

Electronic Handbooks

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» **SF-424 - Part 1**

▶ 216331: PUBLIC HEALTH, ALABAMA DEPARTMENT OF

Due Date: 7/31/2023 11:59:00 PM (Due in: 0 days) | Section Status: Complete

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- Action History
- Funding Opportunity Announcement
- FOA Guidance
- Application User Guide

- ✔ SF-424 - Part 1
- ✔ SF-424 - Part 2

Fields with are required

Applicant Information	
Applicant Identifier	<input type="text" value="216331"/>
Legal Name	PUBLIC HEALTH, ALABAMA DEPARTMENT OF
CRS Entity Identification Number (e.g. 1-53-2079819-A-2)	<input type="text" value="1-63-6000619-B-6"/>
Employer Identification Number (e.g. 53-2079819)	<input type="text" value="63-6000619"/>
Organizational UEI	WDVJK7FUB8A6
Mailing Address (Required)	
Address Type	<input checked="" type="radio"/> Domestic Address <input type="radio"/> International Address <input type="button" value="Refresh"/>
Specify Domestic Address (Street Address or PO Box Only or Rural Route)	
<input checked="" type="radio"/> Address	Street Number <input type="text" value="201"/> Street Name <input type="text" value="Monroe St."/> Select One <input type="text" value="STE"/> Number <input type="text" value="1350"/>
<input type="radio"/> PO Box Only	Number <input type="text"/>
<input type="radio"/> Rural Route	Type <input type="text" value="Select Route"/> Number <input type="text"/> Box <input type="text"/>
City	<input type="text" value="MONTGOMERY"/> (Required if Zip is not specified)
Urbanization	<input type="text"/> (Used only for Puerto Rico(PR))
State	<input type="text" value="AL"/> (Required if City is specified)
Zip Code (Lookup ↗)	<input type="text" value="36104"/> - <input type="text" value="3773"/> (Required if City is not specified)
Organizational Unit	
Department Name	<input type="text" value="Alabama Department of Public H"/>
Division Name	<input type="text" value="Bureau of Family Health Service"/>
Type of Applicant i	
Applicant Type 1	A: State Government
Applicant Type 2	Select Applicant Type
Applicant Type 3	Select Applicant Type
If "Other" then specify:	<input type="text"/>

Person to be contacted on matters involving this application				
Title of Position	Name	Phone	Email	Options
	Tommy Johnson	(334) 206-5388	tommyjohnson@adnh.state.al.us	Change ▼

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Product: EHBs

Last Login: 07/31/23 3:21:12 PM ET

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SF-424 - Part 2

▶ 216331: PUBLIC HEALTH, ALABAMA DEPARTMENT OF

Due Date: 7/31/2023 11:59:00 PM (Due in: 0 days) | Section Status: Complete

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- ✔ SF-424 - Part 1
- ✔ SF-424 - Part 2

Fields with are required

Areas Affected by Project (Cities, Counties, States, etc.) (Maximum 1)

Attach File

No documents attached

Descriptive Title of Applicant's Project: Maternal and Child Health Services

Project Description (Maximum 1)

Attach File

No documents attached

Project Abstract

Approximately 2 pages (Max 4000 Characters with spaces).

Project Abstract

Congressional Districts

Applicant: AL-02

Program/Project: AL-All Districts

Additional Congressional District (Maximum 1)

Attach File

No documents attached

Proposed Project Period

Start Date: 10/1/2023

End Date: 9/30/2025

Estimated Funding

Federal (This amount is populated from Budget Section A - Total Federal New or Revised Budget.) \$11,684,723.00

Applicant (This amount is populated from Budget Section C - Non Federal Resources.) \$0.00

State (This amount is populated from Budget Section C - Non Federal Resources.) \$37,841,184.00

Local (This amount is populated from Budget Section C - Non Federal Resources.)	\$0.00
Other (This amount is populated from Budget Section C - Non Federal Resources.)	\$1,577,948.00
Program Income (This amount is populated from Budget Section C - Non Federal Resources.)	\$33,881,586.00
Total	\$84,985,441.00

State Executive Order 12372 Process

Is Application Subject to Review by State Executive Order 12372 Process?
(List of participating states)

- This application was made available to the State under the Executive Order 12372 Process for review on
- Program is subject to E.O. 12372 but has not been selected by the State for review.
- Program is not covered by E.O. 12372.

Is Applicant Delinquent of any Federal Debt?

Yes No

If "Yes", attach an explanation

▼ **Federal debt delinquency explanation**
(Maximum 1)

Attach File

No documents attached

Authorized Representative

Title of Position	Name	Phone	Email	Options
	Tommy Johnson	(334) 206-5398	tommy.johnson@adph.state.al.us	Change ▼

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