1. DATE ISSUED:

08/23/2018

2. PROGRAM CFDA: 93.926

3. SUPERSEDES AWARD NOTICE dated: 06/08/2018

except that any additions or restrictions previously imposed remain in effect unless specifically rescinded

4a. AWARD NO.: 6 H49MC00028-17-05 4b. GRANT NO.:

[] Total project costs including grant funds and all other financial participation

5. FORMER GRANT

H49MC00028 NO.:

6. PROJECT PERIOD:

FROM: 06/01/2000 THROUGH: 03/31/2019

7. BUDGET PERIOD:

FROM: 11/01/2017 THROUGH: 10/31/2018

11.APPROVED BUDGET:(Excludes Direct Assistance)



NOTICE OF AWARD

AUTHORIZATION (Legislation/Regulation)

Public Health Service Act, Section 751

Public Health Service Act: Title III, Part D, Section 330H; 42 U.SC. 254c-8

Public Health Service Act, Title III, Part D, § 330H (42 U.S.C. 254c-8), as amended by the Healthy Start Reauthorization Act of 2007 (P.L. 110-339)

 8. TITLE OF PROJECT (OR PROGRAM): HEALTHY START INITIATIVE: ELIMINATING DISPARITIES IN PERINATAL HEALTH

9. GRANTEE NAME AND ADDRESS:

COLUMBUS HEALTH DEPARTMENT

240 Parsons Ave

Columbus, OH 43215-5331

[X] Grant Funds Only

a . Salaries and Wages :

c . Total Personnel Costs :

h . Construction/Alteration and Renovation :

p. INDIRECT COSTS (Rate: % of S&W/TADC):

j. Consortium/Contractual Costs:

k . Trainee Related Expenses :

Trainee Tuition and Fees:

o. TOTAL DIRECT COSTS:

ii. Federal Share:

I. Trainee Stipends:

n . Trainee Travel :

b . Fringe Benefits :

d . Consultant Costs :

e . Equipment :

f. Supplies:

g . Travel:

i. Other:

DUNS NUMBER:

932901762

10. DIRECTOR: (PROGRAM DIRECTOR/PRINCIPAL

INVESTIGATOR) Lindsay Ciavarelli

COLUMBUS HEALTH DEPARTMENT MailStop Code: 240 Parsons Avenue

Division Line: Maternal-Child Health Home Visiting

240 Parsons Ave

Columbus, OH 43215-5331

12. AWARD COMPUTATION FOR FINANCIAL ASSISTANCE:

a. Authorized Financial Assistance This Period \$1.192.946.00

b. Less Unobligated Balance from Prior Budget

Periods

\$496,195.00

\$244,726,00

\$740,921.00

\$33,644.00

\$30,583.00

\$5,204.00

\$382,594.00

\$0.00

\$0.00

\$0.00

\$0.00

\$0.00

\$0.00

\$0.00

\$0.00

\$0.00

\$1,192,946.00

\$1,192,946.00

\$1,192,946.00

\$53,786.00

i. Additional Authority

ii. Offset \$0.00

c. Unawarded Balance of Current Year's Funds \$0.00

d. Less Cumulative Prior Awards(s) This Budget

e. AMOUNT OF FINANCIAL ASSISTANCE THIS \$50,760.00

ACTION

13. RECOMMENDED FUTURE SUPPORT: (Subject to the

1	ivaliability of furius and satisfactory progress of project)					
	YEAR	TOTAL COSTS				
	18	\$450,000.00				

14. APPROVED DIRECT ASSISTANCE BUDGET: (In lieu of cash) a. Amount of Direct Assistance \$0.00

b. Less Unawarded Balance of Current Year's Funds \$0.00

c. Less Cumulative Prior Awards(s) This Budget Period

d. AMOUNT OF DIRECT ASSISTANCE THIS ACTION \$0.00

15. PROGRAM INCOME SUBJECT TO 45 CFR 75.307 SHALL BE USED IN ACCORD WITH ONE OF THE FOLLOWING ALTERNATIVES:

A=Addition B=Deduction C=Cost Sharing or Matching D=Other

[A]

\$0.00

\$1,088,400.00

Estimated Program Income: \$0.00

q . TOTAL APPROVED BUDGET :

i. Less Non-Federal Share:

16. THIS AWARD IS BASED ON AN APPLICATION SUBMITTED TO, AND AS APPROVED BY HRSA, IS ON THE ABOVE TITLED PROJECT AND IS SUBJECT TO THE TERMS AND CONDITIONS INCORPORATED EITHER DIRECTLY OR BY REFERENCE IN THE FOLLOWING:

a. The grant program legislation cited above, b. The grant program regulation cited above, c. This award notice including terms and conditions, if any, noted below under REMARKS, d. 45 CFR Part 75 as applicable. In the event there are conflicting or otherwise inconsistent policies applicable to the grant, the above order of precedence shall prevail. Acceptance of the grant terms and conditions is acknowledged by the grantee when funds are drawn or otherwise obtained from the grant payment system

REMARKS: (Other Terms and Conditions Attached [X]Yes []No)

Electronically signed by Tammy Ponton, Grants Management Officer on: 08/23/2018

40 CDC FIN. 124640022244 40 FUTURE RECOMMENDED FUNDING: \$0.00

17. OBJ. CLASS: 41.31	10. CR3-1	18. CRS-EIN. 1316400223AT 19. FOTORE RECOMMENDED FONDING: \$0.00				
FY-CAN	CFDA	DOCUMENT NO.	AMT. FIN. ASST.	AMT. DIR. ASST.	SUB PROGRAM CODE	SUB ACCOUNT CODE
18 - 3898020	93.926	15H49MC00028	\$50,760.00	\$0.00		15-HIS-ERED

Date Issued: 8/23/2018 2:35:24 PM Award Number: 6 H49MC00028-17-05

HRSA Electronic Handbooks (EHBs) Registration Requirements

The Project Director of the grant (listed on this NoA) and the Authorizing Official of the grantee organization are required to register (if not already registered) within HRSA's Electronic Handbooks (EHBs). Registration within HRSA EHBs is required only once for each user for each organization they represent. To complete the registration quickly and efficiently we recommend that you note the 10-digit grant number from box 4b of this NoA. After you have completed the initial registration steps (i.e., created an individual account and associated it with the correct grantee organization record), be sure to add this grant to your portfolio. This registration in HRSA EHBs is required for submission of noncompeting continuation applications. In addition, you can also use HRSA EHBs to perform other activities such as updating addresses, updating email addresses and submitting certain deliverables electronically. Visit

https://grants3.hrsa.gov/2010/WebEPSExternal/Interface/common/accesscontrol/login.aspx to use the system. Additional help is available online and/or from the HRSA Call Center at 877-Go4-HRSA/877-464-4772.

Terms and Conditions

Failure to comply with the remarks, terms, conditions, or reporting requirements may result in a draw down restriction being placed on your Payment Management System account or denial of future funding.

Grant Specific Term(s)

1. Due to the availability of funding, your award has been increased up to 94.93% of the requested budget amount. These funds have been proportionately allocated to the approved budget categories. Grant funds totaling 25% or more of the authorized total must receive prior approval before being reallocated.

All prior terms and conditions remain in effect unless specifically removed.

Contacts

NoA Email Address(es):

Name	Role	Email	
Lindsay Ciavarelli	Program Director	Imciavarelli@columbus.gov	

Note: NoA emailed to these address(es)

Program Contact:

For assistance on programmatic issues, please contact Ansley Marcellus at:

5600 Fishers Lane Rockville, MD, 20877-Email: amarcellus@hrsa.gov Phone: (301) 945-3077

Division of Grants Management Operations:

For assistance on grant administration issues, please contact Hazel N. Booker at:

HRSA/DGMO/MCHSB 5600 Fishers Lane RM 10W-57D Rockville, MD, 20857-0001

Email: nbooker@hrsa.gov Phone: (301) 443-4236 Fax: (301) 443-6686