Ohio Department of Health Notice of Award

246 North High Street, Columbus Oh, 43215

1. Date Issued: 9/8/2021	2. Program Title:	
3. Revision: Initial X	MATERNAL and CHILD HEALTH PROGRAM	
4. Project: 02520011MP0622	6. Project Director , Agency Name, Agency	Address
5. EIN: 316400223	Karen Gray-Medina	
7. Budget Period: 10/1/2021 to 9/30/2022	Columbus City Health Department	
	240 Parsons Avenue	
9 The OUIO DEDARTMENT OF HEALTH will pay	Columbus OH 43215-5331	
8. The OHIO DEPARTMENT OF HEALTH will pay	9. ODH Award computation for grant:	
100.00 % % 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:	\$66,000.00
	c. Total ODH funding (from 10-a):	\$66,000.00
10. Source of Financial Assistance:		
(a).ODH Funding: Source	Authorization Grant Funds	
3200	CFDA 93.994	\$17,030.00
GRF	Am. Sub H.B. 110	\$48,970.00
	Total ODH Funding:	\$66,000.00
(b.) The Ohio Department of Health authorizes Columbus City Health Department		
to expend the following funding sources at the stated percentage (%) of the total approved budget Funding sources:		
Total Subgrantee Funding Source	ces	
	Total Approved Budget	\$66,000.00
11. Program Income will be used in accordance with:		
Deductive Alternative: Used to reduce the amount budgeted for grant funds and applicant 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 or all of the cost sharing requirement and will reduce the amount of applicant share.		
Any Program Income generated in excess of 10b (Program Income) must be treated in accordance with the Deductive Alternative.		
12. This Award is subject to the terms and conditions incorporated directly in the following:		
a. The Program legislation cited in the Authorization Section above.		
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 conditions attached.		
GRANT AWARD IS CONTINGENT UPON THE AVAILABILITY OF FUNDS. In compliance with ODH Grants Administration Policy, payments are		
based on actual expenditures and a cost reimbursement basis. Your initial payment will be issued upon submission of an expenditure report. When payment is issued, specific information will be viewable through your GMIS acount's Payment link. A Special Conditions link is available for viewing and responding to special conditions within GMIS. The 30-day time period, in which the subrecipient must respond to special conditions will begin when the link is viewable. Subsequent payments will be withheld until satisfactory responses to the special conditions or a plan describing how those special conditions will be satisfied is submitted in GMIS.		
ODH hereby awards to subrecipient named in section 6 above, funds as specified in section 9 above, subject to and in consideration of the subrecipient compliance with the terms and conditions set forth in section 10, 11, 12, and 13 above. This award is subject to the availability of federal or state funds (whichever is applicable). ODH may terminate this grant in writing at any time prior to the end of the budget period as stated in section 7 above. This Award, signed by the Director of the Department of Health, is effective for the Budget Period dates in section 7 above. Acceptance of the grant items and conditions is acknowledged by the subrecipient upon receipt and expenditure of funds through the grant system.		
Bruce Vanderhoff, MD, MBA		
DIRECTOR OF HEALTH		