

## SUBGRANTEE AWARD APPROVAL NOTICE

Initial Submission	X
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To: Director of Health		<b>DIRECTORS APPROVAL</b>
From: Karen Hughes	Chief - Family	50315

<b>Total Applicants Considered:</b>	2		Program Title: BLACK LUNG
<b>Number of Projects Awarded:</b>	2	Grant Year: 2012	Award Period: 7/1/2011 thru 6/30/2012

APPLICANTS TO BE FUNDED:						
COUNTY	CITY	PROJECT	AGENCY NAME	AMOUNT	ADJUSTMENT	AWARDED
Belmont	Martins Ferry	00730011BL0512	East Ohio Regional Hospital	\$255,215.00	\$0.00	\$255,215.00
Muskingum	Zanesville	06030011BL0512	Genesis Health Care System	\$255,215.00	\$0.00	\$255,215.00
<b>TOTAL AWARDS</b>						<b>\$510,430.00</b>

SOURCE OF FUNDS SUPPORTING GRANT:	
FUND	DESCRIPTION

OVERALL ACTIVITIES COVERED BY FUNDS SOURCE:
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REVIEW CRITERIA USED FOR SELECTION:
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REVIEW PROCESS:	Display Name
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APPLICANTS DENIED:						
COUNTY	CITY	PROJECT	AGENCY NAME	AMOUNT	ADJUSTMENT	AWARDED

REMARKS:
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