## Ohio Department of Health Notice of Award 246 North High Street, Columbus Oh, 43215

<b>1. Date Issued:</b> 11/16/2021	2. Program Title:	
3. Revision: Initial X	STI OPPORTUNITIES TO END THE HIV EPIDEMIC	
<b>4. Project:</b> 02520012SO0122	6. Project Director , Agency Name, Agency Address	
5. EIN: 316400223	Audrey Regan	
7. Budget Period: 10/1/2021 to 7/31/202	Columbus City Health Department	
	240 Parsons Avenue	
8. The OHIO DEPARTMENT OF HEALTH will pay	Columbus OH 43215-5331	
	9. ODH Award computation for grant	
<b>100.00 %</b> % of all allowable program	a. Amount of current ODH funding:	\$0.00
expenditures not to exceed line 9(c).	b. Amount of ODH funding this action:	\$420,000.00
	c. Total ODH funding (from 10-a):	\$420,000.00
10. Source of Financial Assistance:	•	
(a).ODH Funding: Source	Authorization Grant Fund	ls
3920	CFDA 93.940	\$420,000.00
	Total ODH Funding:	\$420,000.00
(b.) The Ohio Department of Health authorizes Colum	nbus City Health Department	
to expend the following funding sources at the stated pe	rcentage (%) of the total approved budget Funding sour	ces:
Total Subgrantee Funding Sou		
	Total Approved Budget	\$420,000.00
11. Program Income will be used in accou		
Deductive Alternative: Used to reduce the	amount budgeted for grant funds and applicant s	share proportionately.
Additive Alternative: Used to further the objectives of the legislation under which the grant was made and increase the total budget. All expenditures of such funds must have prior written approval in the form of a budget revision.		
Matching Alternative: Used to finance part applicant share.	or all of the cost sharing requirement and will red	duce the amount of
Any Program Income generated in exce	ess of 10b (Program Income) must be treated	in accordance with the
Deductive Alternative.	conditions incorporated directly in the	following
<ul><li>12. This Award is subject to the terms and conditions incorporated directly in the following:</li><li>a. The Program legislation cited in the Authorization Section above.</li></ul>		
b. The Ohio Department of Health " Grants Administration Policy and Procedures".		
c. The Ohio Department of Health Solicitations and Subrecipient Program Application.		
d. The notice of award agreement including terms and conditions, if any, noted below in Section 13, Remarks.		
13. Remarks: Other terms and condition	s attached.	
based on actual expenditures and a cost reimburseme When payment is issued, specific information will be vi for viewing and responding to special conditions within	ITY OF FUNDS. In compliance with ODH Grants Adminis nt basis. Your initial payment will be issued upon submis ewable through your GMIS acount's Payment link. A Spe GMIS. The 30-day time period, in which the subrecipier quent payments will be withheld until satisfactory respon tisfied is submitted in GMIS.	ssion of an expenditure report. ecial Conditions link is available nt must respond to special
subrecipient compliance with the terms and conditions federal or state funds (whichever is applicable). ODH stated in section 7 above. This Award, signed by the I	b above, funds as specified in section 9 above, subject to set forth in section 10, 11, 12, and 13 above. This award may terminate this grant in writing at any time prior to t Director of the Department of Health, is effective for the I s acknowledged by the subrecipient upon receipt and exp	d is subject to the availability of he end of the budget period as Budget Period dates in section 7
	Bruce Vanderhoff, MD, MBA	
	DIRECTOR OF HEALTH	
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