
Grants & Funding Management System (GFMS):

Grant Applications

ODADAS & ODMH Consolidation

BACKGROUND

In July 2013, the former ODADAS and ODMH consolidated to form one state agency:

**Ohio Department of Mental Health &
Addiction Services
OhioMHAS**

POPS, OLGA & Community Funding

- ODADAS and ODMH historically used several web applications or paper processes for awarding funds to Boards and providers (e.g., OLGA, POPS, Community Funding Database)
- Post-consolidation, OhioMHAS saw the opportunity to create an integrated web application for the combined agency: **GFMS**

SFY 2017 GIFA and Allocation Guidelines

The SFY 2017 Grant Information for Applicants (GIFA) and Allocation Guidelines information is posted on the OhioMHAS website at:

<http://mha.ohio.gov/Default.aspx?tabid=147>

and

<http://mha.ohio.gov/Default.aspx?tabid=500>



OhioMHAS Project Lead Contact Information

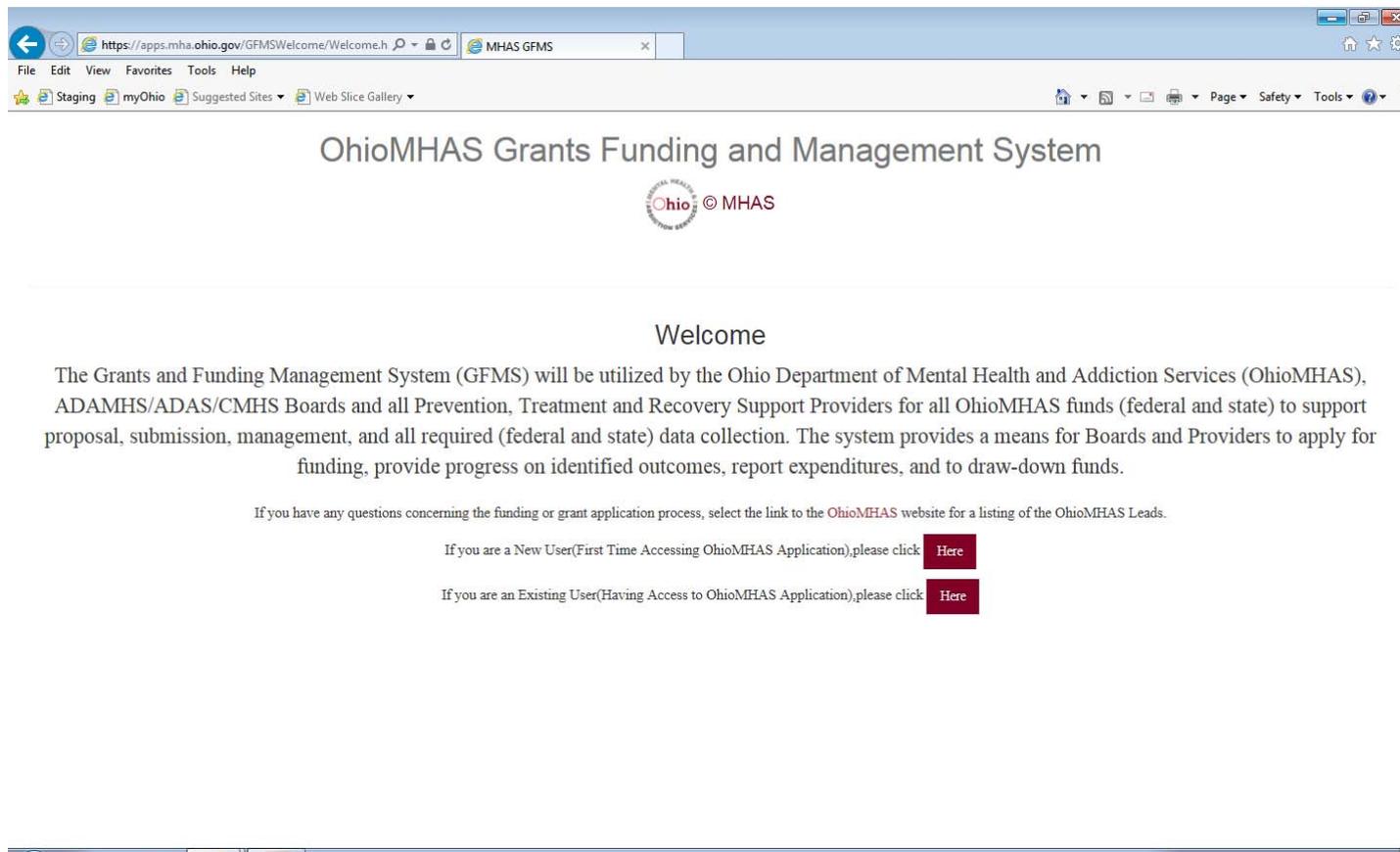
If you have questions about your grant or the application process, please contact your OhioMHAS Project Lead. In most cases this will be the primary person you have worked with in previous years.

Additional funding and Project Lead contact information is posted on the OhioMHAS website at: <http://mha.ohio.gov/Default.aspx?tabid=500>

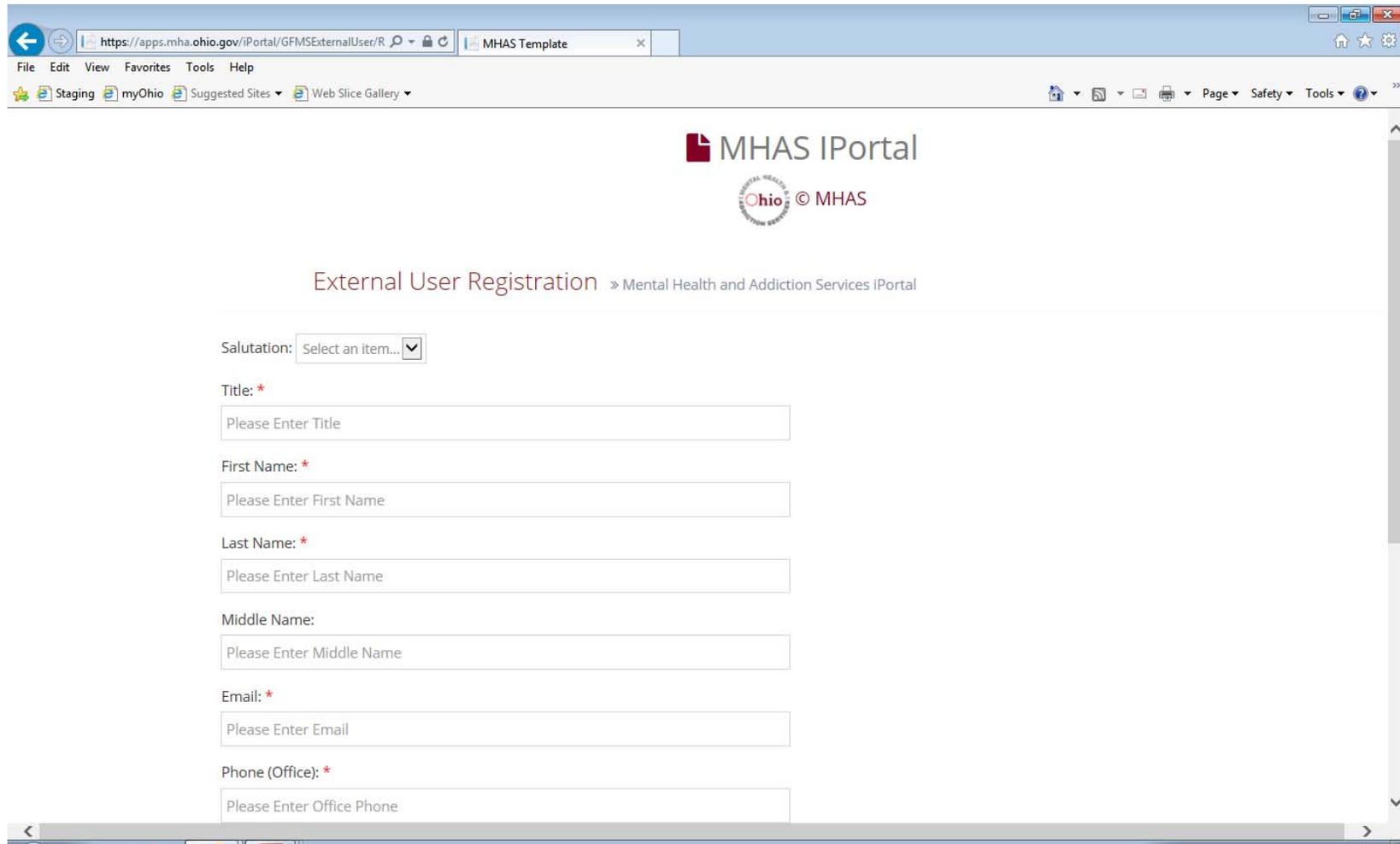
How to Obtain a New User Account

Open your web browser to:

<https://apps.mha.ohio.gov/GFMSWelcome/Welcome.html>



New User Registration in IPortal



The screenshot shows a web browser window with the URL <https://apps.mha.ohio.gov/iPortal/GFMSExternalUser/R>. The page title is "MHAS IPortal" and the breadcrumb trail is "External User Registration > Mental Health and Addiction Services iPortal". The form contains the following fields:

- Salutation:
- Title: *
- First Name: *
- Last Name: *
- Middle Name:
- Email: *
- Phone (Office): *

Current User Log-In to IPortal

If you are existing user of the POPS or OLGA systems, please click on I forgot my password.

You will receive an email message at the email address that you associated with your POPS or OLGA account. You will be asked to set up a new password for to the Iportal to access GFMS.

If you encounter technical issues related to IPortal, please contact the OhioMHAS HelpDesk at MHAHelpDesk@mha.ohio.gov.

Service Type & Project Area

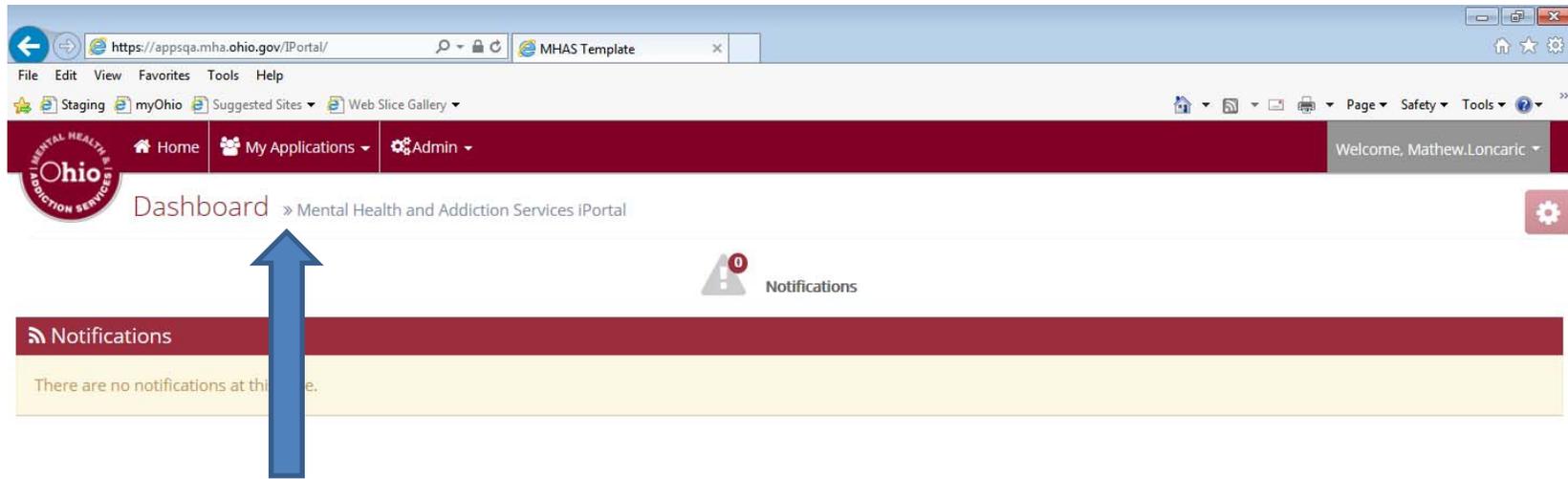
- Before you begin any grant application, be sure to confirm the Service Type and Project Area of the specific award for which your organization is applying.
- You and your OhioMHAS Project Lead can refer to the Final SFY 2017 Grant Information for Applicants (GIFA) document to verify the Service Area, Project Area and award designations.

Saving an in-progress application

If there are any incomplete required fields on any application pages, the following message will appear at the bottom of the page:

Validation errors were found. Fix them above or [CLICK HERE](#) to continue your application and come back to fix these changes later.

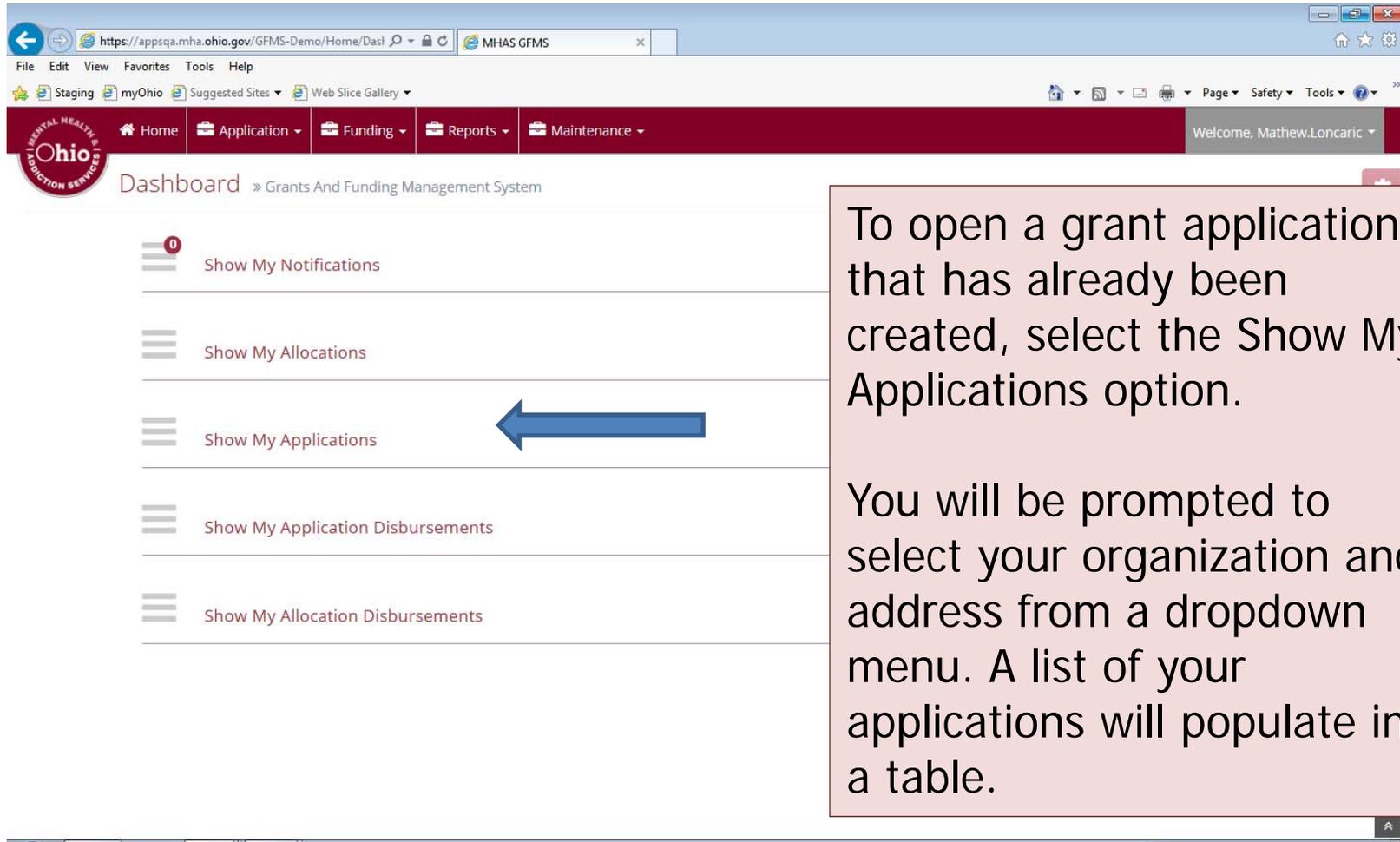
Viewing the Dashboard



After logging in successfully, look for the My Applications tab at the top of your screen and select it.

You will then see GFMS in the options menu. Select GFMS.

Open an application that has already been created



The screenshot shows a web browser window with the URL <https://appsqa.mha.ohio.gov/GFMS-Demo/Home/Dash>. The browser's address bar shows "MHAS GFMS". The page has a dark red navigation bar with the Ohio MHAS logo on the left and a user greeting "Welcome, Mathew.Loricaric" on the right. Below the navigation bar, the page title is "Dashboard » Grants And Funding Management System". The main content area contains a list of menu items, each with a hamburger icon on the left:

- Show My Notifications
- Show My Allocations
- Show My Applications
- Show My Application Disbursements
- Show My Allocation Disbursements

A blue arrow points to the "Show My Applications" option.

To open a grant application that has already been created, select the Show My Applications option.

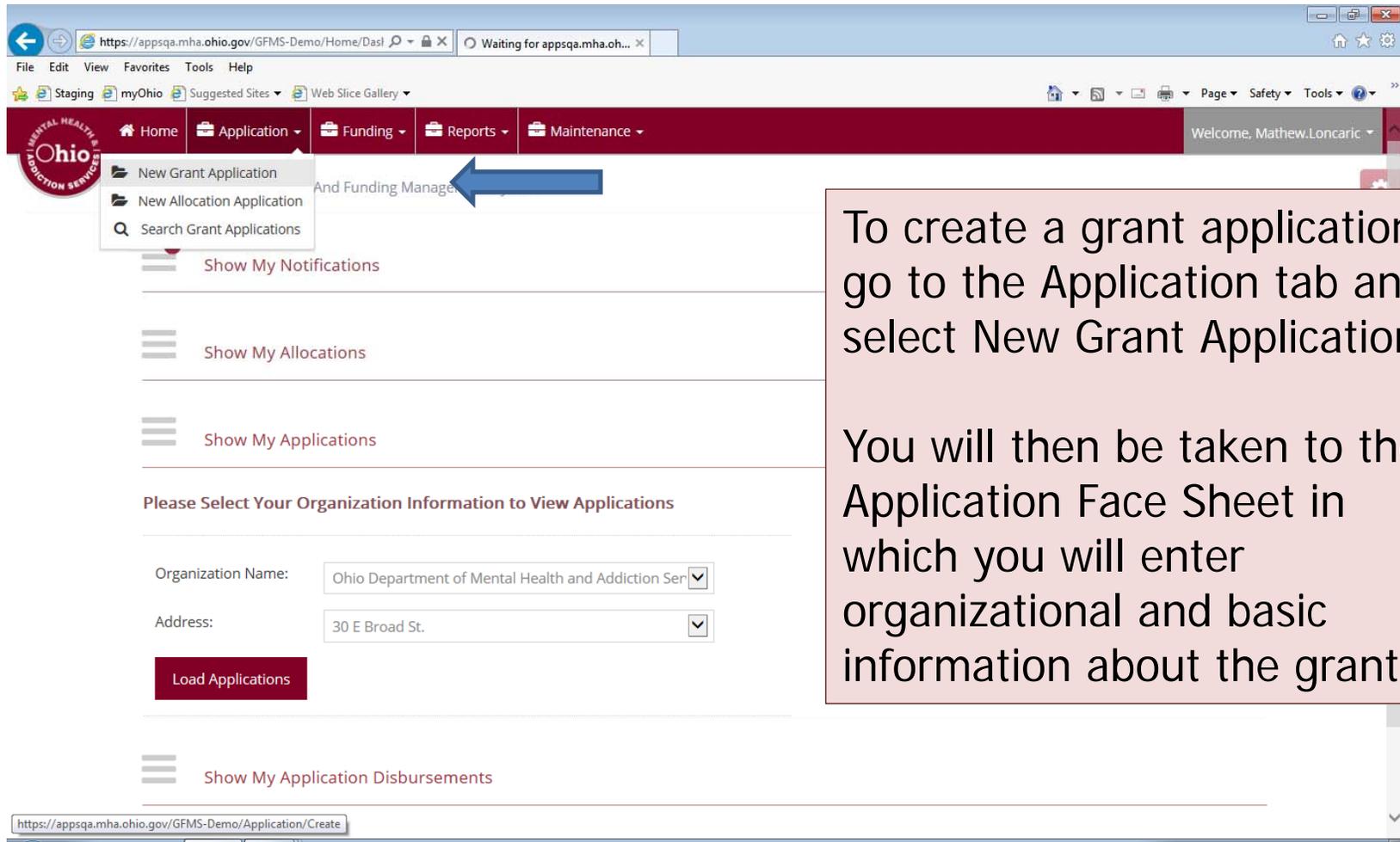
You will be prompted to select your organization and address from a dropdown menu. A list of your applications will populate in a table.

Open an application that has already been created, con't

The screenshot shows a web browser window with the URL <https://appsqa.mha.ohio.gov/GFMS-Demo/Home/Dasl>. The browser's address bar and menu bar are visible. Below the browser, there is a navigation bar with the Ohio MHAS logo and menu items: Home, Application, Funding, Reports, and Maintenance. A user greeting "Welcome, Mathew.Loncaric" is displayed on the right. The main content area is titled "Dashboard > Grants And Funding Management System". It contains several menu items: "Show My Notifications", "Show My Allocations", and "Show My Applications". Below these is a section titled "Please Select Your Organization Information to View Applications". This section contains two dropdown menus: "Organization Name" (set to "Ohio Department of Mental Health and Addiction Ser") and "Address" (set to "30 E Broad St."). A blue arrow points to the "Organization Name" dropdown. Below the dropdowns is a red "Load Applications" button. At the bottom of the dashboard, there is a "Show My Application Disbursements" menu item.

A list of your applications populates in a table with details about each award for which your organization has applied.

Create a New Application



To create a grant application, go to the Application tab and select New Grant Application.

You will then be taken to the Application Face Sheet in which you will enter organizational and basic information about the grant.

Application Face Sheet

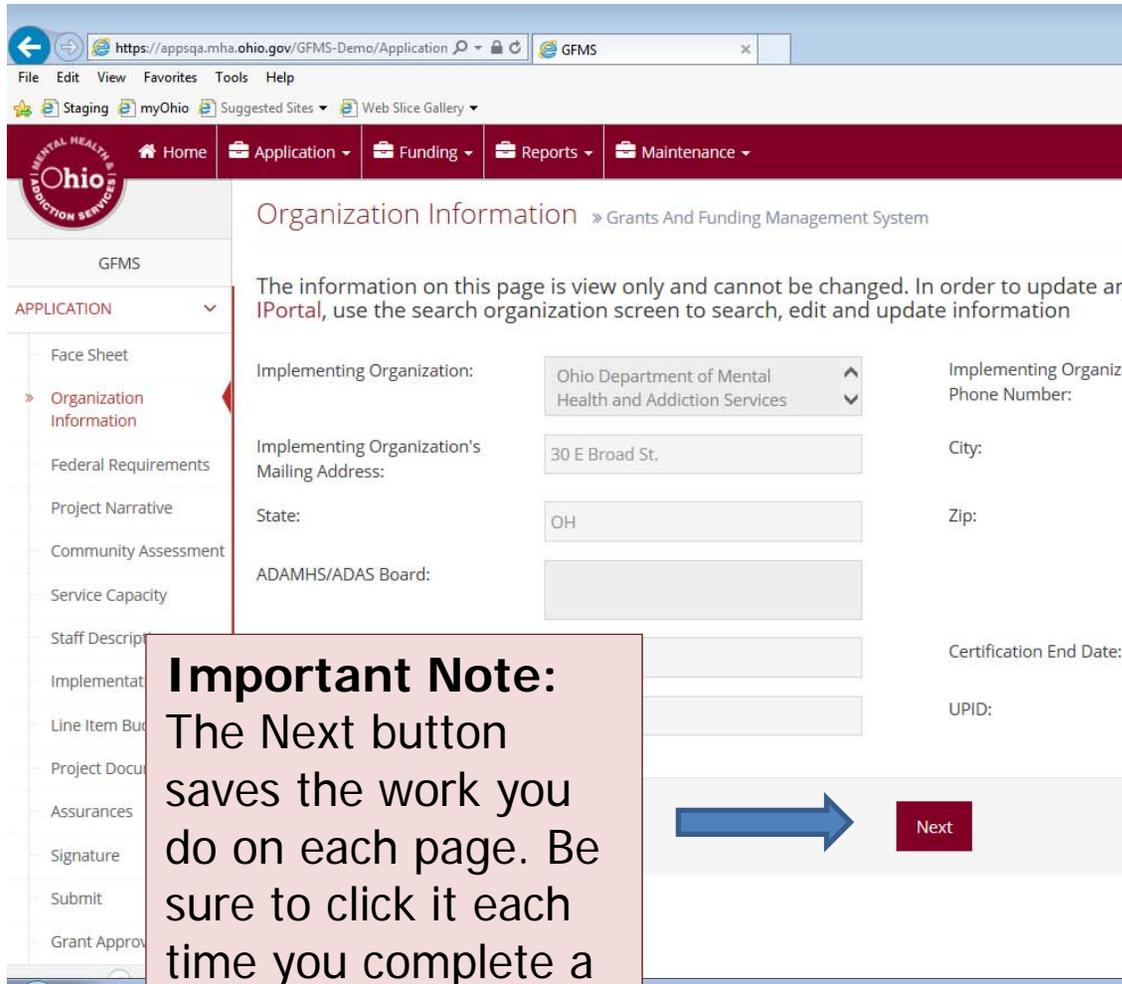
The screenshot shows a web browser window with the URL <https://appsqa.mha.ohio.gov/GFMS-Demo/Application>. The browser's address bar shows 'GFMS'. The page title is 'Face Sheet > Grants And Funding Management System'. The navigation menu includes 'Home', 'Application', 'Funding', 'Reports', and 'Maintenance'. The left sidebar shows 'GFMS' and 'APPLICATION' with a sub-menu for 'Face Sheet'. The main content area contains the following form fields:

- Organization: * (Select...)
- Organization Address: * (Select...)
- Who are you applying to for this grant: * (Select...)
- Service Type: * (Select...)
- Project Area: * (Select...)
- Application Number: (Text input)
- State Fiscal Year: * (2016)
- Requested Amount: * (\$) (0)
- How many years has the service provider been in Existence? * (Select...)
- Program Title: * (Text input)
- Primary Program Contact First Name: * (Text input)

Complete the Face Sheet. The fields with red asterisks throughout the application are required fields. There is a 75 character limit for the Program Title.

Contact your OhioMHAS Project Lead should you have any questions completing this page.

Organization Information

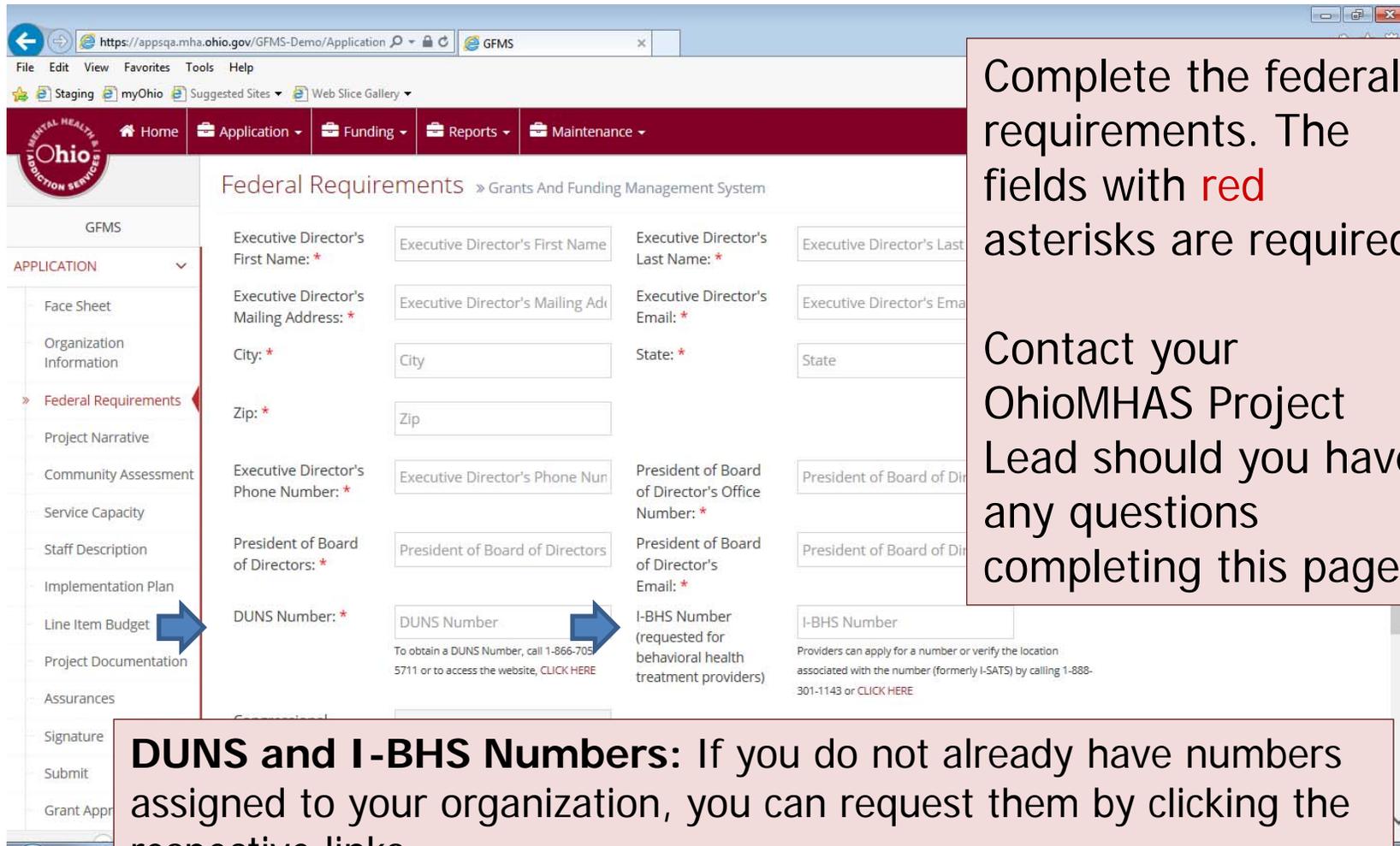


Important Note:
 The Next button saves the work you do on each page. Be sure to click it each time you complete a page.

The organization information is pre-populated and view only mode. If updates need to be made to this page, login to the IPortal, search for your organization, and edit and update information accordingly.

If you encounter technical issues related to IPortal, please contact the OhioMHAS HelpDesk at MHAHelpDesk@mha.ohio.gov.

Federal Requirements



Complete the federal requirements. The fields with **red** asterisks are required.

Contact your OhioMHAS Project Lead should you have any questions completing this page.

DUNS and I-BHS Numbers: If you do not already have numbers assigned to your organization, you can request them by clicking the respective links.

Federal Requirements, con't: “FFATA”

The screenshot shows a web browser window with the URL <https://appsqa.mha.ohio.gov/>. The page is titled "FFATA" and contains several form fields with red asterisks indicating required information:

- President of Board of Directors: *
- DUNS Number: * (with a sub-note: "To obtain a DUNS Number, call 1-866-705-5711 or to access the website, [CLICK HERE](#)")
- I-BHS Number (requested for behavioral health treatment providers): *
- Congressional District: * (with the value "3,15,12" entered)
- Do you receive 80% or more of your annual gross revenue or \$25,000,000 or more from federal funding? *
- If Yes, please enter the top five Executive Officers and their income information. If you don't have five, list all your Executives. *

There are also several "President of Board of Directors" labels, likely representing a list of directors. A yellow message box states: "There are no Executive List at this time." A red "Next" button is located at the bottom of the form. A validation error message at the bottom reads: "Validation errors were found. Fix them above or [CLICK HERE](#) to continue your application and come back later."

To comply with the Federal Funding Accountability & Transparency Act (FFATA), complete the section related to your organization’s annual gross revenue. The fields with red asterisks are required.

You may refer to the website <https://www.fsrs.gov/> for more information on the FFATA legislation and Federal Office of Management and Budget guidance on executive compensation reporting.

Project Narrative

The screenshot shows a web browser window with the URL <https://appsqa.mha.ohio.gov/GFMS-Demo/Application>. The browser's address bar shows "GFMS". The page has a dark red navigation bar with the OhioMHAS logo on the left and a user greeting "Welcome, Mathew.Loncaric" on the right. Below the navigation bar is a sidebar menu with the following items: Home, Application, Funding, Reports, and Maintenance. The main content area is titled "Project Narrative" and "Grants And Funding Management System". It contains a text input field with the instruction: "Include a brief project narrative, including problem statement or issue being addressed, target population, number planning to serve and costs.*". Below the text field is a "Next" button.

Complete the **required** project narrative section. There is a 500 character limit for the Project Narrative.

Contact your OhioMHAS Project Lead should you have any questions completing this page.

Community Assessment

Consult your OhioMHAS Project Lead in cases where a grant **does not** have a Community Assessment. You will have option of selecting "Other" from the menu and entering "N/A" in the brief summary field.

The Community Assessment section applies to any grants with which OhioMHAS Project Leads have associated an assessment tool. Click Select Community Assessment Tools for a menu of options and provide a brief description. There is a 250 character limit for the summary of findings.

Community Assessment, con't

https://appsqa.mha.ohio.gov/GFMS-Demo/Application GFMS

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Home Application Funding Reports Maintenance

Ohio MENTAL HEALTH & ADDICTION SERVICES

GFMS

APPLICATION

- Face Sheet
- Organization Information
- Federal Requirements
- Project Narrative
- Community Assessment
- Service Capacity
- Staff Description
- Implementation Plan
- Line Item Budget
- Project Documentation
- Assurances
- Signature
- Submit
- Grant Approval

Select Community Assessment Tools

Community Assessment Tool: *

Select...

Description: *

Assessment Readiness Date: *

Enter Readiness Date

Add Cancel

If your grant does have a **Community Assessment** tool associated with it, you may review the menu, select and add a description and date. There is a 250 character limit for the summary of findings.

Service Capacity: Behavioral Health Areas

The screenshot shows the OhioMHAS GFMS application interface. The left sidebar contains a menu with 'Service Capacity' highlighted. A blue arrow points from this menu item to the main content area. The main content area is titled 'Service Capacity » Grants And Funding Management System' and contains three sections:

- Behavioral Health Areas Addressed (Check all that apply):**
 - Advocacy
 - Best/Promising Practices Dissemination
 - Criminal Justice
 - Forensics
 - Housing
 - Marijuana
 - Prescription Drugs
 - SED Symptomology
 - Suicide Prevention
 - Trauma Informed Care
- Target Populations (Check all that apply):**
 - Adult Females
 - Adult Males
 - Adults and youth
 - Community at large
 - Other
 - Veterans Problem Gambling
- Age Groups (Check all that apply):**
 - 0-4 years
 - 12-14 years
 - 18-20 years
 - 25-44 years
 - 65+ years

Below the 'Target Populations' section, there is a text input field labeled 'If Other, please specify: *'.

Select the behavioral health areas that will be addressed by the grant scope of work. Select all that apply.

Contact your OhioMHAS Project Lead should you have any questions completing this section.

Service Capacity: Target Populations & Age Groups

Target Populations (Check all that apply):

- Adult Females
- Adult Males
- Adults and youth
- Community at large
- Other
- Veterans Problem Gambling

If Other, please specify: *

Age Groups (Check all that apply):

- 0-4 years
- 12-14 years
- 18-20 years
- 25-44 years
- 65+ years

Explain the service provider's capacity to provide services to the target population: *

How are behavioral health disparities manifested in the problem? *

How will proposed program interventions address those behavioral health disparities? *

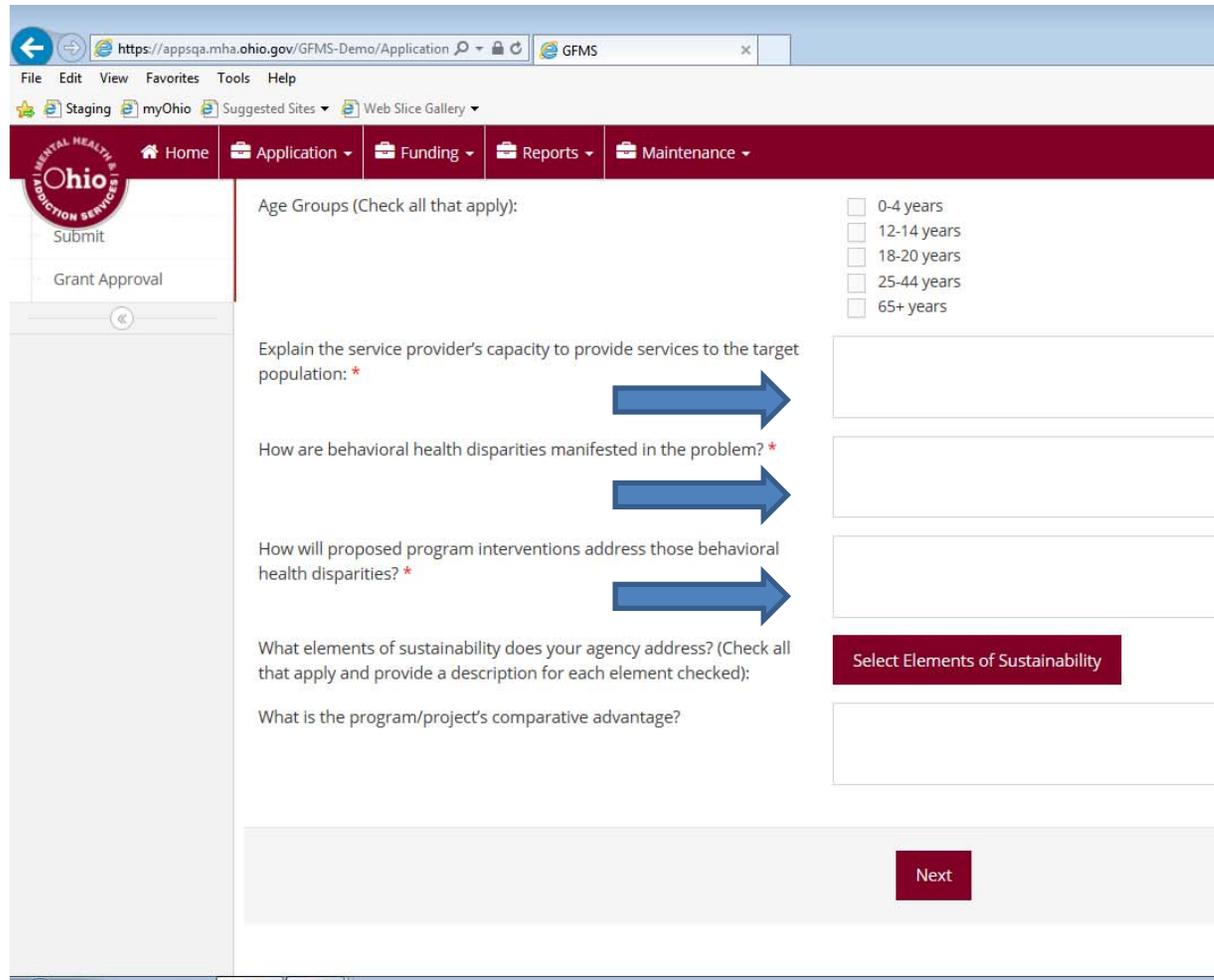
What elements of sustainability does your agency address? (Check all)

Select Elements of Sustainability

Select the target populations and age groups that will be addressed by the grant scope of work. Select all that apply.

Contact your OhioMHAS Project Lead should you have any questions completing this section.

Service Capacity con't: Addressing Capacity & Disparities



https://appsqa.mha.ohio.gov/GFMS-Demo/Application GFMS

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Home Application Funding Reports Maintenance

Submit
Grant Approval

Age Groups (Check all that apply):
 0-4 years
 12-14 years
 18-20 years
 25-44 years
 65+ years

Explain the service provider's capacity to provide services to the target population: *

How are behavioral health disparities manifested in the problem? *

How will proposed program interventions address those behavioral health disparities? *

What elements of sustainability does your agency address? (Check all that apply and provide a description for each element checked):

What is the program/project's comparative advantage?

Select Elements of Sustainability

Next

Describe how the grant's scope of work will address system capacity and disparities. There are 250 character limits. If these questions do not apply to your grant, enter "N/A" in these fields.

Contact your OhioMHAS Project Lead should you have any questions completing this section.

Service Capacity con't: Elements of Sustainability

The screenshot shows a web browser window with the URL <https://appsqa.mha.ohio.gov/GFMS-Demo/Application>. The page features a dark red navigation bar with links for Home, Application, Funding, Reports, and Maintenance. A sidebar on the left contains the Ohio MHAS logo and links for Submit and Grant Approval. The main content area contains the following form fields:

- Age Groups (Check all that apply):
 - 0-4 years
 - 12-14 years
 - 18-20 years
 - 25-44 years
 - 65+ years
- Explain the service provider's capacity to provide services to the target population: *
- How are behavioral health disparities manifested in the problem? *
- How will proposed program interventions address those behavioral health disparities? *
- What elements of sustainability does your agency address? (Check all that apply and provide a description for each element checked):
- What is the program/project's comparative advantage?

A callout box on the right side of the form contains the text: "Click the Select Elements of Sustainability button." A blue arrow points from this callout box to a dark red button labeled "Select Elements of Sustainability". Below the form fields is a "Next" button.

Service Capacity con't: Elements of Sustainability

Select Elements of Sustainability

Sustainability Element: *

- Select...
- Elements Test
- Alternative additional funding
- Alternative community funding
- Alternative Funding Sources
- other funding resources
- Other Funding Resoucrs
- Alternative community funding sources
- Sravanthi Sustainability
- AA Zareen Elements Of Sustainability
- Alternative Funding Solutions
- Sustain social connectivity
- OCMH - Partner with local health agencies
- Administrative Policies and Procedures
- Alternative Funding
- Champion/Leadership Actions
- Expertise
- Other Resources
- Ownership Among Stakeholders
- Structures and Formal Linkages
- Other

Add

Next

Select the elements of sustainability that pertain to your grant and provide a brief description. There is a 250 character limit for the sustainability elements description.

Contact your OhioMHAS Project Lead should you have any questions completing this section.

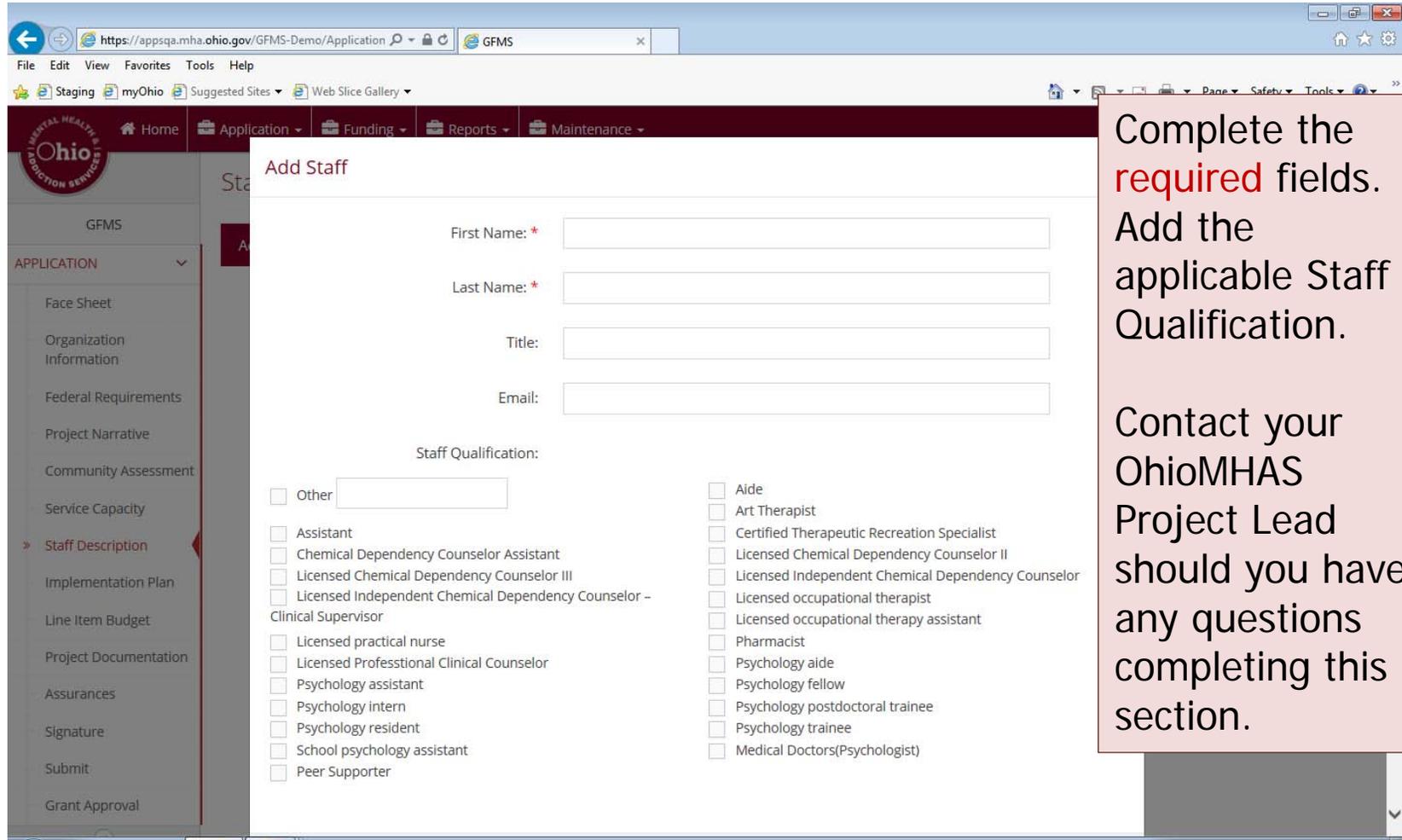
Staff Description

The screenshot shows a web browser window with the URL <https://appsqa.mha.ohio.gov/GFMS-Demo/Application>. The browser's address bar and menu bar are visible. The application's navigation bar includes links for Home, Application, Funding, Reports, and Maintenance. A left-hand sidebar menu lists various application sections, with 'Staff Description' highlighted in red. The main content area displays the title 'Staff Description' followed by a breadcrumb '» Grants And Funding Management System'. Below the title are two buttons: 'Add Staff' and 'Next'. A blue arrow points from the 'Add Staff' button towards the right. The browser's taskbar at the bottom shows several open applications.

Click Add Staff to begin the Staff Description section.

Contact your OhioMHAS Project Lead should you have any questions completing this section.

Staff Description, con't



Complete the **required** fields. Add the applicable Staff Qualification.

Contact your OhioMHAS Project Lead should you have any questions completing this section.

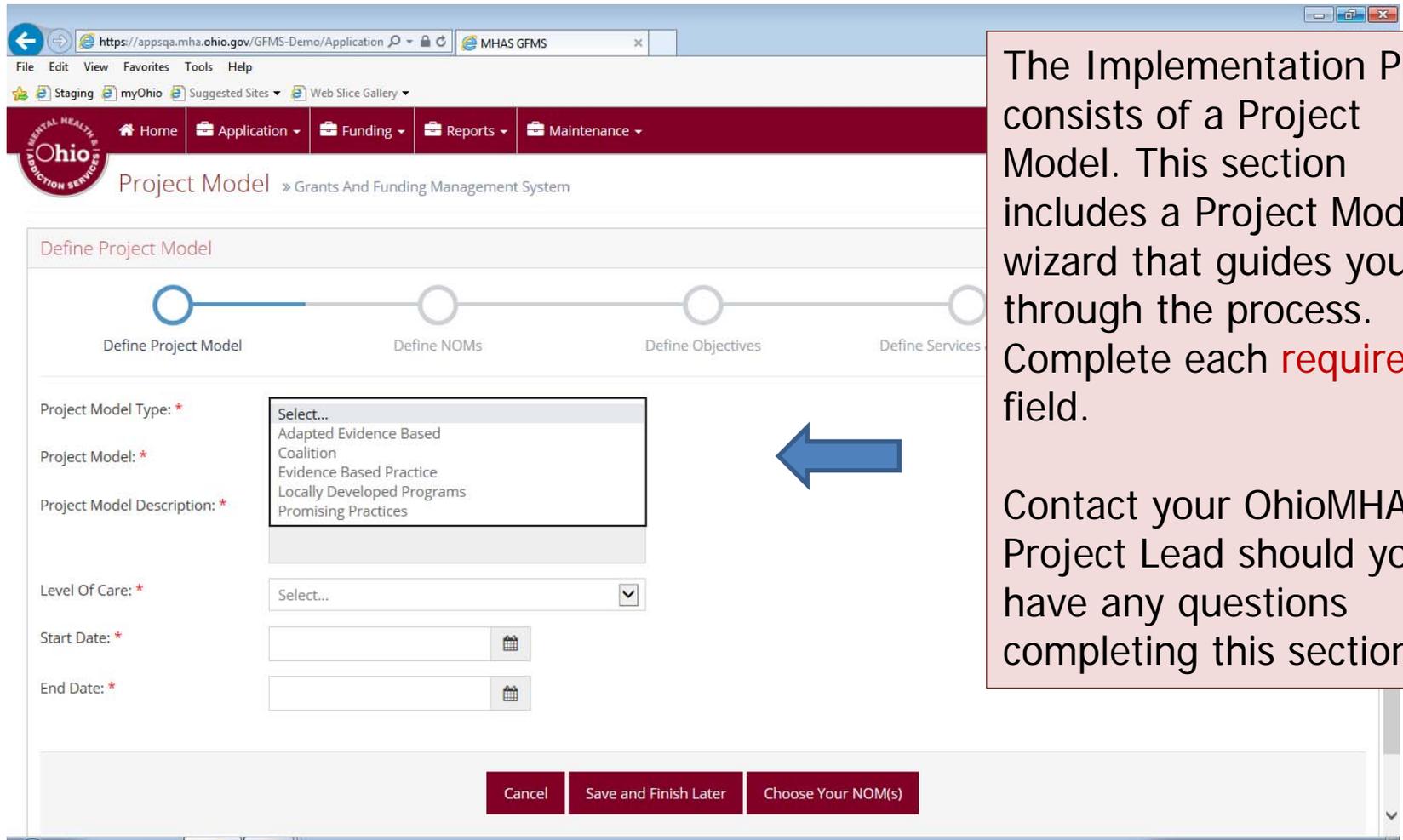
Implementation Plan

The screenshot shows a web browser window with the URL <https://appsqa.mha.ohio.gov/GFMS-Demo/Application>. The browser's address bar shows 'GFMS'. The page has a dark red navigation bar with 'Home', 'Application', 'Funding', 'Reports', and 'Maintenance' menus. Below this is a light gray sidebar with the Ohio MHAS logo and a list of application sections: 'Face Sheet', 'Organization Information', 'Federal Requirements', 'Project Narrative', 'Community Assessment', 'Service Capacity', 'Staff Description', 'Implementation Plan' (highlighted with a red arrow), 'Line Item Budget', 'Project Documentation', 'Assurances', 'Signature', 'Submit', and 'Grant Approval'. The main content area is titled 'Implementation Plan > Grants And Funding Management System' and contains two buttons: 'Create New Implementation Plan' and 'Next'. A blue arrow points to the 'Create New Implementation Plan' button.

Click Create New Implementation Plan.

Contact your OhioMHAS Project Lead should you have any questions completing this section.

Implementation Plan, con't



https://appsqa.mha.ohio.gov/GFMS-Demo/Application | MHAS GFMS

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Home Application Funding Reports Maintenance

Project Model » Grants And Funding Management System

Define Project Model

Define Project Model Define NOMs Define Objectives Define Services

Project Model Type: *
 Project Model: *
 Project Model Description: *
 Level Of Care: *
 Start Date: *
 End Date: *

Select...
 Adapted Evidence Based
 Coalition
 Evidence Based Practice
 Locally Developed Programs
 Promising Practices

Cancel Save and Finish Later Choose Your NOM(s)

The Implementation Plan consists of a Project Model. This section includes a Project Model wizard that guides you through the process. Complete each **required** field.

Contact your OhioMHAS Project Lead should you have any questions completing this section.

Implementation Plan, con't

The screenshot shows a web browser window with the URL <https://appsqa.mha.ohio.gov/GFMS-Demo/Application>. The page title is "NOM > Grants And Funding Management System". The main content area is titled "Define NOMs" and features a progress bar with four steps: "Define Project Model", "Define NOMs", "Define Objectives", and "Define Se...". The "Define NOMs" step is currently active. Below the progress bar, there is a highlighted instruction: "Choose desired NOM(s) for this Project Model (at least 1): *". Underneath, there is a checkbox labeled "Functioning" with a blue arrow pointing to it. At the bottom of the form, there are three buttons: "Previous Section", "Save and Finish Later", and "Choose Your Objectives".

Choose the National Outcomes Measure (NOM) that is associated with your grant. Select any that apply.

Contact your OhioMHAS Project Lead should you have any questions completing this section.

Implementation Plan, con't

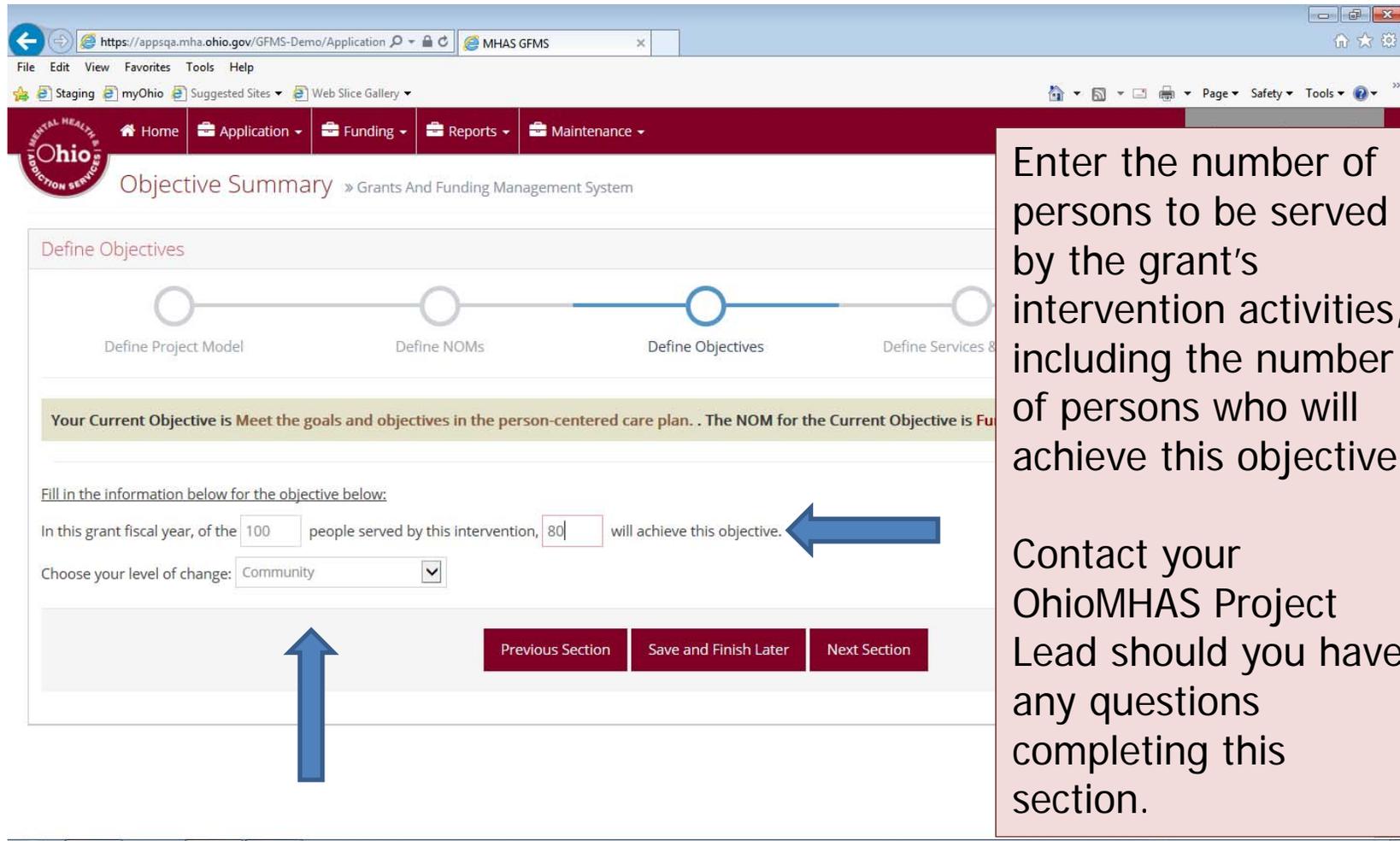
The screenshot shows a web browser window with the URL <https://appsqa.mha.ohio.gov/GFMS-Demo/Application>. The page title is "Objective Selection > Grants And Funding Management System". The main content area is titled "Define Objectives" and features a progress bar with four steps: "Define Project Model", "Define NOMs", "Define Objectives" (which is the current step, indicated by a blue circle and line), and "Define S...". Below the progress bar, a green banner states: "Your current NOM is Functioning. Choose Your Objectives (at least 1): *". Underneath, there is a checkbox labeled "Meet the goals and objectives in the person-centered care plan." with a blue arrow pointing to it. At the bottom of the form, there are three buttons: "Previous Section", "Save and Finish Later", and "Next Section".

Next, click Choose Your Objective(s).

Contact your OhioMHAS Project Lead should you have any questions completing this section.



Implementation Plan, con't



Objective Summary » Grants And Funding Management System

Define Objectives

Define Project Model Define NOMs Define Objectives Define Services &

Your Current Objective is Meet the goals and objectives in the person-centered care plan. . The NOM for the Current Objective is Fu

Fill in the information below for the objective below:

In this grant fiscal year, of the people served by this intervention, will achieve this objective.

Choose your level of change:

Previous Section Save and Finish Later Next Section

Enter the number of persons to be served by the grant's intervention activities, including the number of persons who will achieve this objective.

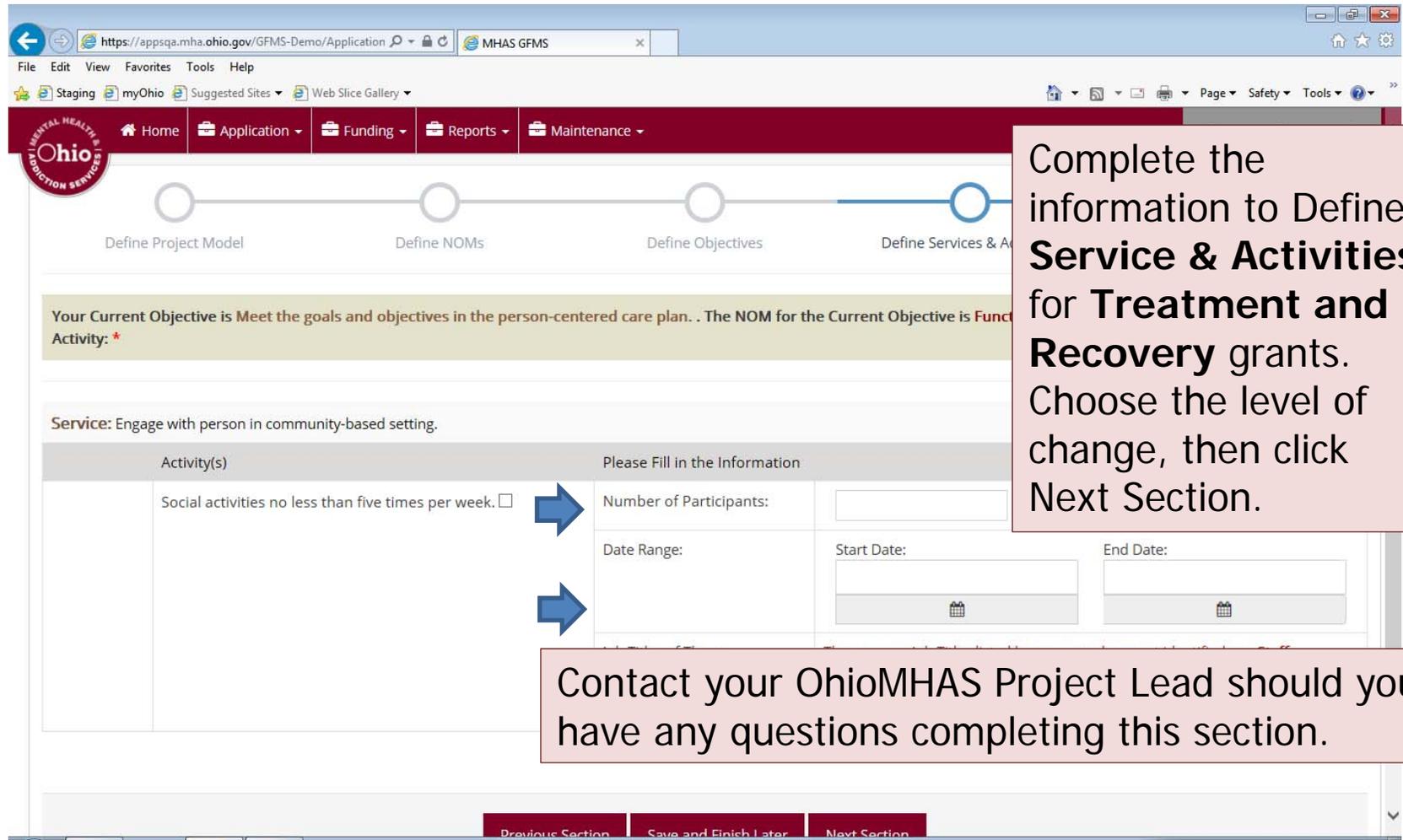
Contact your OhioMHAS Project Lead should you have any questions completing this section.

Before completing the next section, refer back to the Service Type of your grant.

**Is your Service Type:
Prevention or Community Supports?
OR
Treatment and Recovery?**

- For **Prevention and Community Supports** applications, complete the information related to the associated **Strategy & Services**.
- For **Treatment and Recovery** applications, complete the information related to the associated **Service & Activities**.

Implementation Plan, con't



Complete the information to Define **Service & Activities** for **Treatment and Recovery** grants. Choose the level of change, then click **Next Section**.

Your Current Objective is Meet the goals and objectives in the person-centered care plan. . The NOM for the Current Objective is Funct
Activity: *

Service: Engage with person in community-based setting.

Activity(s)	Please Fill in the Information		
Social activities no less than five times per week. <input type="checkbox"/>	Number of Participants:	<input type="text"/>	
	Date Range:	Start Date: <input type="text"/>	End Date: <input type="text"/>

Contact your OhioMHAS Project Lead should you have any questions completing this section.

Previous Section | Save and Finish Later | Next Section

Implementation Plan, con't

Complete the information to Define **Strategy & Services** for **Prevention and Community Supports** grants. Enter the estimated total number served, then click Next Section.

Contact your OhioMHAS Project Lead should you have any questions completing this section.

Implementation Plan, con't

Review Implementation Plan » Grants And Funding Management System

Project Model: **Patty's Project Model**
Level of Care: **AA Zareen Level Test**
Start Date: **07/01/2015** - End Date: **06/30/2016**

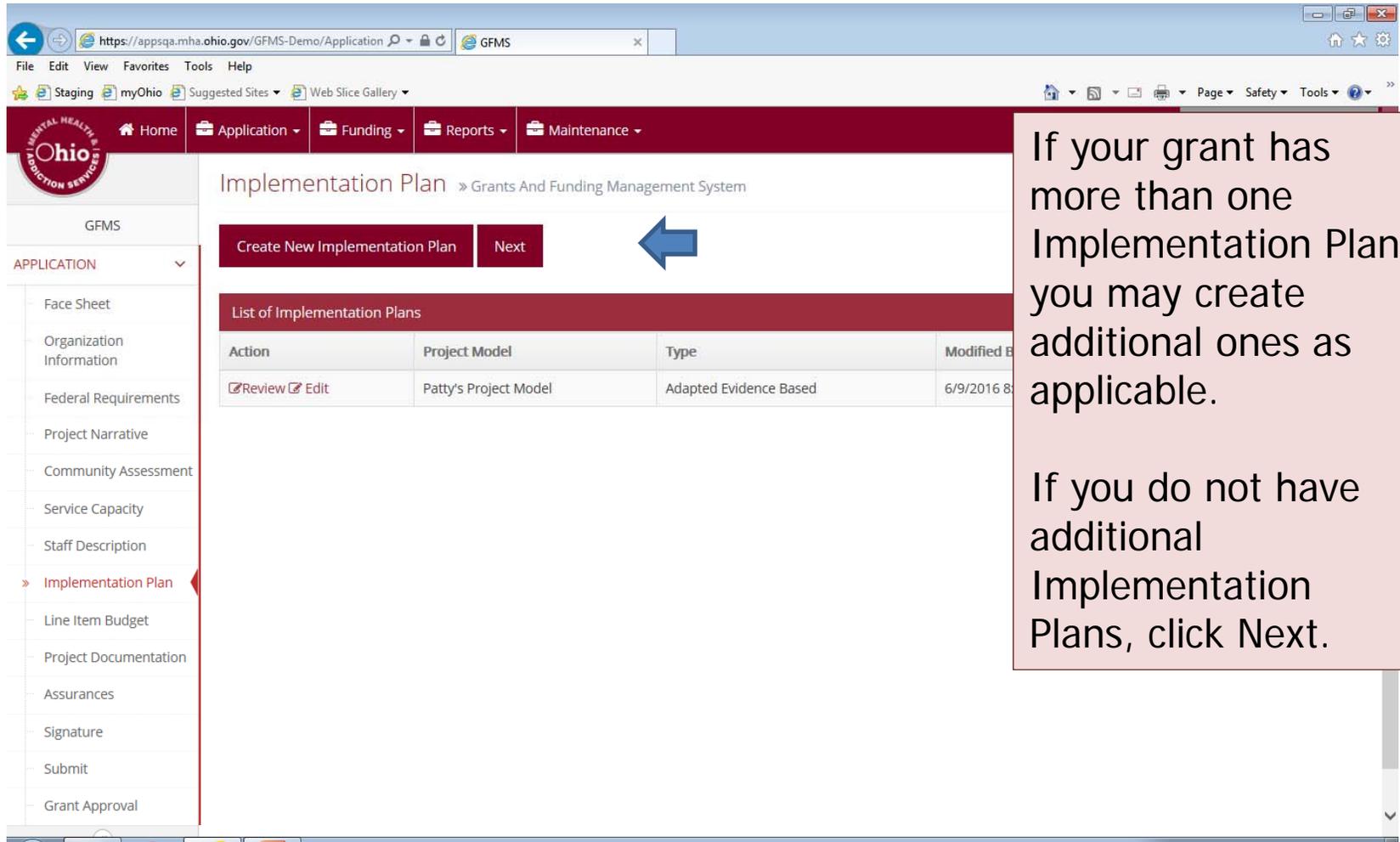
[-] Collapse [+]
[+] NOM: **Functioning**
[-] Objective: **Meet the goals and objectives in the person-centered care plan.**
Level of Change - Number Served: **100**, Number Achieved: **80**, Percentage Achieved: **80%**

Done

Review the completed Implementation Plan, then click Done.

Contact your OhioMHAS Project Lead should you have any questions reviewing this section.

Implementation Plan, con't



The screenshot shows a web browser window with the URL <https://appsqa.mha.ohio.gov/GFMS-Demo/Application>. The page title is "Implementation Plan" and the breadcrumb is "Grants And Funding Management System".

At the top, there are two buttons: "Create New Implementation Plan" and "Next". A blue arrow points to the "Next" button.

Below the buttons is a section titled "List of Implementation Plans" with a table:

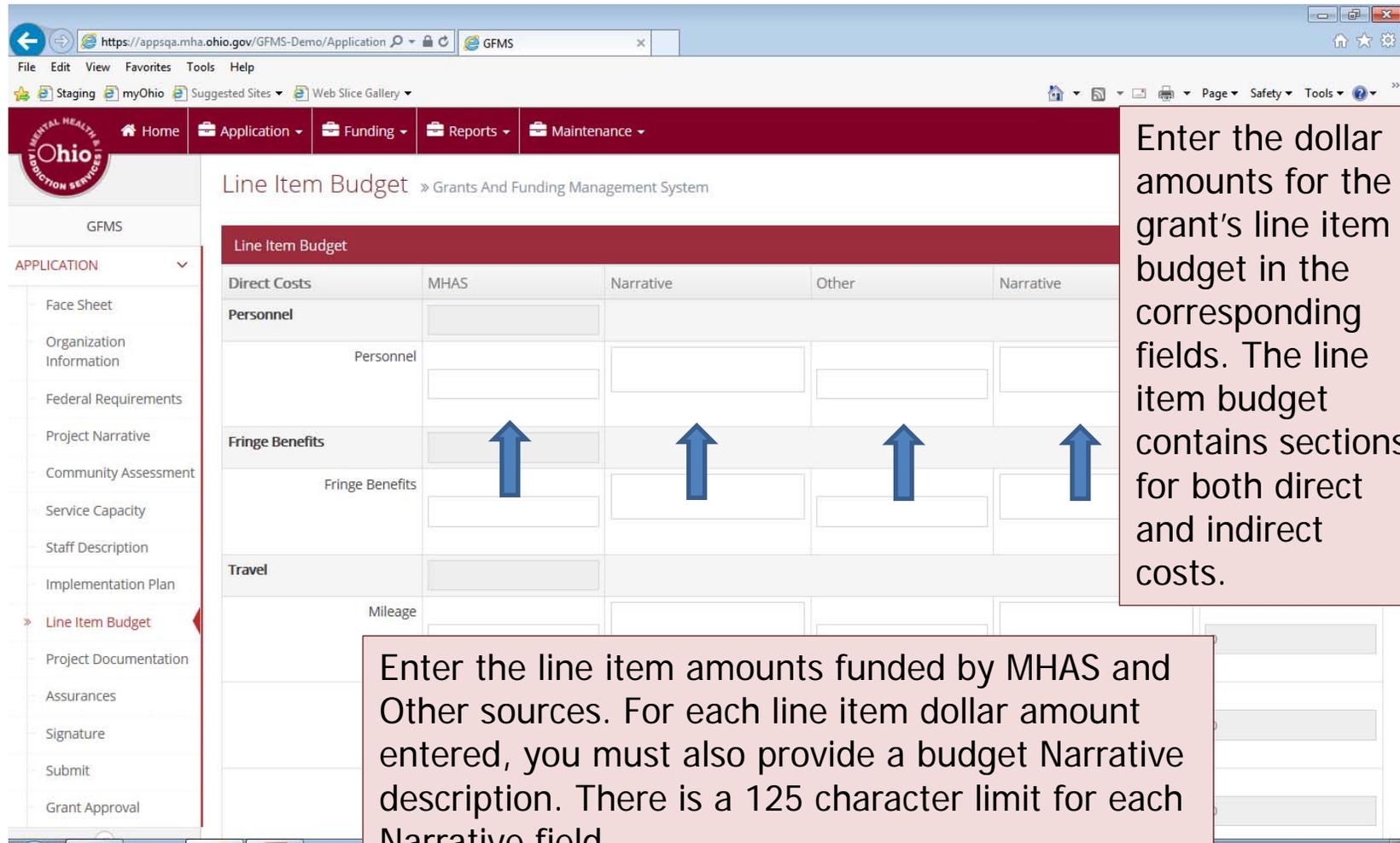
Action	Project Model	Type	Modified B
<input checked="" type="checkbox"/> Review <input checked="" type="checkbox"/> Edit	Patty's Project Model	Adapted Evidence Based	6/9/2016 8

On the left side, there is a navigation menu with the following items: Home, Application, Funding, Reports, Maintenance, GFMS, APPLICATION (dropdown), Face Sheet, Organization Information, Federal Requirements, Project Narrative, Community Assessment, Service Capacity, Staff Description, Implementation Plan (highlighted with a red arrow), Line Item Budget, Project Documentation, Assurances, Signature, Submit, and Grant Approval.

If your grant has more than one Implementation Plan, you may create additional ones as applicable.

If you do not have additional Implementation Plans, click Next.

Line Item Budget



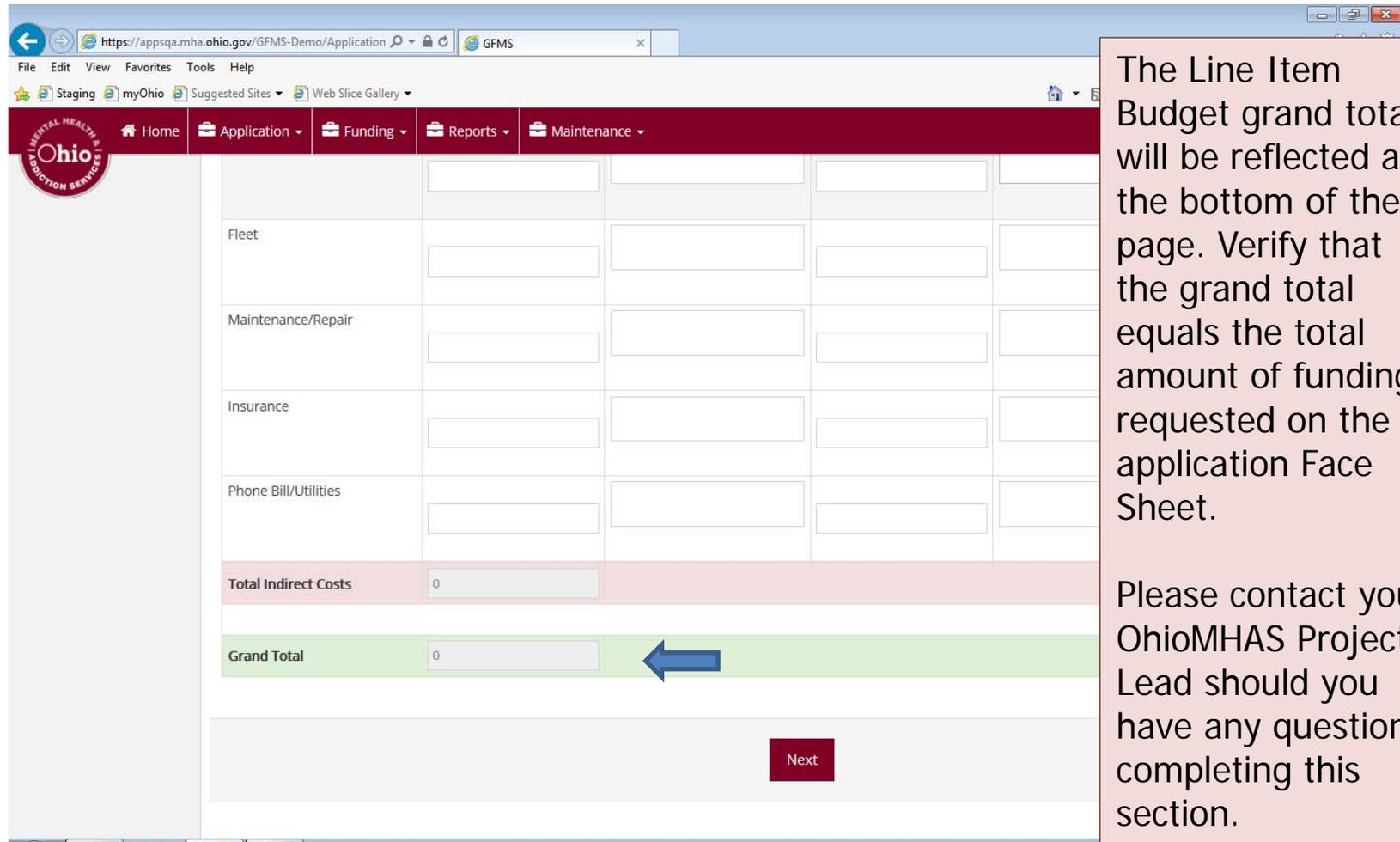
Line Item Budget » Grants And Funding Management System

Direct Costs	MHAS	Narrative	Other	Narrative
Personnel				
Personnel	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
Fringe Benefits				
Fringe Benefits	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
Travel				
Mileage	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>

Enter the dollar amounts for the grant's line item budget in the corresponding fields. The line item budget contains sections for both direct and indirect costs.

Enter the line item amounts funded by MHAS and Other sources. For each line item dollar amount entered, you must also provide a budget Narrative description. There is a 125 character limit for each Narrative field.

Line Item Budget, con't



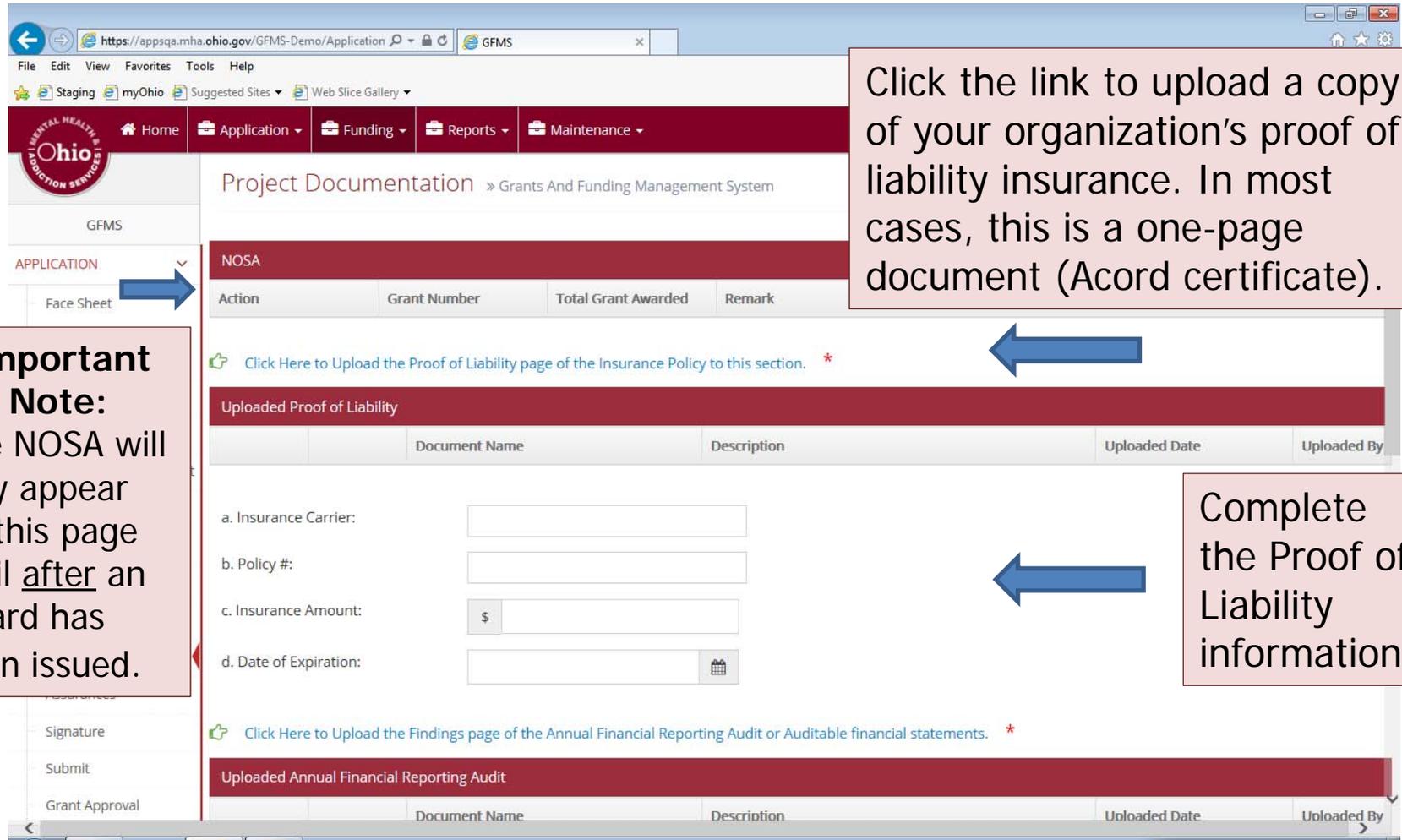
Category	Column 1	Column 2	Column 3	Column 4
Fleet	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
Maintenance/Repair	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
Insurance	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
Phone Bill/Utilities	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
Total Indirect Costs	0			
Grand Total	0			

[Next](#)

The Line Item Budget grand total will be reflected at the bottom of the page. Verify that the grand total equals the total amount of funding requested on the application Face Sheet.

Please contact your OhioMHAS Project Lead should you have any questions completing this section.

Project Documentation



Project Documentation » Grants And Funding Management System

NOSA

Action	Grant Number	Total Grant Awarded	Remark
Click Here to Upload the Proof of Liability page of the Insurance Policy to this section. *			

Uploaded Proof of Liability

Document Name	Description	Uploaded Date	Uploaded By
a. Insurance Carrier:	<input type="text"/>		
b. Policy #:	<input type="text"/>		
c. Insurance Amount:	\$ <input type="text"/>		
d. Date of Expiration:	<input type="text"/>		

[Click Here to Upload the Findings page of the Annual Financial Reporting Audit or Auditable financial statements.](#) *

Uploaded Annual Financial Reporting Audit

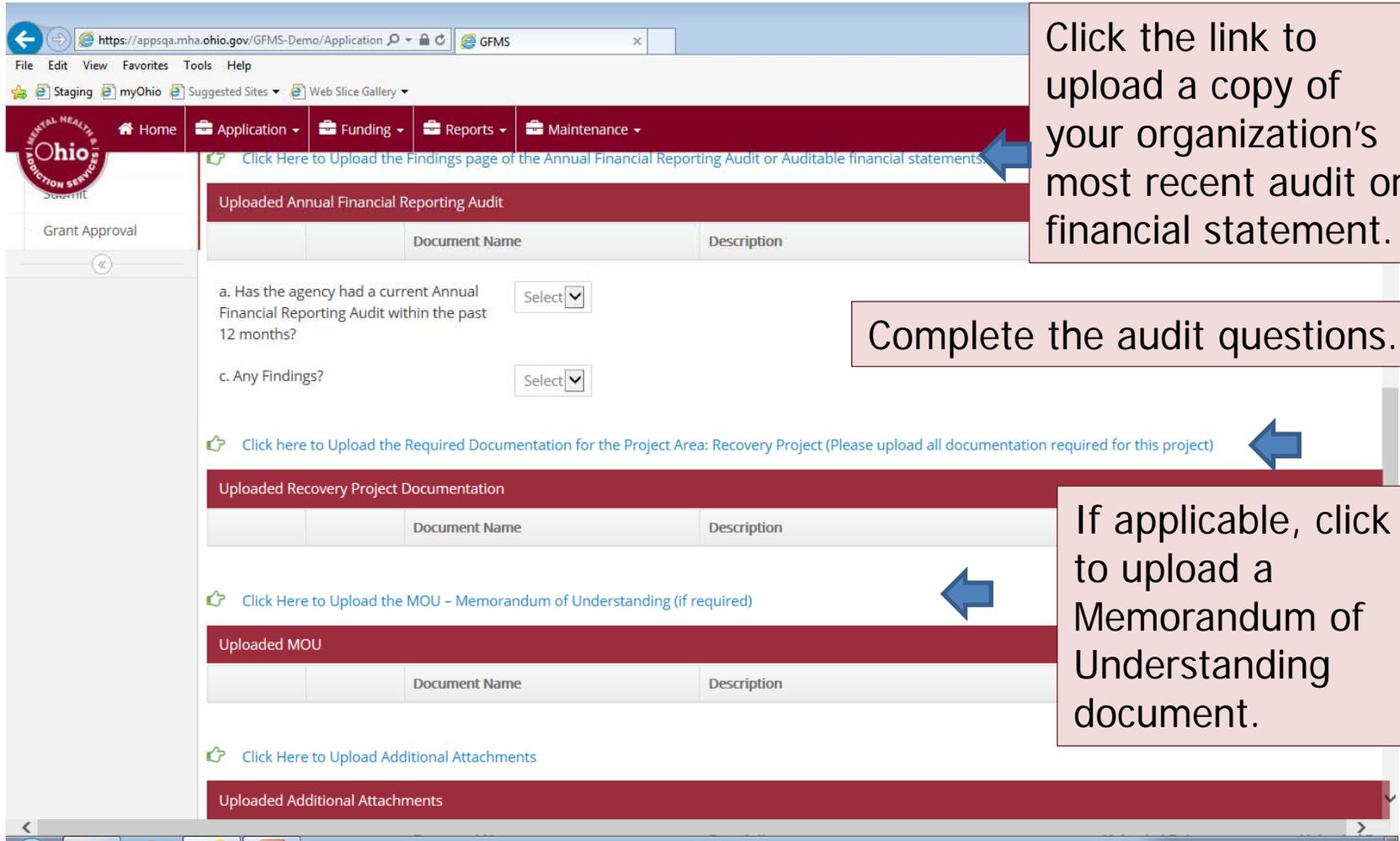
Document Name	Description	Unloaded Date	Unloaded By
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Click the link to upload a copy of your organization's proof of liability insurance. In most cases, this is a one-page document (Acord certificate).

Important Note:
The NOSA will only appear on this page until after an award has been issued.

Complete the Proof of Liability information.

Project Documentation, con't



[Click Here to Upload the Findings page of the Annual Financial Reporting Audit or Auditable financial statements](#)

Uploaded Annual Financial Reporting Audit	
Document Name	Description

a. Has the agency had a current Annual Financial Reporting Audit within the past 12 months?

c. Any Findings?

[Click here to Upload the Required Documentation for the Project Area: Recovery Project \(Please upload all documentation required for this project\)](#)

Uploaded Recovery Project Documentation	
Document Name	Description

[Click Here to Upload the MOU - Memorandum of Understanding \(if required\)](#)

Uploaded MOU	
Document Name	Description

[Click Here to Upload Additional Attachments](#)

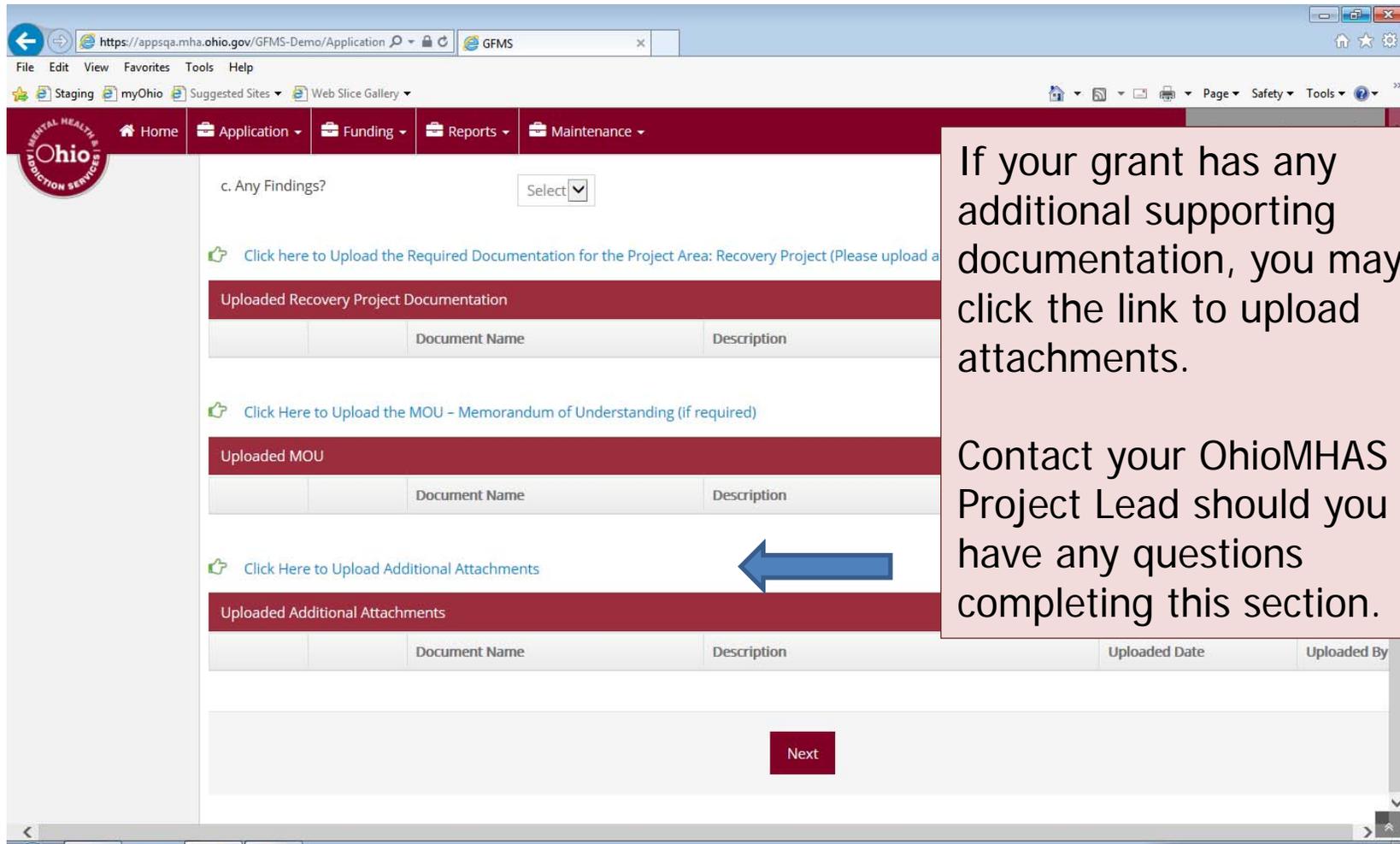
Uploaded Additional Attachments	

Click the link to upload a copy of your organization's most recent audit or financial statement.

Complete the audit questions.

If applicable, click to upload a Memorandum of Understanding document.

Project Documentation, con't



c. Any Findings? Select

[Click here to Upload the Required Documentation for the Project Area: Recovery Project \(Please upload a](#)

Uploaded Recovery Project Documentation	
Document Name	Description

[Click Here to Upload the MOU - Memorandum of Understanding \(if required\)](#)

Uploaded MOU	
Document Name	Description

[Click Here to Upload Additional Attachments](#)

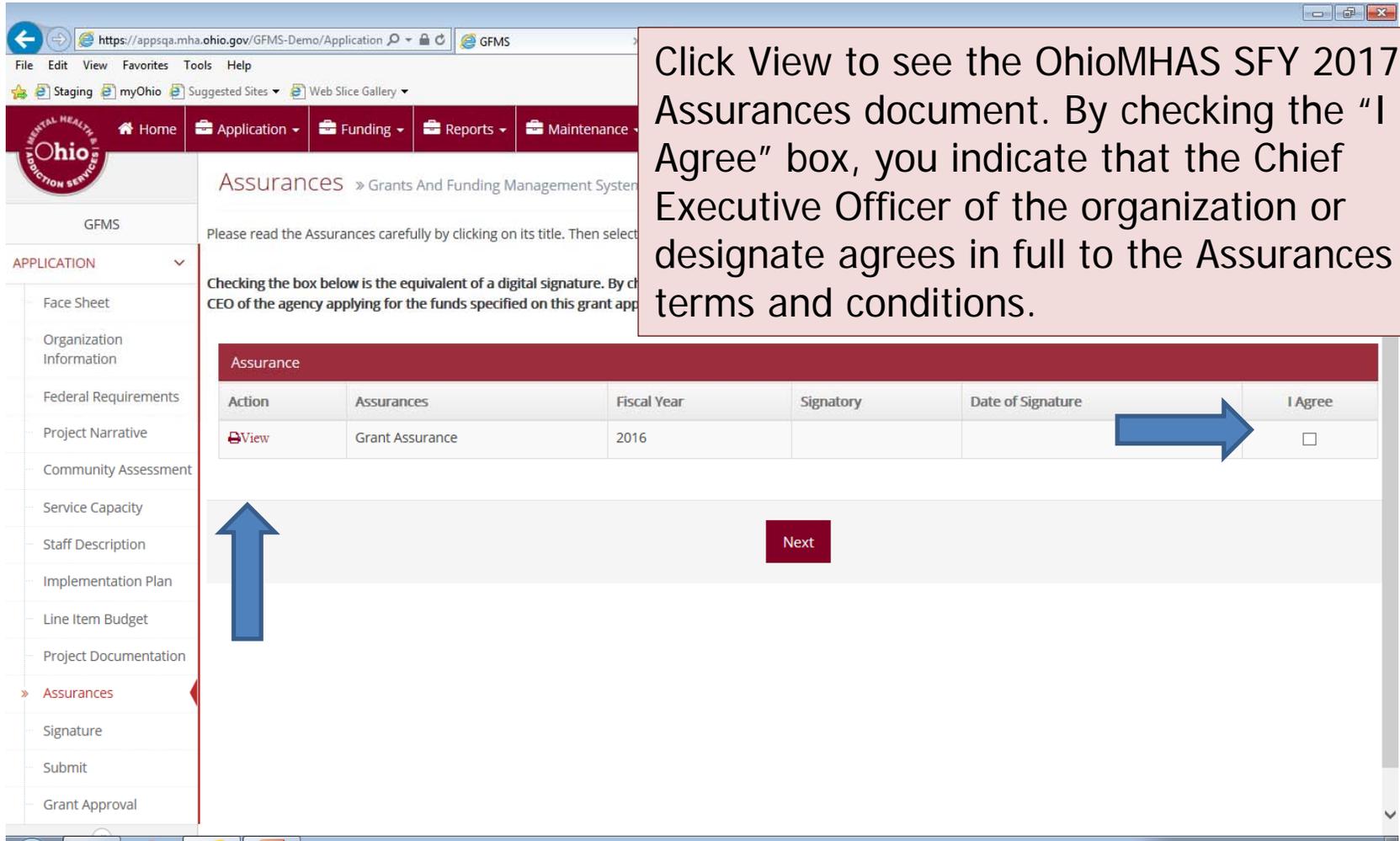
Uploaded Additional Attachments		Uploaded Date	Uploaded By
Document Name	Description		

Next

If your grant has any additional supporting documentation, you may click the link to upload attachments.

Contact your OhioMHAS Project Lead should you have any questions completing this section.

Assurances

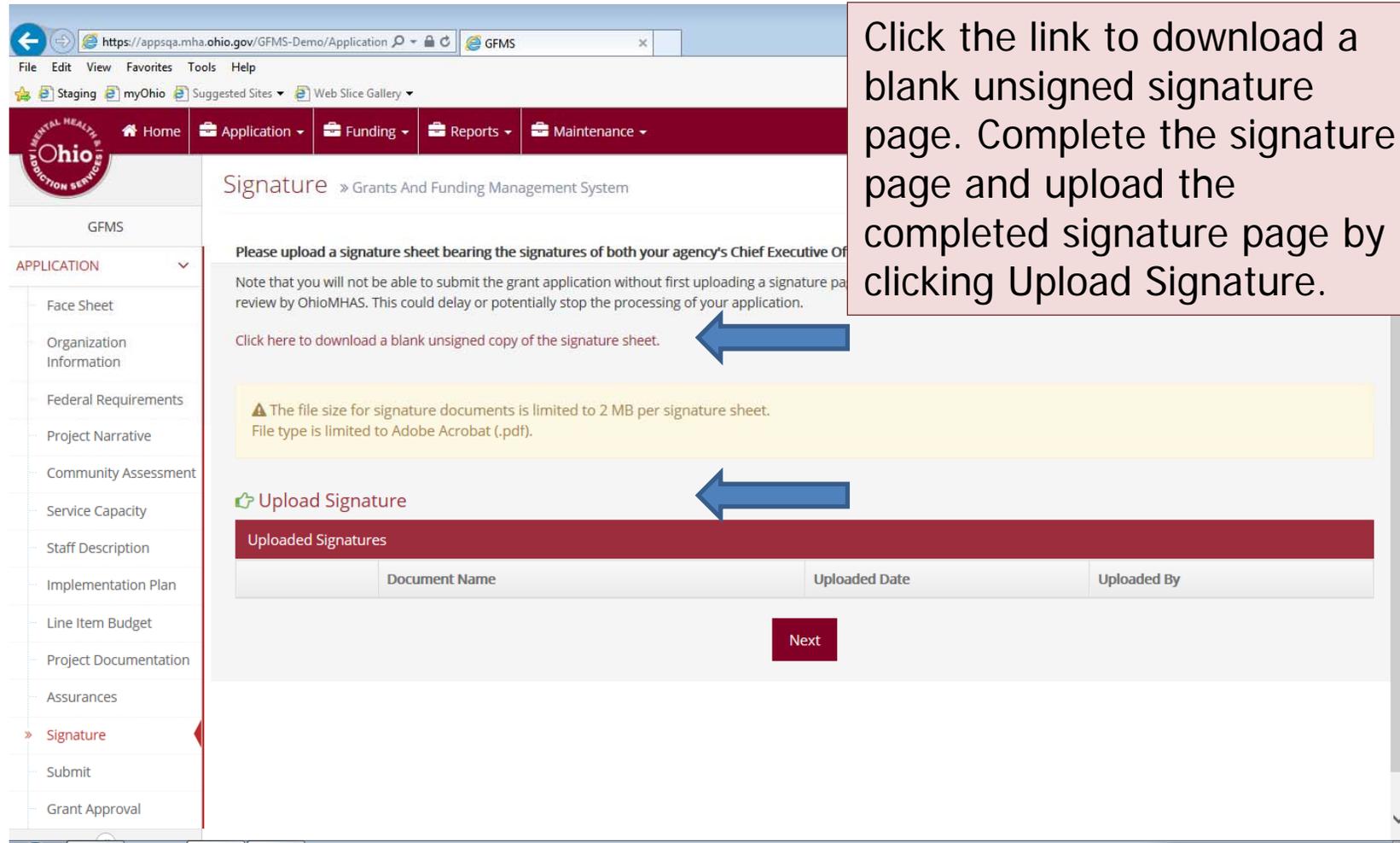


Click View to see the OhioMHAS SFY 2017 Assurances document. By checking the "I Agree" box, you indicate that the Chief Executive Officer of the organization or designate agrees in full to the Assurances terms and conditions.

Action	Assurances	Fiscal Year	Signatory	Date of Signature	I Agree
 View	Grant Assurance	2016			<input type="checkbox"/>

Next

Signature Page



Click the link to download a blank unsigned signature page. Complete the signature page and upload the completed signature page by clicking Upload Signature.

Please upload a signature sheet bearing the signatures of both your agency's Chief Executive Officer and the Ohio MHAS representative. Note that you will not be able to submit the grant application without first uploading a signature page for review by OhioMHAS. This could delay or potentially stop the processing of your application.

Click here to download a blank unsigned copy of the signature sheet.

⚠ The file size for signature documents is limited to 2 MB per signature sheet. File type is limited to Adobe Acrobat (.pdf).

Upload Signature

Uploaded Signatures			
	Document Name	Uploaded Date	Uploaded By
Next			

Submit Application Information

The screenshot shows a web browser window at <https://appsqa.mha.ohio.gov/GFMS-Demo/Application>. The page title is "Submit Application Information" under the "Grants" section. A navigation menu includes Home, Application, Funding, Reports, and Maintenance. A sidebar on the left lists application sections: Face Sheet, Organization Information, Federal Requirements, Project Narrative, Community Assessment, Service Capacity, Staff Description, Implementation Plan, Line Item Budget, Project Documentation, Assurances, Signature, Submit, and Grant Approval. The main content area contains instructions to review application information and a "Project Lead" section with fields for Name (Matthew Loncaric), Email (Matthew.Loncaric@mha.ohio.gov), and Phone (614-466-9982). A red "Submit Application" button is highlighted with a blue arrow pointing to it.

If all required sections of the application are complete, then you may submit the application to OhioMHAS.

If there are any incomplete required sections of the application, a list of incomplete items will appear on the page. You may go back at your convenience to the incomplete sections that require attention.

You may contact your OhioMHAS Project Lead at any time for assistance in submitting the application.

SFY 2017 GIFA and Allocation Guidelines

The SFY 2017 Grant Information for Applicants (GIFA) and Allocation Guidelines information is posted on the OhioMHAS website at:

<http://mha.ohio.gov/Default.aspx?tabid=147>

and

<http://mha.ohio.gov/Default.aspx?tabid=500>