Ohio Department of Health Notice of Award

246 North High Street, Columbus Oh, 43215

1. Date Issued	3/29/2018	2. Program Title:	
3. Revision:	Revision	3 REPRODUCTIVE HEALTH AND WELLNESS	
4. Project:	02520011RH0718	6. Project Director , Agency Name, Agen	cy Address
5. EIN:	316400223	Johanna Taylor	
7. Budget Peri	od: 4/1/2017 to 8/31/2	Columbus City Health Department	
i zuger i ei		240 Parsons Avenue	
		Columbus OH 43215-5331	
8. The OHIO DEP	ARTMENT OF HEALTH will pay	9. ODH Award computation for grant:	
78.93 % %	of all allowable program	a. Amount of current ODH funding:	\$928,860.00
expenditures not	to exceed line 9(c).	b. Amount of ODH funding this action:	\$0.00
		c. Total ODH funding (from 10-a):	\$928,860.00
10. Source of H	Financial Assistance:	-	
(a).ODH Funding:	Source	Authorization Grant Funds	
	GRF	Am. Sub. H.B. 49	\$17,128.97
	3920	CFDA 93.217	\$735,055.07
	3200	CFDA 93.994	\$151,241.96
	GRF	Am. Sub. H.B. 64	\$25,434.00
		Total ODH Funding:	\$928,860.00
(b.) The Ohio Depar	rtment of Health authorizes Col	umbus City Health Department	
o expend the follow	ring funding sources at the stated	percentage (%) of the total approved budget Funding source	s:
	Program I	ncome \$248,000.00	
т	otal Subgrantee Funding So	burces \$248,000.00	
		Total Approved Budget	\$1,176,860.00
11. Program I	ncome will be used in acc	cordance with:	
Deductive	Alternative: Used to reduce the	he amount budgeted for grant funds and applicant sha	are proportionately.
		objectives of the legislation under which the grant wa	
	• •	h funds must have prior written approval in the form on art or all of the cost sharing requirement and will redu	-
applicant s	share.		
	ram Income generated in ex e Alternative.	ccess of 10b (Program Income) must be treated in	accordance with the
12.This Award	l is subject to the terms a	and conditions incorporated directly in the fo	ollowing:
a. The Progr	ram legislation cited in the Au	thorization Section above.	
b. The Ohio	Department of Health " Grant	s Administration Policy and Procedures".	
c. The Ohio	Department of Health Solicita	tions and Subrecipient Program Application.	
d. The notice	e of award agreement includir	ng terms and conditions, if any, noted below in Section	n 13, Remarks.
13. Remarks:	Other terms and condition	ons attached.	
based on actual e When payment is for viewing and re conditions will be	expenditures and a cost reimburser sissued, specific information will be esponding to special conditions wit	BILITY OF FUNDS. In compliance with ODH Grants Administra ment basis. Your initial payment will be issued upon submissi e viewable through your GMIS acount's Payment link. A Speci hin GMIS. The 30-day time period, in which the subrecipient sequent payments will be withheld until satisfactory response satisfied is submitted in GMIS.	on of an expenditure report. al Conditions link is available must respond to special
subrecipient com federal or state fu stated in section	pliance with the terms and condition unds (whichever is applicable). OD 7 above. This Award, signed by th	on 6 above, funds as specified in section 9 above, subject to ar ons set forth in section 10, 11, 12, and 13 above. This award is 3H may terminate this grant in writing at any time prior to the ne Director of the Department of Health, is effective for the Bu is acknowledged by the subrecipient upon receipt and exper	s subject to the availability of end of the budget period as dget Period dates in section
	Lance Himes, Director of Health		
		DIRECTOR OF HEALTH	