	2,618
ROSS/PICKAWAY COUNTY WIC PROG.	809,415	766,888	40,277	2,250	19,321	127,815	2,308
SANDUSKY COUNTY WIC PROGRAM	405,455	373,228	32,227	-	8,647	62,205	1,033
SCIOTO COUNTY WIC PROGRAM	553,124	517,324	34,675	1,125	12,465	86,221	1,489
SENECA COUNTY WIC PROGRAM	394,807	364,064	28,493	2,250	8,405	60,677	1,004
SHELBY CNTY WIC PGM	213,973	188,034	24,814	1,125	3,867	31,339	462
STARK COUNTY WIC PROGRAM	1,735,351	1,661,638	69,213	4,500	46,192	276,940	5,518
SUMMIT COUNTY WIC PROGRAM	2,151,007	2,052,058	92,199	6,750	59,753	342,010	7,138
TRUMBULL COUNTY WIC PROGRAM	1,167,146	1,111,804	53,092	2,250	29,416	185,301	3,514
TUSCARAWAS COUNTY WIC PROGRAM	543,380	508,160	34,095	1,125	12,222	84,693	1,460
VAN WERT COUNTY WIC PROGRAM	224,628	198,616	24,887	1,125	4,085	33,103	488
VINTON COUNTY WIC PROGRAM	154,368	131,868	22,500	-	2,712	21,978	324
WARREN COUNTY WIC PROGRAM	479,677	445,908	31,519	2,250	10,573	74,318	1,263
WASHINGTON/MORGAN CNTY WIC PGM	407,724	373,860	30,489	3,375	8,664	62,310	1,035
WAYNE COUNTY WIC PROGRAM	439,896	406,092	32,679	1,125	9,518	67,682	1,137
WILLIAMS COUNTY WIC PROGRAM	280,062	251,042	26,770	2,250	5,667	41,840	677
WOOD COUNTY WIC PROGRAM	470,542	437,060	32,357	1,125	10,338	72,843	1,235
WYANDOT COUNTY WIC PROGRAM	176,672	151,404	24,143	1,125	3,114	25,234	372
STATEWIDE	<u>\$ 58,129,373</u>	<u>\$ 54,658,841</u>	<u>\$ 3,292,782</u>	<u>\$ 177,750</u>	<u>\$ 1,504,327</u>	<u>\$ 9,109,809</u>	<u>179,704</u>

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

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

\*\*\* These are special USDA Infrastructure grant funds that can only be used to purchase laptops to be used for Nutrition Education.

## Appendix C

### Application Submission Checklist

Please use this checklist to ensure you've completed all required forms and submitted them in GMISP along with your continuation application. Attachment 7 is to be completed and submitted *only* if changes have occurred since FY2026. This checklist does *not* need to be submitted.

1.  Clinic and Staff Data Sheet(s)
2.  Breastfeeding Peer Program Budget and Expenditure Report
3.  Budget Tool
4.  Voter Registration Assistance Plan
5.  WIC Employee Time Study
6.  WIC Farmers' Market Nutrition Program Responsibilities
7.  Private Physician/Hospital/Clinic Medical Services Memorandum of Agreement (MOA)
8.  Nutrition Education Plan
9.  Assurance of Civil Rights Compliance
10.  Electronic Data Management REDcap Survey: <https://redcap.link/E-DataManagement>

**Project Name:**

**Attachment 1 - Clinic and Staff Data Sheet FY27**

WIC CLINIC NAME:		GMISP PROJECT NUMBER:	
CLINIC NUMBER:		ASSIGNED CASELOAD CEILING:	
ADDRESS:		CITY:	ZIP:
PHONE: (     )     )		FAX #: (     )     )	
SITE SUPERVISOR/CONTACT NAME:		IDENTIFY CHANGES:	

Type of WIC System:  Network (includes 1 Server) \_\_\_\_\_ Number of Workstations on LAN  
 Standalone  
 Portable (Laptop)                       Paper

Please list your office and clinic hours with any special activities noted (including group nutrition education, migrant clinics, staff meetings, etc.). In the Special Activities column, please note if clinic hours vary from week to week (for example, clinic open until 7:00 pm every other week).

<b>DAY</b>	<b>WIC OFFICE HOURS</b>	<b>CLINIC HOURS</b>	<b>SPECIAL ACTIVITIES</b>
Monday			
Tuesday			
Wednesday			
Thursday			
Friday			
Saturday			

List all WIC funded staff at this clinic location (all WIC funded staff must appear on one of these forms).

**Last Name, First Name**

**Position**

**Copy and paste additional pages for each clinic.**



Employee	Function/Title	HP / BF Credentials	Program Time (%)	Yearly Salary (\$)	Program Salary Cost (\$)	Program Salary per NCBA Hr.	Fringe Rate (%)	Program Fringe Cost (\$)	Program Total Cost (\$)	NCBA Cost	Hrs/Wk	NCBA \$/y	Other Funding Sources
					\$ -			\$ -	\$ -	Admin		n.a.	
Program Salary and Salary from Other Funding Sources do not equal 100% Missing NCBA Data Missing Program Salary										Breastfeeding		n.a.	
										Clinic		n.a.	
										Nutrition		n.a.	
					\$ -			\$ -	\$ -	Admin		n.a.	
Program Salary and Salary from Other Funding Sources do not equal 100% Missing NCBA Data Missing Program Salary										Breastfeeding		n.a.	
										Clinic		n.a.	
										Nutrition		n.a.	
					\$ -			\$ -	\$ -	Admin		n.a.	
Program Salary and Salary from Other Funding Sources do not equal 100% Missing NCBA Data Missing Program Salary										Breastfeeding		n.a.	
										Clinic		n.a.	
										Nutrition		n.a.	
					\$ -			\$ -	\$ -	Admin		n.a.	
Program Salary and Salary from Other Funding Sources do not equal 100% Missing NCBA Data Missing Program Salary										Breastfeeding		n.a.	
										Clinic		n.a.	
										Nutrition		n.a.	
					\$ -			\$ -	\$ -	Admin		n.a.	
Program Salary and Salary from Other Funding Sources do not equal 100% Missing NCBA Data Missing Program Salary										Breastfeeding		n.a.	
										Clinic		n.a.	
										Nutrition		n.a.	
					\$ -			\$ -	\$ -	Admin		n.a.	
Program Salary and Salary from Other Funding Sources do not equal 100% Missing NCBA Data Missing Program Salary										Breastfeeding		n.a.	
										Clinic		n.a.	
										Nutrition		n.a.	
				\$ -	\$ -			\$ -	\$ -			\$ -	

	NCBA Hrs.	NCBA Co
Admin	0	\$ -
Breastfeeding	0	\$ -
Clinic	0	\$ -
Nutrition	0	\$ -
<b>Total</b>	<b>0</b>	<b>\$ -</b>

**Attachment 4**

**VOTER REGISTRATION ASSISTANCE PLAN  
Fiscal Year 2027**

\_\_\_\_\_ **WIC PROGRAM** \_\_\_\_\_  
**(Project Name)** **(GMISP Project Number)**

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

1. \_\_\_ The name of the voter registration coordinator and the locations of all the local clinic sites where voter registration is being conducted were reviewed and submitted in response to the FY2027 grant application.
  
2. \_\_\_ This local WIC project will be conducting voter registration at each application and recertification visit according to section 207 of the Ohio WIC Policy and Procedure Manual.
  
3. \_\_\_ Each WIC applicant will be provided a link and/or copy of the *Designated Voter Registration Notice of Rights* form at the time of application and recertification.
  
4. \_\_\_ Each local WIC project staff person who will be giving out and accepting voter registration forms will be trained according to section 207 of the Ohio WIC Policy and Procedure Manual.
  
5. \_\_\_ The local WIC voter coordinator is: \_\_\_\_\_.  
The coordinator has met with a representative of the County Board of Elections and discussed and agreed that the *Agency Based Voter Registration Transmission Form* and the completed *Voter Registration Forms* will be transmitted to the Board of Elections within five days through:

**(Check All That Apply)**

\_\_\_ U.S. mail, \_\_\_ courier service, \_\_\_ pickup by Elections Board staff, \_\_\_ delivered by WIC staff, or \_\_\_ other (explain below)

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## Attachment 6

### WIC FARMERS' MARKET NUTRITION PROGRAM RESPONSIBILITIES – FY27

#### WIC PROGRAM

(Project Name)

(GMISP Project Number)

The responsibilities of the parties are set forth below:

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

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

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

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

2. Cooperate with FMNP farmers, State WIC Agency, or federal officials to resolve questions or issues as they arise.
3. Issue FMNP benefits in accordance with and as designated by State WIC Agency criteria through specified clinics, and to specific categories and numbers of participants.
4. Verify receipt of FMNP funds from State WIC Agency and record benefits issued to eligible participants based upon the eligibility criteria established by State WIC Agency.
5. Provide nutrition education on selecting, using and storing fresh fruits, herbs, and vegetables to all FMNP participants.
6. Provide education on how to properly use and redeem FMNP benefits at authorized FMNP farmers including providing a list of all authorized FMNP foods to all FMNP participants.
7. Develop and distribute a pamphlet listing the dates, times and locations of the authorized FMNP farmers' markets and farm stands located in the county to all FMNP participants.
8. Conduct an FMNP participant survey as directed by State WIC Agency.
9. Assist the State WIC agency in recruiting and contracting farmers to be authorized to accept FMNP benefits.
10. Direct employees involved in the FMNP, when requested, to attend training sessions conducted by State WIC Agency.
11. Surrender to State WIC Agency, upon expiration or termination of this Agreement, all equipment and work product pertaining to the administration of the FMNP.

**C. Mutual Understanding:**

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

**Select one of the following:**

Yes, the project wants to participate in the FMNP in  
\_\_\_\_\_ County(ies).

No, the project does not want to participate in the FMNP in  
\_\_\_\_\_ County(ies).

**Attachment 7**

**PRIVATE PHYSICIAN/HOSPITAL/CLINIC MEDICAL SERVICES  
MEMORANDUM OF AGREEMENT**

**Fiscal Years 2023 - 2027**

**(Project Name)**

**(GMISP Project Number)**

Physician's Name:

Specialty:

Office Address:

Office Telephone Number:

Office Hours:

Please check the categories of people to whom you provide health services:

Pregnant Women  Breastfeeding Women  Postpartum Women  
 Infants 0 -1  Children 1-5

Do you accept Medicaid payment?  Yes  No

If yes, what is your provider number?

Do you accept reduced fees for services?  Yes  No

List hospital affiliations (optional):

**MEMORANDUM OF AGREEMENT FY 2023 - 2027**

By and between the \_\_\_\_\_ and \_\_\_\_\_  
(local agency) (Physician)

whereas, the \_\_\_\_\_, as a designated local agency for the Special Supplemental Nutrition Program for Women, Infants and Children (WIC Program), wishes to provide WIC Program services to eligible women, (pregnant, postpartum, and breastfeeding), infants, and children, but does not provide the health services which the WIC Program requires; and whereas, \_\_\_\_\_, is a physician licensed by the State Medical Board of Ohio, pursuant to Chapter 4731 of the Ohio Revised Code or the State Medical Board of \_\_\_\_\_ to practice medicine or surgery or osteopathic medicine and surgery; now therefore, it is mutually agreed by and between the \_\_\_\_\_ (local agency) referred to as the "Local Agency") and \_\_\_\_\_ (Physician) (hereinafter referred to as the "Physician") that the covenants enumerated in this agreement will be kept and performed.

1. The Physician shall provide such pediatric, obstetrical, lactation, and other services as the Physician deems appropriate in the exercise of his or her professional medical judgment to persons who seek such services upon referral from the Local Agency.
2. With the written consent of the patient, the Physician shall provide the Local Agency with such information pertaining to the patient as the Local Agency may require in order to determine the patient's eligibility for participation in the WIC Program.
3. The Physician understands that the Local Agency shall not reimburse the Physician for providing health services to patients who the Local Agency refers to the Physician.
4. The Physician or clinic shall, in providing its services and in its terms and conditions of employment, comply with all requirements under federal and state law pertaining to nondiscrimination and equal employment opportunity, including Title VI of the 1964 Civil Rights Act and pertinent federal regulations.
5. This agreement shall take effect on October 1, 2022, and shall remain in effect through September 30, 2027 unless terminated by either party upon written notice of termination being served by the party terminating on the other party. A 30 business day notification of termination by the terminating party is required.

BY: \_\_\_\_\_  
Signature of the WIC Program Director

\_\_\_\_\_  
Date

\_\_\_\_\_  
Signature of Physician or Clinic Administrator

\_\_\_\_\_  
Date

**Attachment 8**

**Nutrition Education Plan for Low Nutrition Risk Participants – FY27**

**Project Name:**

**Nutrition Education Coordinator:**

**Approved By:**

<p><b>SAMPLE October</b>                      Event: Halloween (I,C,B,N) and Dental (All) Class: Infant Feeding (P)                      Outside: Head Start Parent’s Night                      Newsletter: Immunizations and Flu Season (All) YouTube Video: (B)</p>	<p><b>SAMPLE November</b>                      Newsletter: Holiday Foods (All) State Modules: (All) WICHealth.org: (C, N)                      Class: Breastfeeding Support Group: (B ,I) Class: Infant Feeding (P)                      Bulletin Board: Holiday Foods (All)</p>	<p><b>SAMPLE December</b>                      Newsletter: Holiday Foods (All) Event: Santa &amp; Mrs. Claus visit (all)                      Event: Librarian visit and story time (C) Class: Older Infant Feeding (I)                      Class: OSU Extension Budget Class (P,B,N)                      Bulletin Board: Holiday Foods (All)</p>
October	November	December
January	February	March
April	May	June
July	August	September

**Attachment 9**

**Assurance of Civil Rights Compliance**

*The Local Agency hereby agrees that it will comply with Title VI of the Civil Rights Act of 1964 (42 U.S.C. 2000d et seq.), Title IX of the Education Amendments of 1972 (20 U.S.C. 1681 et seq.), Section 504 of the Rehabilitation Act of 1973 (29 U.S.C. 794), Age Discrimination Act of 1975 (42 U.S.C. 6101 et seq.); Title II and Title III of the Americans with Disabilities Act (ADA) of 1990 as amended by the ADA Amendment Act of 2008 (42 U.S.C. 12131-12189) as implemented by Department of Justice regulations at (28 CFR Parts 35 and 36); Executive Order 13166, "Improving Access to Services for Persons with Limited English Proficiency." (August 11, 2000), all provisions required by the implementing regulations of the U.S. Department of Agriculture (7 CFR Part 15 et seq); and FNS directives and guidelines to the effect that no person shall, on the ground of race, color, national origin, age, sex, or disability, be excluded from participation in, be denied the benefits of, or otherwise be subjected to discrimination under any program or activity for which the Agency receives Federal financial assistance from FNS; and hereby gives assurance that it will immediately take measures necessary to effectuate this agreement. By providing this assurance, the Local Agency agrees to compile data, maintain records and submit records and reports as required to permit effective enforcement of the nondiscrimination laws, and to permit Department personnel during normal working hours to review and copy such records, books and accounts, access such facilities, and interview such personnel as needed to ascertain compliance with the non-discrimination laws. If there are any violations of this assurance, the State Agency shall have the right to seek judicial enforcement of this assurance.*

*This assurance is given in consideration of and for the purpose of obtaining any and all Federal financial assistance, grants, and loans of Federal funds, reimbursable expenditures, grant, or donation of Federal property and interest in property, the detail of Federal personnel, the sale and lease of, and the permission to use Federal property or interest in such property or the furnishing of services without consideration or at a nominal consideration, or at a consideration that is reduced for the purpose of assisting the recipient, or in recognition of the public interest to be served by such sale, lease, or furnishing of services to the recipient, or any improvements made with Federal financial assistance extended to the Program applicant by USDA. This includes any Federal agreement, arrangement, or other contract that has as one of its purposes the provision of cash assistance for the purchase of food, and cash assistance for purchase or rental of food service equipment or any other financial assistance extended in reliance on the representations and agreements made in this assurance.*

*This assurance is binding on the Local Agency, its successors, transferees, and assignees as long as it receives assistance or retains possession of any assistance from the Department. The person or persons whose signatures appear below are authorized to sign this assurance on the behalf of the Local Agency.*

Signature: \_\_\_\_\_

Date: \_\_\_\_\_

Title: \_\_\_\_\_

