Ohio Department of Health Notice of Award

246 North High Street, Columbus Oh, 43215

1. Date Issued: 8/23/2021	2. Program Title:	
3. Revision: Initial X	WIC ADMINISTRATION	
4. Project: 02520011WA1522	6. Project Director , Agency Name, Agency	y Address
5. EIN: 316400223	Dawn Sweet	
7. Budget Period: 10/1/2021 to 9/30/2022	Columbus City Health Department	
	240 Parsons Avenue 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
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expenditures not to exceed line 9(c).	b. Amount of ODH funding this action:	\$6,383,504.00
	c. Total ODH funding (from 10-a):	\$6,383,504.00
10. Source of Financial Assistance:		
(a).ODH Funding: Source	Authorization Grant Funds	
3890	CFDA 10.557 Total ODH Funding:	\$6,383,504.00
	Total ODA Funding.	\$6,383,504.00
(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 Sources		
	Total Approved Budget	\$6,383,504.00
11. Program Income will be used in accor-	dance 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.		
based on actual expenditures and a cost reimbursement When payment is issued, specific information will be vie for viewing and responding to special conditions within	TY OF FUNDS. In compliance with ODH Grants Administratic trasis. Your initial payment will be issued upon submission wable through your GMIS acount's Payment link. A Special GMIS. The 30-day time period, in which the subrecipient mudent payments will be withheld until satisfactory responses to sfield is submitted in GMIS.	of an expenditure report. Conditions link is available ust respond to special
subrecipient compliance with the terms and conditions of federal or state funds (whichever is applicable). ODH m stated in section 7 above. This Award, signed by the Di	above, funds as specified in section 9 above, subject to and set forth in section 10, 11, 12, and 13 above. This award is s hay terminate this grant in writing at any time prior to the er rector of the Department of Health, is effective for the Budg acknowledged by the subrecipient upon receipt and expendi	ubject to the availability of nd of the budget period as et Period dates in section 7
Bruce Vanderhoff, MD, MBA		
DIRECTOR OF HEALTH		