



**Recipient Information**

**1. Recipient Name**

CITY OF COLUMBUS  
240 Parsons Ave  
Environmental Health  
Columbus, OH 43215-5331  
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**2. Congressional District of Recipient**

03

**3. Payment System Identifier (ID)**

1316400223A1

**4. Employer Identification Number (EIN)**

316400223

**5. Data Universal Numbering System (DUNS)**

932901762

**6. Recipient's Unique Entity Identifier (UEI)**

FAMWPY11Z6K8

**7. Project Director or Principal Investigator**

Ms. Lindsey Latscha  
Program Manager 2  
lalatscha@columbus.gov  
645-645-1542

**8. Authorized Official**

Mrs. Danielle Ohms  
Fiscal Manager  
drohms@columbus.gov  
614-645-0740

**Federal Agency Information**

CDC Office of Financial Resources

**9. Awarding Agency Contact Information**

Jo-Anne Saunders  
Grants Management Specialist  
srq1@cdc.gov  
4044985235

**10. Program Official Contact Information**

Chidumga Uzochukwu  
Program Officer  
nyu8@cdc.gov  
4047183767

**Federal Award Information**

**11. Award Number**

6 NH75OT000056-01-02

**12. Unique Federal Award Identification Number (FAIN)**

NH75OT000056

**13. Statutory Authority**

317(K)(2) OF PHSA 42USC 247B(K)(2)

**14. Federal Award Project Title**

Columbus Public Health Project Abstract is Attached

**15. Assistance Listing Number**

93.391

**16. Assistance Listing Program Title**

Activities to Support State, Tribal, Local and Territorial (STLT) Health Department Response to Public Health or Healthcare Crises

**17. Award Action Type**

No Cost Extension

**18. Is the Award R&D?**

No

**Summary Federal Award Financial Information**

<b>19. Budget Period Start Date</b>	06/01/2021	<b>- End Date</b>	02/29/2024
<b>20. Total Amount of Federal Funds Obligated by this Action</b>			\$0.00
20a. Direct Cost Amount			\$0.00
20b. Indirect Cost Amount			\$0.00
<b>21. Authorized Carryover</b>			\$0.00
<b>22. Offset</b>			\$0.00
<b>23. Total Amount of Federal Funds Obligated this budget period</b>			\$3,396,978.00
<b>24. Total Approved Cost Sharing or Matching, where applicable</b>			\$0.00
<b>25. Total Federal and Non-Federal Approved this Budget Period</b>			\$3,396,978.00
<b>26. Period of Performance Start Date</b>	06/01/2021	<b>- End Date</b>	02/29/2024
<b>27. Total Amount of the Federal Award including Approved Cost Sharing or Matching this Period of Performance</b>			\$3,396,978.00

**28. Authorized Treatment of Program Income**

ADDITIONAL COSTS

**29. Grants Management Officer - Signature**

Ms. Ester Edward  
Grants Management Officer

**30. Remarks**



Recipient Information
<b>Recipient Name</b> CITY OF COLUMBUS 240 Parsons Ave Environmental Health Columbus, OH 43215-5331 --
<b>Congressional District of Recipient</b> 03
<b>Payment Account Number and Type</b> 1316400223A1
<b>Employer Identification Number (EIN) Data</b> 316400223
<b>Universal Numbering System (DUNS)</b> 932901762
<b>Recipient's Unique Entity Identifier (UEI)</b> FAMWPY11Z6K8
<b>31. Assistance Type</b> Project Grant
<b>32. Type of Award</b> Other

33. Approved Budget (Excludes Direct Assistance)	
I. Financial Assistance from the Federal Awarding Agency Only	
II. Total project costs including grant funds and all other financial participation	
a. Salaries and Wages	\$724,111.00
b. Fringe Benefits	\$406,219.00
c. Total Personnel Costs	\$1,130,330.00
d. Equipment	\$0.00
e. Supplies	\$181,232.00
f. Travel	\$0.00
g. Construction	\$0.00
h. Other	\$0.00
i. Contractual	\$2,085,416.00
<b>j. TOTAL DIRECT COSTS</b>	<b>\$3,396,978.00</b>
<b>k. INDIRECT COSTS</b>	<b>\$0.00</b>
<b>l. TOTAL APPROVED BUDGET</b>	<b>\$3,396,978.00</b>
<b>m. Federal Share</b>	<b>\$3,396,978.00</b>
<b>n. Non-Federal Share</b>	<b>\$0.00</b>

34. Accounting Classification Codes						
FY-ACCOUNT NO.	DOCUMENT NO.	ADMINISTRATIVE CODE	OBJECT CLASS	CFDA NO.	AMT ACTION FINANCIAL ASSISTANCE	APPROPRIATION
1-9390H06	21NH75OT000056C5	OT	41.51	93.391	\$0.00	75-2122-0140



**DEPARTMENT OF HEALTH AND HUMAN SERVICES** Notice of Award

Centers for Disease Control and Prevention

Award# 6 NH75OT000056-01-02

FAIN# NH75OT000056

Federal Award Date: 09/27/2022

**Direct Assistance**

<b>BUDGET CATEGORIES</b>	<b>PREVIOUS AMOUNT (A)</b>	<b>AMOUNT THIS ACTION (B)</b>	<b>TOTAL (A + B)</b>
Personnel	\$0.00	\$0.00	\$0.00
Fringe Benefits	\$0.00	\$0.00	\$0.00
Travel	\$0.00	\$0.00	\$0.00
Equipment	\$0.00	\$0.00	\$0.00
Supplies	\$0.00	\$0.00	\$0.00
Contractual	\$0.00	\$0.00	\$0.00
Construction	\$0.00	\$0.00	\$0.00
Other	\$0.00	\$0.00	\$0.00
<b>Total</b>	<b>\$0.00</b>	<b>\$0.00</b>	<b>\$0.00</b>

# AWARD ATTACHMENTS

CITY OF COLUMBUS

6 NH75OT000056-01-02

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1. Terms and Conditions

## REVISED TERMS AND CONDITIONS OF AWARD

**No Cost Extension:** The purpose of this amendment is to approve a 9-month No-Cost Extension per the request submitted by your organization dated September 15, 2022. The budget and project period end dates have been extended from May 31, 2023, to February 29, 2024.

**Annual Federal Financial Report (FFR SF-425):** Annual financial reporting is required every twelve-month period. Due to the approved extension period, the final budget period has been extended and an additional annual financial report will be required. A completed FFR SF-425 covering the original final budget period of June 1, 2021 to May 31, 2022, must be submitted by August 31, 2022.

Recipients must submit all closeout reports identified in this section within 90 days of the period of performance end date. The reporting timeframe is the full period of performance. Failure to submit timely and accurate final reports may affect future funding to the organization or awards under the direction of the same Project Director/Principal Investigator (PD/PI).

**Final Performance Progress and Evaluation Report:** This report should include the information specified in the NOFO and is submitted 90 days following the end of the period of performance via [www.grantsolutions.gov](http://www.grantsolutions.gov). At a minimum, the report will include the following:

1. Statement of progress made toward the achievement of originally stated aims.
2. Description of results (positive or negative) considered significant.
3. List of publications resulting from the project, with plans, if any, for further publication.

Additional guidance may be provided by the GMS and found at:

<https://www.cdc.gov/grants/alreadyhavegrant/Reporting.html>

**Final Federal Financial Report (FFR, SF-425):** The FFR should only include those funds authorized and actually expended during the timeframe covered by the report. The Final FFR, SF-425 is required and must be submitted no later than 90 days after the period of performance end date.

The final report must indicate the exact balance of unobligated funds and may not reflect any unliquidated obligations. Should the amount not match with the final expenditures reported to the Department of Health and Human Services' PMS, you will be required to update your reports to PMS accordingly. Remaining unobligated funds will be de-obligated and returned to the U.S. Treasury.

**Equipment and Supplies - Tangible Personal Property Report (SF-428):** A completed Tangible Personal Property Report SF-428 and Final Report SF-428B addendum must be submitted, along with any Supplemental Sheet SF-428S detailing all major equipment acquired or furnished under this project with a unit acquisition cost of \$5,000 or more. Electronic versions of the forms can be downloaded by visiting:

<https://www.grants.gov/web/grants/forms/post-award-reporting-forms.html#sortBy=1>

If no equipment was acquired under an award, a negative report is required.

The recipient must identify each item of equipment that it wishes to retain for continued use in accordance with 45 CFR Part 75. The awarding agency may exercise its rights to require the transfer of equipment purchased under the assistance award. CDC will notify the recipient if transfer to title will be required and provide disposition instruction on all major equipment.

Equipment with a unit acquisition cost of less than \$5,000 that is no longer to be used in projects or programs currently or previously sponsored by the Federal Government may be retained, sold, or otherwise disposed of, with no further obligation to the Federal Government.

**Stewardship:** Please be advised that the recipient must exercise proper stewardship over Federal funds by ensuring that all costs charged to their cooperative agreement are allowable, allocable, necessary, and reasonable.

All other terms and conditions issued with the original award remain in effect throughout the budget period unless otherwise changed in writing, by the Grants Management Officer.

**PLEASE REFERENCE AWARD NUMBER ON ALL CORRESPONDENCE**