

SUBGRANTEE AWARD APPROVAL NOTICE

Initial Submission	X
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To: Director of Health		DIRECTORS APPROVAL
From: Karen Hughes	Chief - Family	38454

Total Applicants Considered:	6	Program Title: SICKLE CELL
Number of Projects Awarded:	6 Grant Year: 2010	Award Period: 7/1/2009 thru 6/30/2010

APPLICANTS TO BE FUNDED:						
COUNTY	CITY	PROJECT	AGENCY NAME	AMOUNT	ADJUSTMENT	AWARDED
Cuyahoga	Cleveland	01860061SK0310	American Sickle Cell Anemia Association	\$197,025.00	\$0.00	\$197,025.00
Franklin	Columbus	02530011SK0310	Nationwide Children's Hospital	\$149,171.00	\$0.00	\$149,171.00
Hamilton	Cincinnati	03130011SK0310	Cincinnati Children's Hospital Medical Center	\$117,363.00	\$0.00	\$117,363.00
Lucas	Toledo	04860021SK0310	Neighborhood Health Association of Toledo, Inc	\$53,037.00	\$0.00	\$53,037.00
Montgomery	Dayton	05730011SK0310	Children's Medical Center - Dayton	\$85,058.00	\$0.00	\$85,058.00
Summit	Akron	07730011SK0310	Children's Hospital Medical Center - Akron	\$108,346.00	\$0.00	\$108,346.00
			TOTAL AWARDS			\$710,000.00

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 SFY2010, 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:
Fund 4F9
Reporting 61K

