

## SUBGRANTEE AWARD APPROVAL NOTICE

Initial Submission	X
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To: <b>Director of Health</b>		<b>DIRECTORS APPROVAL</b>
From: Karen Hughes	Chief - Family	43861

<b>Total Applicants Considered:</b>	6	Program Title: SICKLE CELL
<b>Number of Projects Awarded:</b>	6 Grant Year: 2011	Award Period: 7/1/2010 thru 6/30/2011

APPLICANTS TO BE FUNDED:						
COUNTY	CITY	PROJECT	AGENCY NAME	AMOUNT	ADJUSTMENT	AWARDED
Cuyahoga	Cleveland	01860061SK0411	American Sickle Cell Anemia Association	\$197,025.00	\$0.00	\$197,025.00
Franklin	Columbus	02530011SK0411	Nationwide Children's Hospital	\$149,171.00	\$0.00	\$149,171.00
Hamilton	Cincinnati	03130011SK0411	Cincinnati Children's Hospital Medical Center	\$117,363.00	\$0.00	\$117,363.00
Lucas	Toledo	04860021SK0411	Neighborhood Health Association of Toledo, Inc	\$53,037.00	\$0.00	\$53,037.00
Montgomery	Dayton	05730011SK0411	Children's Medical Center - Dayton	\$85,058.00	\$0.00	\$85,058.00
Summit	Akron	07730011SK0411	Children's Hospital Medical Center - Akron	\$108,370.52	\$0.00	\$108,370.52
			<b>TOTAL AWARDS</b>			<b>\$710,024.52</b>

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

**OVERALL ACTIVITIES COVERED BY FUNDS SOURCE:**

Promote the early identification of children and adults with sickle cell disease and other 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. 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 research. Expand public and community awareness and access to information on sickle cell disease and other hemoglobin disorders and related programs/services with special emphasis on meeting the needs and culture of unserved and/or under-served at risk populations.

**REVIEW CRITERIA USED FOR SELECTION:**

These continuation proposals were reviewed based on criteria and specifications outlined in the Request for Proposals.

REVIEW PROCESS:	Display Name
Internal	Anna Starr



APPLICANTS DENIED:						
COUNTY	CITY	PROJECT	AGENCY NAME	AMOUNT	ADJUSTMENT	AWARDED

REMARKS:

