

**KANSAS DEPARTMENT OF HEALTH AND ENVIRONMENT  
NOTICE OF GRANT AWARD AMOUNT & SUMMARY OF PROGRAM OBJECTIVES**

**PROGRAM NAME:** Immunization Action Plan (#34)

**LOCAL AGENCY NAME:** Sedgwick County Health Department

**PROGRAM PERIOD:** July 1, 2024 - June 30, 2025

**AMOUNT THIS PERIOD:** \$ 90,757

*This document is incorporated by reference into Contract Attachment No. 34. Acceptance of the first payment constitutes Local Agency's agreement to the amount of the grant, the program objectives set out below, and the terms of Contract Attachment No. 34. In addition to the general program provisions and objectives set forth in Contract Attachment No. 34, Local Agency agrees to the following Fiscal Year/Local Agency-specific requirements:*

**Grantee is responsible for all applicable state and federal requirements and agrees to submit the following to KDHE:**

**Reporting**

**Financial Status Report QUARTERLY**

**(Due October 15, 2024; January 15, 2025; April 15, 2025; and July 15, 2025)**

Submit the Financial Status Report to the State Agency in the Kansas Grants Management System (KGMS). Financial Status Reports reflecting appropriate expenditure of funds utilized for the activities per the budget.

**Progress Report BI-ANNUALLY**

**(Due January 15, 2025 and July 15, 2025)**

Submit the progress report to the State Agency in the Kansas Grants Management System (KGMS) to ensure achievement towards or maintenance of the objectives that the LHD requested funding for in this contractual period.

IAP Reporting Schedule SFY 2025			
Quarters	Grant Reporting Period	Due Date	Form Due
1	7/1 to 9/30	October 15	Financial Status Reports
2	10/1 to 12/31	January 15	Financial Status Reports
1 and 2	7/1 to 12/31	January 15	Mid-Year Progress Report
3	1/1 to 3/31	April 15	Financial Status Reports
4	4/1 to 6/30	July 15	Financial Status Reports
3 and 4	1/1 to 6/30	July 15	Year-End Progress Report

June 18, 2024