

To be completed by State Office – Date Received: _____

Aid to Local Grant Application Signature Page
Kansas Department of Health and Environment

Grant Period: July 1, 2019 – June 30, 2020

1000 SW Jackson, Suite 340
Topeka, KS 66612-1365

This form, complete with signatures, is required to complete your Aid to Local application package.

Send this page as an attachment to: kdhe.atl@ks.gov.

All applications due March 15, 2019.

NAME OF ORGANIZATION:

Sedgwick County Division of Health

STREET ADDRESS:

1900 E 9th St. North, Wichita, Kansas 67214

NAME OF DIRECTOR:

Adrienne Byrne, Health Director

PRIMARY CONTACT:

Lucretia Burch, Finance Manager

TELEPHONE OF PRIMARY CONTACT:

(316) 660-7354

Signatures:

x Adrienne Byrne 2-28-19

Adrienne Byrne, Director
Division of Health

Date

x

David T. Dennis, Chairman
Sedgwick County Board of
County Commissioners

Date

ATTESTED TO:

Kelly B. Arnold, County Clerk

Date

Child Care Licensing Program	-
Chronic Disease Risk Reduction (CDRR)	-
Community-Based Primary Care Clinic	-
CRI Public Health Preparedness	-
DISEASE INTERVENTION	\$208,160
FAMILY PLANNING	\$319,607
HIV Prevention Program - Community	-
IMMUNIZATION ACTION PLAN	\$86,464
MATERNAL & CHILD HEALTH	\$644,688
Pregnancy Maintenance Initiative (PMI)	-
PUBLIC HEALTH EMERGENCY PREPAREDNESS (PHEP)	\$318,520
Regional PHEP (RPHEP)	-
Ryan White	-
Special Health Care Needs (SHCDN)	-
STATE FORMULA	\$347,303
Teen Pregnancy Targeted Case Management	-
	-
TOTAL FUNDS REQUESTED:	\$1,924,742

Match Information Only:

Family Planning Required Match	\$127,843
MCH Required Match	\$257,875

Total Required Match Funding: \$385,718

Combined Total: \$2,310,460.00

APPROVED AS TO FORM:

Michael L. Fessinger
Michael L. Fessinger, Assistant County Counselor

2/27/19
Date