

**SFY 2014 OhioMHAS SPF SIG
GRANT APPLICATION FACE SHEET**

Face sheet type: check one

Original [] Revision []* Report []**

*Check Revision when submitting a Face Sheet to OhioMHAS for an application, program, or budget revision.

**Check Report when submitting semi-annual reports.

Total ODADAS Funds Requested: \$ _____

Grant Period: _____ to _____

Program Title: _____

ADAMHS/ADAS BOARD INFORMATION	
ADAMHS/ADAS Board Name	
Executive Director	
Mailing Address	
City, State Zip Code	
Telephone Number/ Fax Number	
Executive Director's Email Address	
Fiscal Officer's Name	
Fiscal Officer's Phone Number	
Fiscal Officer's Email	
Federal Tax ID Number	
IMPLEMENTING AGENCY INFORMATION	
Implementing Agency Name	
Executive Director	
Mailing Address	
City, State Zip Code	
Telephone Number/Fax Number	
Executive Director's Email Address	
Fiscal Officer's Name	
Fiscal Officer's Phone Number	
Fiscal Officer's Email	
Federal Tax ID Number	

ADAMHS/ADAS Board Executive Director

Date

Implementing Agency Executive Director

Date