

SUBGRANTEE AWARD APPROVAL NOTICE

Initial Submission	X
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To: Director of Health		DIRECTORS APPROVAL
From: Karen Hughes	Chief - Family	34392

Total Applicants Considered:	9	Program Title: HMG HOSPITAL BASED REGIONAL CHILD FIND
Number of Projects Awarded:	9	Grant Year: 2009 Award Period: 10/1/2008 thru 9/30/2009

APPLICANTS TO BE FUNDED:						
COUNTY	CITY	PROJECT	AGENCY NAME	AMOUNT	ADJUSTMENT	AWARDED
Cuyahoga	Cleveland	01830011HB0209	MetroHealth Medical Center	\$58,067.00	\$0.00	\$58,067.00
Cuyahoga	Cleveland	01830021HB0209	University Hospitals of Cleveland	\$62,134.81	\$2.19	\$62,137.00
Cuyahoga	Cleveland	01830031HB0209	Cleveland Clinic	\$53,275.00	(\$18,025.00)	\$35,250.00
Franklin	Columbus	02530011HB0209	Nationwide Children's Hospital	\$105,238.00	\$0.00	\$105,238.00
Hamilton	Cincinnati	03130011HB0209	Cincinnati Children's Hospital Medical Center	\$80,000.00	\$54.00	\$80,054.00
Lucas	Toledo	04830021HB0209	Toledo Hospital	\$32,000.00	\$0.00	\$32,000.00
Lucas	Toledo	04840011HB0209	The University of Toledo-Health Science Campus	\$32,000.00	\$0.00	\$32,000.00
Montgomery	Dayton	05730011HB0209	Children's Medical Center - Dayton	\$55,160.00	\$0.00	\$55,160.00
Summit	Akron	07730011HB0209	Children's Hospital Medical Center - Akron	\$80,094.00	\$0.00	\$80,094.00
			TOTAL AWARDS			\$540,000.00

SOURCE OF FUNDS SUPPORTING GRANT:	
FUND	DESCRIPTION
3920	Federal Public Health Programs

OVERALL ACTIVITIES COVERED BY FUNDS SOURCE:

Grant dollars fund Regional Child Find Specialists in Children's Hospitals and Maternity Hospitals with Level III newborn care services to identify infants and toddlers who are eligible for Help Me Grow (HMG) services and to assist their families in obtaining the information, support and services necessary to assure continuity in transition from hospital specialty care areas to home and community-based Help Me Grow services. The RCFS also provide outreach education and public awareness about HMG and the availability of Part C early intervention services for physicians, therapists and other medical professionals in hospitals and for service providers in surrounding communities.

REVIEW CRITERIA USED FOR SELECTION:

All proposals will be judged on the quality, clarity and completeness of the application. Applications will be judged according to the extent to which the proposal meets the criteria on the Review Summary Form that is Appendix 1.

REVIEW PROCESS:	Display Name
Internal	Caroleen Ferriman

COUNTY	CITY	PROJECT	AGENCY NAME	AMOUNT	ADJUSTMENT	AWARDED
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REMARKS:

