Columbus City Health Department

GMIS# 02520014TU0924

Tobacco Use Prevention and Cessation Program (TU24)

Budget Period: 7/1/2023 – 6/30/2024

of Deliverables: 5

Appendix D2- Budget Justification/Allocations- Tier Two- Single Jurisdiction

Deliverable Objective 1 (Administration and Data) - \$10,300

Objective A&D1- \$4,700

Objective A&D2- **\$2,150**

Objective A&D3- **\$3,450**

Deliverable Objective 2 (Cessation) - \$24,850

Objective C2A- \$13,750

Objective C2B- \$11,100

Deliverable Objective 3 (SHS Policy) - \$21,750

Objective P3A- \$7,250

Objective P3B- **\$10,500**

Objective P3C- \$4,000

Deliverable Objective 4 (Youth) - \$40,100

Objective Y4A- \$6,250

Objective Y4B- **\$8,000**

Objective Y4C- **\$5,300**

Objective Y4D- \$5,550

Objective Y4E (Option 2) - \$15,000

Deliverable Objective 5 (Health Equity) - \$35,000

Objective H5A- \$11,000

Objective H5B- **\$24,000**

Project Budget Total: \$132,000

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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.

| Docusigned by: MUK by Anita Clark 5631545F188F48F | |
|---|---------------------|
| [Signature] | |
| Mysheika W. Roberts, MD, MPH [Print Name & Title] | Health Commissioner |
| 2/15/2023 | |
| [Date] | |