

SUBGRANTEE AWARD APPROVAL NOTICE

Initial Submission	X
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To: Director of Health		DIRECTORS APPROVAL
From: Karen Hughes	Chief - Family	38453

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

APPLICANTS TO BE FUNDED:						
COUNTY	CITY	PROJECT	AGENCY NAME	AMOUNT	ADJUSTMENT	AWARDED
Franklin	Columbus	02560091SS0310	Ohio Sickle Cell and Health Association	\$90,000.00	\$0.00	\$90,000.00
TOTAL AWARDS						\$90,000.00

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

OVERALL ACTIVITIES COVERED BY FUNDS SOURCE:

Activities under the Statewide Family Support Initiative support the provision of statewide family education, advocacy and supportive interventions to individuals and/or families at risk or affected by sickle cell disease, sickle cell trait and related hemoglobin disorders and the professionals who serve them.

For SFY 2010, these activities will be accomplished through the following goals: 1) To increase the visibility of sickle cell projects and services in Ohio through implementation of public and professional education and awareness activities; 2) To increase the knowledge and support of Ohio's individuals and families at-risk and/or affected by sickle cell disease and related hemoglobin disorders; and 3) To promote national, statewide and regional collaboration of groups, programs and organizations that provide information, services and linkages to Ohio's at-risk or affected individuals and families.

Applicant must support and address these stated goals of the Statewide Family Support 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 statewide sickle cell services; 3) extent to which applicant addresses the Statewide Family Support Initiative goals; 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:

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