

SUBGRANTEE AWARD APPROVAL NOTICE

Initial Submission	X
--------------------	---

To: Director of Health		DIRECTORS APPROVAL
From: Karen Hughes	Chief - Family	50526

Total Applicants Considered:	1		Program Title: SICKLE CELL STATEWIDE FAMILY SUPPORT
Number of Projects Awarded:	1	Grant Year: 2012	Award Period: 7/1/2011 thru 6/30/2012

APPLICANTS TO BE FUNDED:						
COUNTY	CITY	PROJECT	AGENCY NAME	AMOUNT	ADJUSTMENT	AWARDED
Franklin	Columbus	02560091SS0512	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
4F90	Sickle Cell Disease Control

OVERALL ACTIVITIES COVERED BY FUNDS SOURCE:

Activities under the Sickle Cell Statewide Family Support Initiative support the provision of statewide training, education, advocacy and support/empowerment resources to individuals and families at risk or affected by sickle cell disease, sickle cell trait and other hemoglobinopathies and the professionals who serve them. Support of clinical services is not a funding priority for this grant initiative.

For SFY 2012, 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 statewide public and professional education and awareness activities;
- 2) To increase the knowledge and support of Ohio individuals and families at risk or affected by sickle cell disease, sickle cell trait and other hemoglobinopathies;
- 3) To promote national, statewide and regional collaboration of groups, programs and organizations that provide information, services and linkages to Ohio individuals and families related to sickle cell disease and other hemoglobinopathies; and
- 4) To increase the number of ODH-funded grant programs that integrate cultural and linguistic competence elements into their policies, guidelines, contracts and training.

Applicant must support and address these stated goals of the Sickle Cell Statewide Family Support Initiative.

REVIEW CRITERIA USED FOR SELECTION:

Review criteria and determination of grant awards include the following requirements: 1) being a qualified applicant (as defined in the SFY 2012 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 goals of the Statewide Family Support Initiative; 4) applicant compliance with Request for Proposal (RFP) and ODH GAPP guidelines; 5) total amount of grant funds available; and 6) funding request justification.

Applicant responses to the RFP, which are determined to be complete and in compliance with these requirements, are reviewed in accordance with the Point Values contained on the Application Summary Review Form.

REVIEW PROCESS:	Display Name
Internal	Cheryl Jones
Internal	Anna Starr

APPLICANTS DENIED:						
COUNTY	CITY	PROJECT	AGENCY NAME	AMOUNT	ADJUSTMENT	AWARDED

REMARKS:

