

## SUBGRANTEE AWARD APPROVAL NOTICE

Initial Submission	X
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To: **Director of Health**  
 From: Steve Muskopf

<b>DIRECTORS APPROVAL</b>
39583

<b>Total Applicants Considered:</b>	7	Program Title: TOBACCO COMMUNITY PREVENTION AND HIGH NEED POPULATION
<b>Number of Projects Awarded:</b>	6 Grant Year: 2010	Award Period: 8/1/2009 thru 3/29/2010

APPLICANTS TO BE FUNDED:						
COUNTY	CITY	PROJECT	AGENCY NAME	AMOUNT	ADJUSTMENT	AWARDED
Belmont	St. Clairsville	00710014TC0110	Belmont County General Health District	\$37,500.00	\$0.00	\$37,500.00
Carroll	Carrollton	01010014TC0110	Carroll County Health Department	\$37,000.00	\$0.00	\$37,000.00
Monroe	Woodsfield	05610014TC0110	Monroe County Health Department	\$32,646.00	\$0.00	\$32,646.00
Muskingum	Zanesville	06010014TC0110	Zanesville-Muskingum County Health Department	\$50,000.00	\$0.00	\$50,000.00
Perry	New Lexington	06410014TC0110	Perry County General Health District	\$50,000.00	\$0.00	\$50,000.00
Washington	Marietta	08430014TC0110	Selby General Hospital	\$50,000.00	\$0.00	\$50,000.00
<b>TOTAL AWARDS</b>						<b>\$257,146.00</b>

<b>SOURCE OF FUNDS SUPPORTING GRANT:</b>	
<b>FUND</b>	<b>DESCRIPTION</b>
3920	Federal Public Health Programs

<b>OVERALL ACTIVITIES COVERED BY FUNDS SOURCE:</b>
<p>To increase the number of communities implementing laws requiring licenses to sell tobacco products. (See attachments for model policy)</p> <p>To increase the number of school districts with 100% tobacco-free school campus policies, including policies that include off-campus event</p> <p>To increase the number families with smoke-free policies for their homes and vehicles to reduce children's exposure to secondhand smoke.</p> <p>To increase the number of primary care physicians that use the 5 A's or 2 A's and an R (referral to the Ohio Quit Line or certified cessation program in their area).</p> <p>To increase the number of worksites that provide cessation coverage or on-site cessation services, including Nicotine Replacement Therapy to employees.</p> <p>Other objectives with the approval of the ODH program.</p>



**REVIEW CRITERIA USED FOR SELECTION:**

Contributes to the advancement and/or improvement of the health of Ohioans;  
 Responsive to policy concerns and program objectives of the initiative/program/ activity for which grant dollars are being made available;  
 Is well executed and is capable of attaining program objectives;  
 Describes specific objectives, activities, milestones and outcomes with respect to time-lines and resources;  
 Estimates reasonable cost to the Ohio Department of Health, considering the anticipated results;  
 Indicates that program personnel are well qualified by training and/or experience for their roles in the program and the applicant organization has adequate facilities and personnel;  
 Provides an evaluation plan, including a design for determining program success;  
 Responsive to the special concerns and program priorities specified in the request for proposal; and,  
 Has demonstrated acceptable past performance in areas related to programmatic and financial stewardship of grant funds.  
 Has demonstrated compliance to GAPP, Chapter 100 at <http://www.odh.ohio.gov/pdf/GAPManual/GAPPCHP100.pdf> .

REVIEW PROCESS:	Display Name
Internal	Angela Abenaim
Internal	Christy Beeghly
Internal	Deb Seltzer
Internal	Jan Stine
Internal	Mari-jean Siehl
Internal	Shannon Cole

APPLICANTS DENIED:						
COUNTY	CITY	PROJECT	AGENCY NAME	AMOUNT	ADJUSTMENT	AWARDED
Guernsey	Cambridge	03010014TC0110	Cambridge-Guernsey County Health Department			

**REMARKS:**  
 Other reviewers included Katherine Graham, Nancy Patton, and Stacy Lender.

