

**Ohio Department of Mental Health and Addiction Services  
DIRECT/BOARD FUNDED GOALS AND OBJECTIVES GRANT  
SFY 2014 REPORTING REQUIREMENTS**

**General Information**

- ◆ Instructions for reporting requirements are being provided to assist the grantee in completing progress and expenditure reports and budget and program revisions. Expenditure reports are due on a **mid-year and annual** basis. Progress reports are due on an **annual** basis. Contact the OhioMHAS Regional Coordinator, identified in the Notice of Award, for programmatic questions or Grants Coordinator for expenditure report or budget revision questions.
- ◆ Progress and expenditure reports must be accompanied with a face sheet that identifies the last four (4) digits of the state grant number and is signed and dated by the implementing agency executive director. A copy of the reports must be sent to the ADAMHS/ADAS Board. Direct funded grantees are not required to submit reports to the local ADAMHS/ADAS Board. A copy of the reports must be submitted by the appropriate date to:

**Ohio Department of Mental Health and Addiction Services  
Community Funding Unit, Division of Fiscal Services  
30 E. Broad Street, 11th Floor  
Columbus, Ohio 43215**

***Please do not send any reports or copies to Regional Coordinators or other program contacts. Reports are not considered received until in the possession of the Budget and Subsidy Unit.***

**REQUIRED REPORTS**

**Progress Report**

- ◆ Grantees must submit a written Progress Report within **60** days after the end of the State Fiscal Year **September 30, 2014**. This narrative should be at least two typed pages describing accomplishments of the goals, objectives, activities, outcomes, methodologies, actual number of project participants served, any barriers to meeting needs of the target population, and success or challenges with collaborative efforts. Also, describe why certain activities were not successful or if any changes were required for the project. Applicable backup documentation, such as media materials, agendas, evaluation reports, etc. may be attached.

***For questions regarding progress reports, please contact the Regional Coordinator listed in the SFY 2014 Notice of Sub-Award.***

**Expenditure Report**

- ◆ The expenditure report is a management tool used to assist the grantee and OhioMHAS in monitoring the approved budget. The expenditures must be properly tracked and match appropriate agency accounting records. The mid-year report includes expenditures from the

first and second quarters of the state fiscal year. The final report includes expenditures from all four quarters of the state fiscal year. Expenditure reports are due to the Department as follows:

**Reporting Period**

Mid Year: July 1, 2013 to December 31, 2013  
Final: July 1, 2013 to June 30, 2014

**Date Due to OhioMHAS**

January 31, 2014  
September 30, 2014

- ◆ The **Final** expenditure report is due to the Department by **September 30, 2014**. This report will reflect all expenditures to date including payments for items previously encumbered for the budgeted period. ***This report is considered the official record of final expenditures for the grant and OhioMHAS may adjust future funds based on the amount of funds reported as remaining on the final expenditure form.*** The Department may request that unexpended funds be returned to your local ADAMHS/ADAS Board. If your program funding does not flow through an ADAMHS/ADAS Board, OhioMHAS will review the circumstances and determine the proper course of action for any unexpended funds. Do not return the funds to OhioMHAS unless instructed.
- ◆ An **approved** program budget is enclosed with the Notice of Award. Expenditure reports are to be completed based on the line items in the approved budget. The SFY 2014 Budget/Expenditure Form can be downloaded from the OhioMHAS web site at [www.mha.ohio.gov](http://www.mha.ohio.gov). Select "Funding," "Grants," "Grant Reporting," under "SFY 2014 Grant Reports."
- ◆ Follow the instructions below when completing expenditure reports:
  - Identify the name of the implementing agency, program title, Federal tax identification number, last four digits of the state grant number, fiscal year and appropriate reporting period for the expenditure report.
  - List the line items in the appropriate categories based on the approved budget included with the NOSA. Report actual funds expended with either OhioMHAS funds or "Other Funds" for the appropriate reporting period.
  - Indicate the person's name and telephone number who completed the report. The agency fiscal officer must sign and date the expenditure report indicating approval with the identified expenditures.
  - When equipment/furniture is purchased with OhioMHAS grant funds, programs are required to submit a list of the type of equipment/furniture, serial number, and cost for each item to OhioMHAS. Please use the **OhioMHAS Equipment/Furniture Purchase Form** to submit this list. This form is to be submitted with the final expenditure report. The OhioMHAS Equipment/Furniture Purchase Form is available on the OhioMHAS website at [www.mha.ohio.gov](http://www.mha.ohio.gov) under "Funding," "Grants," "Grant Reporting Forms" then "SFY 2014 Grant Reporting."

***For questions regarding expenditure reports, please contact the Grants Coordinator identified in the SFY 2014 Notice of Sub-Award.***

# REVISIONS

## Budget Revision

- ◆ **A Budget Revision to the Budget is required if a program is requesting a change in the OhioMHAS Budget Categories I (Personnel Costs), II (Non-Personnel Costs), III (Motor Vehicle/Travel/Food/Conference), or IV (Equipment/ Furniture Costs) that is greater than 10% of the Total Category.** For example, your agency has been approved for \$10,000 for the Category I line items. The program decides to transfer \$2,500 to line items in Category II. Therefore, a budget revision would be required because the decrease exceeds 10% of Category I. If the program decided to transfer \$450 to the Personnel line item from the Fringe Benefits line item, no budget revision would be necessary as they are both line items in Category I.
- ◆ **Any changes or additions in OhioMHAS Budget Categories IV (Equipment/Furniture Costs) must be pre-approved by OhioMHAS with the submission of a Budget Revision. The request must include justification for the purchase of the Equipment and/or Furniture in relation to the program's performance targets. A Budget Revision Approval Notice must be received from OhioMHAS before the purchase(s) can be made.**
- ◆ **A Budget Revision Approval Notice from OhioMHAS with the Director's signature is the official pre-approval the Agency must receive before incurring costs for a change in the Budget Categories.**
- ◆ Changes in the program's budgeted "Other Funds", which will impact planned services, also must be reported.
- ◆ Follow the instructions below to request a budget revision:
  - Complete Face Sheet signed by the Agency Executive Director and Agency Board Member. Check "Revision" box for Face Sheet type.
  - Include a proposed revised budget using a "SFY 2014 Budget/Expenditure Form." Check "Budget Revision" box.
  - Attach a detailed "Budget Narrative" indicating how each line item was calculated for each section and a) the amount of the change, b) reason for the change, c) fiscal impact of the change (if any), and d) resulting impact on the program accomplishments and services to be delivered.
  - The SFY 2013 Goals & Objectives Budget/Expenditure Form can be downloaded from the OHioMHAS web site at [www.mha.ohio.gov](http://www.mha.ohio.gov). Select "Services," "Fiscal," "Grant Guidance," and "SFY 2014 One-Time Grant Applications." The Excel Budget/Expenditure Form is entitled "SFY 2014 Budget/Expenditure Form."
- ◆ Submit budget revision to:  
**Ohio Department of Mental Health and Addiction Services  
Community Funding Unit, Division of Fiscal Services  
30 E. Broad Street, 11th Floor  
Columbus, Ohio 43215**

- ◆ A copy of the requested budget revision should be submitted to the local ADAMHS/ADAS Board if the funding for the grant flows through the Board to the agency.
- ◆ The Department will respond to the budget revision request within twenty (20) calendar days. Programs must receive **prior written approval** from OhioMHAS before incurring costs for a change in the budget.
- ◆ Budget revisions for SFY 2014 must be received no later than **April 30, 2014**. **Requests received after this date will not be processed and therefore will not be considered for review and approval.**

***For questions regarding budget revisions, please contact the Grants Coordinator identified in the SFY 2014 Notice of Sub-Award.***

### **Program Revision**

- ◆ Anticipated significant change in the overall thrust of the program is to be reported in writing to the appropriate OhioMHAS Regional Coordinator as soon as practical during the award period.
- ◆ The report will contain a clear explanation of the proposed change and impact to the program.
- ◆ Program revisions must be accompanied with a new Face Sheet signed and dated by the implementing agency executive director and authorized implementing agency board member.
- ◆ Regional Coordinators will send a notice in writing to the agency indicating a decision on the Request. Submit program revisions to:

**Ohio Department of Mental Health and Addiction Services  
Community Funding Unit, Division of Fiscal Services  
30 E. Broad Street, 11th Floor  
Columbus, Ohio 43215**

***For questions regarding progress reports, please contact the Regional Coordinator listed in the SFY 2014 Notice of Sub-Award.***