

To enhance security and meet federal compliance standards, HRSA will soon require identity verification to access the EHBs for all Applicants/Grant Recipients, Service Providers, Technical Analysts, and Consultants – through Login.gov or ID.me. Please stay tuned for further communications with specific instructions and timelines.

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SF-424 - Part 1

▶ 240821: ALABAMA DEPARTMENT OF HEALTH

Due Date: 7/28/2025 11:59:00 PM (Due in: 3 days) | Section Status: Complete

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✔ SF-424 - Part 1

✔ SF-424 - Part 2

Fields with are required

Applicant Information

Applicant Identifier

Legal Name

ALABAMA DEPARTMENT OF HEALTH

CRS Entity Identification Number (e.g. 1-53-2079819-A-2)

1-63-6000619-B-6

Employer Identification Number (e.g. 53-2079819)

63-6000619

Organizational UEI

WDVJK7FUB8A6

Mailing Address (Required)

Address Type

☒ Domestic Address

☐ International Address

Refresh

Specify Domestic Address (Street Address or PO Box Only or Rural Route)

☒ Address

Street Number

Select One

▼

Street Name

P O BOX 303017 Bureau of Financial S

Number

☐ PO Box Only

Number

☐ Rural Route

Type

Select Route

▼

Number

Box

City

MONTGOMERY

(Required if Zip is not specified)

Urbanization

(Used only for Puerto Rico(PR))

State

AL

▼

(Required if City is specified)

Zip Code ([Lookup](#))

36130

-

3017

(Required if City is not specified)

Organizational Unit

Department Name

Division Name

Type of Applicant

Applicant Type 1

A: State Government

Applicant Type 2

Select Applicant Type

Applicant Type 3

Select Applicant Type

If "Other" then specify:

https://grants.hrsa.gov/2010/Web2External/Interface/Common/CompetingApplications/SF424/SF424Part1.aspx?ApplicationId=2adeaff0-1b87-4d40-a3...

1/2

Save Save and Continue

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SF-424 - Part 2

▶ 240821: ALABAMA DEPARTMENT OF HEALTH

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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

Project Abstract

Approximately 2 pages (Max 4000 Characters with spaces).

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 10/1/2025

End Date 9/30/2027

Estimated Funding

Federal
(This amount is populated from Budget Section A - Total Federal New or Revised Budget.) \$12,021,137.00

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.)	\$49,195,177.00
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.)	\$1,536,572.00
Program Income (This amount is populated from Budget Section C - Non Federal Resources.)	\$38,279,659.00
Total	\$101,032,545.00

State Executive Order 12372 Process

<p>Is Application Subject to Review by State Executive Order 12372 Process?</p> <p>(List of participating states)</p>	<p> <input type="radio"/> This application was made available to the State under the Executive Order 12372 Process for review on <input type="text"/> </p> <p> <input type="radio"/> Program is subject to E.O. 12372 but has not been selected by the State for review. </p> <p> <input checked="" type="radio"/> Program is not covered by E.O. 12372. </p>
<p>Is Applicant Delinquent of any Federal Debt?</p>	<p> <input type="radio"/> Yes <input checked="" type="radio"/> No </p> <p>If "Yes", attach an explanation</p> <div> <div> <p>▼ Federal debt delinquency explanation</p> <p>(Maximum 1)</p> </div> <div> <p>Attach File</p> </div> </div> <p>No documents attached</p>

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

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