

SUBGRANTEE AWARD APPROVAL NOTICE

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| Initial Submission | X |
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| To: Director of Health | | DIRECTORS APPROVAL |
| From: Karen Hughes | Chief - Family | 32693 |

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|-------------------------------------|---|---|
| Total Applicants Considered: | 6 | Program Title: SICKLE CELL |
| Number of Projects Awarded: | 6 | Grant Year: 2009 Award Period: 7/1/2008 thru 6/30/2009 |

| APPLICANTS TO BE FUNDED: | | | | | | |
|--------------------------|------------|----------------|--|--------------|------------|---------------------|
| COUNTY | CITY | PROJECT | AGENCY NAME | AMOUNT | ADJUSTMENT | AWARDED |
| Cuyahoga | Cleveland | 01860061SK0209 | American Sickle Cell Anemia Association | \$197,025.00 | \$0.00 | \$197,025.00 |
| Franklin | Columbus | 02530011SK0209 | Nationwide Children's Hospital | \$149,171.00 | \$0.00 | \$149,171.00 |
| Hamilton | Cincinnati | 03130011SK0209 | Cincinnati Children's Hospital Medical Center | \$117,363.00 | \$0.00 | \$117,363.00 |
| Lucas | Toledo | 04860021SK0209 | Neighborhood Health Association of Toledo, Inc | \$53,037.00 | \$0.00 | \$53,037.00 |
| Montgomery | Dayton | 05730011SK0209 | Children's Medical Center - Dayton | \$85,058.00 | \$0.00 | \$85,058.00 |
| Summit | Akron | 07730011SK0209 | Children's Hospital Medical Center - Akron | \$108,346.00 | \$0.00 | \$108,346.00 |
| | | | TOTAL AWARDS | | | \$710,000.00 |

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|-----------------------------------|-----------------------------|
| SOURCE OF FUNDS SUPPORTING GRANT: | |
| FUND | DESCRIPTION |
| 4F9 | Sickel Cell Disease Control |

OVERALL ACTIVITIES COVERED BY FUNDS SOURCE:

Activities under the Direct Service Initiative ensure and enhance the availability and accessibility of quality, comprehensive services to newborns, children and adults identified with, or at-risk for sickle cell disease, sickle cell trait and related hemoglobin disorders.

For SFY2009, these activities will be accomplished through the following goals: 1) Promote the early identification of children and adults with sickle cell disease and related hemoglobin disorders and facilitate their integration into systems of service and care (which include treatment interventions) that are accessible, continuous, comprehensive, family-centered, coordinated and culturally sensitive; 2) Increase the awareness, knowledge and skill level of Ohio's health care professionals and providers about the special health care needs and services related to sickle cell disease and other hemoglobin disorders through the promoted use of education, training and outreach; and 3) Expand public and community awareness and access to information on sickle cell disorders and related programs/services with special emphasis on meeting the needs and culture of unserved and/or under-served at-risk population groups.

Applicants must support and address these stated goals of the Direct Service Initiative.

REVIEW CRITERIA USED FOR SELECTION:

Review criteria and determination of grant awards include: 1) being a qualified applicant (as defined in the SFY2008 Competitive Grant Application Summary and Guidance); 2) demonstrated capability, experience and expertise in the provision of regional sickle cell services; 3) extent to which programmatic activities address the ODH Sickle Cell Services Program Standards and Criteria; 4) applicant compliance with ODH GAPP guidelines; 5) total amount of grant funds available; and 6) funding request justification.

| REVIEW PROCESS: | Display Name |
|-----------------|--------------|
| Internal | Cheryl Jones |
| Internal | Anna Starr |

| APPLICANTS DENIED: | | | | | | |
|--------------------|------|---------|-------------|--------|------------|---------|
| COUNTY | CITY | PROJECT | AGENCY NAME | AMOUNT | ADJUSTMENT | AWARDED |

REMARKS:

