

SUBGRANTEE AWARD APPROVAL NOTICE

Initial Submission	X
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To: Director of Health		DIRECTORS APPROVAL
From: Karen Hughes	Chief - Family	34143

Total Applicants Considered:	1	Program Title: SIDS
Number of Projects Awarded:	1 Grant Year:	2009 Award Period: 10/1/2008 thru 9/30/2009

APPLICANTS TO BE FUNDED:						
COUNTY	CITY	PROJECT	AGENCY NAME	AMOUNT	ADJUSTMENT	AWARDED
Summit	Cuyahoga Falls	07760051SI0209	Sudden Infant Death Network of Ohio	\$65,000.00	\$0.00	\$65,000.00
			TOTAL AWARDS			\$65,000.00

SOURCE OF FUNDS SUPPORTING GRANT:	
FUND	DESCRIPTION
320	Maternal Child Health Block Grant

OVERALL ACTIVITIES COVERED BY FUNDS SOURCE:

The SIDS Program is designed to meet the mandates of ORC 313.121 and OAC 3701-5-14 regarding the reporting of sudden, unexpected infant deaths; the provision of bereavement support; and expert consultation. The goals are: Monitor and assure that coroners are compliant with ORC 313.121; assure that parents are offered counseling and supportive services in compliance with ORC 313.121; serve as a state expert on SIDS.

REVIEW CRITERIA USED FOR SELECTION:

1. Contributes to the well-being of grieving Ohio families; 2. Is responsive to the goals and objectives for which grant funds are being made available; 3. Is well executed and capable of attaining the program objectives; 4. Describes specific objectives, activities, milestones and outcomes with respect to time-lines and resources; 5. Estimates reasonable cost to ODH; 6. Demonstrates that personnel are well qualified for their roles; 7. Provides an evaluation plan, including a design for determining program success; 8. Is responsive to program priorities specified in the RFP; and 9. Demonstrates acceptable past performance.

REVIEW PROCESS:	Display Name
Internal	Merrily Wholf
Internal	Amy Davis

APPLICANTS DENIED:						
COUNTY	CITY	PROJECT	AGENCY NAME	AMOUNT	ADJUSTMENT	AWARDED

REMARKS:

