



SFY 2015 Mental Health Block Grant (MHBG) Project Funding Application

Application Requirements Checklist

Eligible applicants must complete and submit the following required components electronically to the Project Lead and copy: fundingapplication15@mha.ohio.gov

All completed application components, attachments and supporting documentation listed below must be received by the Ohio Department of Mental Health and Addiction Services (ODMHAS) by 5:00 PM June 10, 2014. Applications received after this date will not be considered.

- Project Funding Application
- Sub-Recipient Information **or** Not Applicable
- Application Narrative
- Financial Information
- Budget by Line Item
- Budget Narrative
- Submit Standard Affirmation and Disclosure Form: Executive Order 2011-12K. Please see the following page for additional guidance.*
- SFY 2015 Performance Measurement Worksheet (PMW)
- SFY 2015 Agreements and Assurances
- A Financial audit (e.g., A-133) less than two years old.
- Current Liability Insurance or Bond coverage. This must cover Board members, employees, and all claims arising out of activities in the Agreement and Assurances.

Standard Affirmation and Disclosure Form – Executive Order 2011-12K Note:

All applicants for funding must complete and sign the Department of Administrative Services/Ohio Department of Mental Health document to comply with Executive Order 2011-12K governing the expenditure of public funds for offshore services.

Please complete, sign and scan this form and e-mail to your project Lead. If the applicant is unable to sign and scan this document, a hard copy may be sent via USPS to the MHBG Project Lead.

Application Questions

Please submit any questions about the SFY 2015 funding application process electronically to your Project Lead and copy: fundingapplication15@mha.ohio.gov

Project Information: (To Be Completed By ODMH Project Lead)

<u>Project Name:</u>	
<u>Award Procurement Method:</u> <input type="checkbox"/> Sub-grant <input type="checkbox"/> Inter-agency agreement (IAA)	
<u>Project Reference Code:</u> <u>Project Sub award Number:</u>	<u>Program Start Date</u> (mm/dd/yyyy): 7/1/2014 <u>Program End Date</u> (mm/dd/yyyy): 6/30/2015
<i>If more than one funding source:</i> <u>Project Reference Code:</u> <u>Project Sub award Number:</u>	<u>Funding Source Start Date</u> (mm/dd/yyyy): 7/1/2014 <u>Funding Source End Date</u> (mm/dd/yyyy): 6/30/2015
<u>MHBG Project Lead:</u> <u>Title:</u> <u>OhioMHAS Office:</u>	<u>Authorizing Administrator:</u> <u>Title:</u>
<u>Address:</u> Ohio Mental Health and Addiction Services 30 E. Broad St., Floor 8 Columbus, Ohio 43215 <u>Office Phone:</u>	Additional Contact Information: <u>Mobile Phone:</u> <u>Fax Number:</u> <u>Email:</u>

Applicant Information: To Be Completed By Applicant

<u>Organization Name:</u>		<u>Fiduciary Agent Name (if different):</u>	
<u>Legal Name (if different):</u>			
<u>Legal Status:</u>			
<input type="checkbox"/> Non-Profit		<input type="checkbox"/> Government Entity	
<input type="checkbox"/> For-Profit		<input type="checkbox"/> Other (specify) _____	
<u>Federal Tax ID:</u>		<u>Central Contractor No. (CCN)</u> <i>(if applicable):</i>	
<u>Congressional District: 1-18 (statewide)</u>		<u>DUNS Number:</u>	
<u>Applicant Contact Name:</u>		<u>Fiduciary Agent Contact Name:</u>	
<u>Title (e.g. program manager):</u>		<u>Title (e.g. fiscal officer):</u>	
<u>Office Phone:</u>		<u>Office Phone:</u>	
<u>Mobile Phone:</u>		<u>Mobile Phone:</u>	
<u>E-mail:</u>		<u>E-mail:</u>	
<u>Organization Information:</u>			
<u>Street Address:</u>		<u>Organization Authorized Representative</u>	
<u>City:</u>		<u>Name:</u>	
<u>State:</u>		<u>Title:</u>	
<u>Zip:</u>			

Subrecipient Information: To Be Completed By Applicant

<p><u>Sub recipient Name:</u> <input type="checkbox"/> Not Applicable</p> <p><u>Legal Name (if different):</u></p> <p><u>Federal Tax ID:</u></p>	
<p><u>Sub recipient Contact Name:</u></p> <p><u>Title (e.g. program manager):</u></p> <p><u>Office Phone:</u></p> <p><u>Mobile Phone:</u></p> <p><u>Fax:</u></p> <p><u>E-mail:</u></p>	<p><u>Sub recipient Information:</u></p> <p>Street Address:</p> <p>City:</p> <p>State:</p> <p>Zip:</p> <p><u>Sub recipient Authorized Representative (if applicable)</u></p> <p>Name:</p> <p>Title:</p> <p>E-mail:</p>
<p><u>Fiduciary Agent Name (if different):</u></p> <p><u>Fiduciary Agent Contact Name:</u></p> <p><u>Title (e.g. fiscal officer):</u></p>	<p>Sub recipient Fiduciary Agent Contact Information:</p> <p><u>Office Phone:</u></p> <p><u>Mobile Phone:</u></p> <p><u>E-mail:</u></p>

Project Narrative: To Be Completed By Applicant

Describe the purpose and activities of the project for which funding is requested and identify the project's expected impact on the lives of consumers and families. Please limit to one page. NOTE: MHBG Project Leads may require additional elements for the proposed project.

Project Purpose

Project Activities

Project Impact

Financial Information: To Be Completed By Applicant

A. Is Applicant subject to an A-133 audit? Please review the threshold amount in the circulars at the web link(s) below to determine what is required.

Web links: (verified 1/29/14)

<http://www.whitehouse.gov/omb/circulars>

http://www.whitehouse.gov/sites/default/files/omb/assets/a133/a133_revised_2007.pdf

If yes, please go to item B. below.

If no, please go to item D. below.

B. If yes, provide the date the Applicant's A-133 audit was filed with the OhioMHAS Office of Financial Management s (mm/dd/yyyy): 1/31/13

If an A-133 audit is not on file, please explain the reason:

C. If Applicant has A-133 audit findings, what was the management decision? Please attach the corresponding management decision with this sub-grant application.

D. If Applicant is not subject to the audit requirements of OMB Circular A-133, please provide the date that Applicant's financial audit was filed with OhioMHAS Office of Financial Management (mm/dd/yyyy):

If Applicant's audit is not on file with the OhioMHAS Office of Financial Management, please explain:

E. If Applicant has a sub recipient, was the sub-recipient subject to an A-133 audit?

Yes, go to item F. below.

No, go to item G. below.

F. If **sub recipient** A-133 audit had findings, what management decision was issued?

Please attach the management decision with the application.

G. If Applicant of this project plans to complete project activities through a sub-recipient, please describe the compliance process to assure each sub-recipient is subject to appropriate monitoring and audit requirements, liability insurance, and insurance/bonds of all board members or employees who are responsible for payments and expenditures.

Not Applicable

Ohio Department of Mental Health and Addiction Services

Grant Budget by Line Item Policies updated May 2015

Category	Definitions
A. Budget Categories	Specific categories containing budget line items that make up the total budget
A1. Personnel	Payments of salaries and wages, payroll and personnel charges made to or for employees on staff at the implementing agency.
A2. Fringe Benefits	Fringe benefits, medical/dental/vision benefits, supplements, retirement match, etc. for employees on staff at the implementing agency. Agency must provide rate as percentage of Personnel salaries or the specific cost for each benefit.
A3. Consultants	Payments for personal services rendered by companies and individuals not on payroll including professional fees, consultant fees, other purchased personal services and payments for temporary work furnished by private companies.
A4. Subscriptions & Publications	Purchases of or subscriptions to published materials for trainings/meetings, program participants, and staff.
A5. Supplies	All purchases of supplies and materials regardless of amount with the exception of food (see A14), fuel and motor vehicle supplies (see A12). This includes office supplies.
A6. Printing/Copying	Payments for printing or copying materials for general office use or for the distribution to clients/consumers.
A7. Rent/Lease Expenses	Payments associated with renting or leasing a facility for office space and/or space to hold regular grant related activities.
A8. Phone/Utilities	Payments for all utility services such as phones, cell phones, voicemail services, gas, electric and water for offices or facilities used for grant related activities (Payments for motor vehicle fuel must be listed under Motor Vehicle).
A9. Maintenance/Repair	Payments associated with the upkeep and maintenance of facilities, repairing office equipment, furniture, etc.
A10. Rentals	Costs for renting equipment and furniture, such as a copier or overhead projector.
A11. Insurance	Payments for car, office and /or business insurance. Health insurance must be listed under fringe benefits.
A12. Motor Vehicle	<p>Payments for a leased vehicle, fuel for motor vehicles, and the maintenance and repair of motor vehicles. (Payments to purchase a motor vehicle are <u>not</u> allowed.)</p> <p>The following information regarding the proposed vehicle leases must be provided to and approved by OhioMHAS prior to signing the lease agreement:</p>

	<p>1. Justification for the lease in relation to the program outcomes.</p> <p>2. Lease details</p> <ul style="list-style-type: none"> • Name of dealership • Year, make and model of vehicle(s) • Length/term of lease agreement • Monthly lease payment <p>Annual mileage included in the lease agreement, and cost per mile for overage</p>
<p>A13. Travel</p>	<p>Payments associated with travel, including meals, lodging, and mileage. Travel, meals and lodging rates can not exceed the state of Ohio rates as set forth by the Ohio Office of Budget and Management in the Ohio Administrative Rule 126-1-02.</p> <p>Grantees are permitted to use funds for travel; however, the following rules apply:</p> <ul style="list-style-type: none"> •The agency will provide sufficient detail about the travel and associated costs. •Justification for the travel in relation to the grant program. •Travel reimbursed with OHIOMHAS funds should only be used for staff directly assigned to the grant funded program. •Mileage reimbursement must include the rate per mile and anticipated number of miles. The rate shall not exceed State of Ohio travel rates. •Maximum rates for lodging and per diems for meals and incidentals are set by location. These rates are available at www.gsa.gov/perdiem. •Provide a breakdown of the meal costs. Reimbursement for meals is authorized only when overnight lodging is required. If conference event includes or provides a meal, the staff shall not be reimbursed for that same meal in the per diem rate. • Overnight lodging may be reimbursed only when staff is traveling on official business and is either: (a) At a location greater than forty-five miles of both the staff residence and headquarters, or (b) At a location greater than thirty miles of both the staff's residence and headquarters for conference purposes. If lodging is at the conference site or a hotel identified in the conference registration materials as one of the conference hotels, it may be reimbursed at actual cost, provided such cost is reasonable as determined by the head of the agency. <p><u>Attending a Conference/Training</u></p> <ul style="list-style-type: none"> •Permissible conference related travel expenditures shall include mileage, lodging, conference registration, and per diem, and shall not exceed State of Ohio travel rates.

	<ul style="list-style-type: none"> •Conference should be directly applicable to the grant, i.e., UMADAOP, TASC, etc. •Conference/Training and related Travel expenses should include a detailed explanation of the conference/training that will be attended including: <ul style="list-style-type: none"> -content as it relates to the grant funded program. -conference/workshop speakers and their credentials -conference location -information regarding whether any meals are included with the registration fees -length of conference, etc. <p><u>Providing a Conference/Training</u></p> <ul style="list-style-type: none"> •Conference/Training related Travel expense charges should include a detailed explanation of the conference/training that will be provided including: <ul style="list-style-type: none"> -content as it relates to the grant funded program -conference location -length of conference, etc.
A14. Food	<p>Payments made for any food to be provided by grantee to the program participants at grant related meetings or events (meals for travel must be listed under travel).</p> <p>Food purchases are permissible for program participants if the purchase is justified in relation to the program plan and outcomes in the applicant’s budget narrative.</p> <ul style="list-style-type: none"> •Residential treatment facilities may charge for the cost to provide meals to clients. •Meal reimbursement while in travel status must be listed under the Travel line item. <p><u>Providing a Conference/Training</u></p> <ul style="list-style-type: none"> •Agencies holding a conference/training may not exceed the State Travel Meal rate for the meals provided. •Conference/Training related Travel expense charges should include a detailed explanation of the conference/training that will be provided including: <ul style="list-style-type: none"> -content as it relates to the grant funded program -conference location -information regarding whether any meals are included with the registration fees -length of conference, etc.
A15. Conference/ Training/Registration	<p>Payments associated with the providing or attending a conference or training for grant related activities, not to include travel or meal costs.</p> <p>Grantees are permitted to use funds for Conference/ Training/Registration; however, the following rules apply:</p>

	<ul style="list-style-type: none"> •Conference should be directly applicable to the grant program area, i.e., UMADAOP, TASC, etc. •Permissible conference related travel expenditures shall include mileage, lodging, conference registration, and per diem and shall not exceed State of Ohio travel rates. These expenses must be listed in the Travel line item. <p><u>Attending a Conference/Training</u></p> <ul style="list-style-type: none"> • Conference/Training fees reimbursed with OHIOMHAS funds should only be used for staff directly assigned to the grant funded program. •Conference/Training/Registration line item must include a detailed explanation of the conference that will be attended including: <ul style="list-style-type: none"> -content as it relates to the program -availability of continuing education credits for attendees -conference location -registration fees -information regarding whether any meals are included with the registration fees -length of conference, etc. <p><u>Providing a Conference/Training</u></p> <ul style="list-style-type: none"> •Conference/Training/Registration expenses should include a detailed explanation of the conference/training that will be provided including: <ul style="list-style-type: none"> -content as it relates to the program -conference/workshop speakers and their credentials -availability of continuing education credits for attendees -conference location -registration fees -information regarding whether any meals are included with the registration fees -length of conference, etc.
A16. Equipment/ Computer	<p>Payments for the purchase of any new or used equipment and computers. Any use of funds for equipment, computers, or computer software must be justified in terms of the relationship of the purchase to the program or activity. Funds cannot be expended for equipment, computers or computer software until approved by the Department.</p>
A17. Furniture	<p>Payments for the purchase of any new or used furniture. Any use of funds for furniture must be justified in terms of the relationship of the purchase to the program or activity. Funds cannot be expended for furniture until approved by the Department.</p>

Other Funds	Includes all funding sources (Board funds, other grant funds, fees, etc.) that contribute to the total budget for the grant program. Other funds used to support the grant funded program must be included in the Budget and Narrative but OhioMHAS does not have a required level of match or in kind services.
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Additional OhioMHAS Budget Information

Allowable Costs - Relevant budget expenditure definitions are described in Sub award Budget and Expenditure Report Definitions. All costs budgeted and claimed must comply with the assurances applicable to the particular Block Grant CFDA 93.958 and PATH CFDA 93.150.

Direct Costs - Costs that can be specifically identified with a particular cost objective or program and are charged directly as part of the cost of the program.
Administrative costs for a particular program should be budgeted as direct costs.
Direct costs must comply with assurances applicable to the particular grant/CFDA number.

Indirect/Administrative Costs - The costs of a Sub-Awardee not readily assigned to a particular program but are necessary to the operation of the agency and performance of the program. Actual indirect costs meeting the requirements specified below are allowed in amounts **up to ten percent (10%) of the total budget** for non-university organizations and up to **five percent (5%) of the total budget** for programs affiliated with colleges and universities. Under appropriate circumstances, upon application, ODMH may waive these limits for the budgeting and claiming of indirect costs.

Indirect costs must:

- Be calculated according to the principles set forth in the applicable OMB Circular(s);
- Be limited to those costs properly allocated to the particular program, and;
- Comply with the assurances applicable to the particular grant/CFDA number.

Other information relating to Federal Cost Principles and Grant Administration Requirements may be found at the following web links:

OMB Circular A-21: Cost Principles for Educational Institutions (Revised 05/10/04)
http://www.whitehouse.gov/sites/default/files/omb/assets/omb/fedreg/2005/083105_a21.pdf

OMB Circular A-87: Cost Principles for State, Local, & Indian Tribal Governments (Revised 05/10/2004)

http://www.whitehouse.gov/sites/default/files/omb/assets/omb/fedreg/2005/083105_a87.pdf

OMB Circular A-102: Grants and Cooperative Agreements with State and Local Governments (Rev. 10/07/94, Amended 08/29/97) http://www.whitehouse.gov/omb/circulars_a102

OMB Circular A-110: Uniform Administrative Requirements for Grants and Agreements with Institutions of Higher Education, Hospitals & Other Non-Profit Organizations (Revised 11/19/93, Amended 9/30/99)

<http://www.whitehouse.gov/sites/default/files/omb/assets/omb/circulars/a110/2cfr215-0.pdf>

OMB Circular A-122: Cost Principles for Non-Profit Organizations (Revised 05/10/04)

http://www.whitehouse.gov/sites/default/files/omb/assets/omb/fedreg/2005/083105_a122.pdf

OMB Circular A-133: Audits of States, Local Governments, & Non-Profit Organizations (Revised 06/27/03)

http://www.whitehouse.gov/sites/default/files/omb/assets/a133/a133_revised_2007.pdf

CFR 31.2: Commercial Organizations

45 CFR 74: Subpart E Hospitals