



Department of Alcohol &
Drug Addiction Services

SFY 2013 Goals & Objectives Application

John R. Kasich, Governor

Orman Hall, Director

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Ohio Department of Alcohol and Drug Addiction Services (ODADAS)

Mission Statement

To provide statewide leadership in establishing a high-quality addiction prevention, treatment and recovery services system of care that is effective, accessible and valued by all Ohioans.

Introduction

The State Fiscal Year (SFY) 2013 Goals & Objectives Application provides applicants with the requirements for the application and sets forth the process by which the grant application will be reviewed. This grant application is for a one-time grant and will cover the time period from the anticipated grant program start date and can be no later than June 30, 2013.

General Instructions for Completing Application

The requested information must be submitted in the order given. Applications are to be stapled or clipped in the upper left-hand corner. Do not permanently bind or put the application in a folder. Do not include organizational tabs, dividers or separation sheets. Applications should be no smaller than 12-point type font, single-spaced and single-sided. Number each page of the application in the top right hand corner.

Send Application to:

Ohio Department of Alcohol and Drug Addiction Services
Division of Fiscal Services, Budget and Subsidy Unit
30 E. Broad Street, 11th Floor
Columbus, Ohio 43215

Do not send the application to the Attention of the Regional Coordinator or Grants Coordinator.

Restrictions

Grant funds may not be used for: the purchase of vehicles, cash payments to recipients of services, capital improvement, construction, professional or credentialing fees, licenses, fines, penalties or to supplant existing funds for staff or programs.

ADAMHS/ADAS Board Comments

Applicants must also send one copy of the completed grant application to the appropriate ADAMHS/ADAS Board. Please make sure to schedule enough time with the Board to allow for their review. The Board will then submit Board Review/Comment Form with original signatures to ODADAS **one week after the grant application deadline**. Submitting the ADAMHS/ADAS Board Review/Comments Form to ODADAS ensures the receipt of the grant application to the Board. While comments are not required by the ADAMHS/ADAS Board, ODADAS values input on grant application submissions.

Questions and Technical Assistance

Questions related to the application process and fiscal requirements should be directed

to your Grants Coordinator/Analyst and programmatic questions should be directed to your Regional Coordinator. Please see the ODADAS Contacts list in the Enclosures to select the appropriate contact.

Grant Application Review

All grant applications will be reviewed by ODADAS staff for format and guideline compliance. The Budget and Budget Narrative must have correct math and accurately correspond with each other. The Budget Narrative must adequately justify and explain each line item. All required forms must be signed and dated.

Reporting Requirements

As authorized in Ohio Revised Code Section 3793.12, ODADAS will collect information and statistics from grantees. This information and data is outlined in the Reporting Requirements, which will be distributed with all of the Notice of Awards. These Reporting Requirements will be available on the ODADAS website. Reporting requirements, such as expenditure reports and progress reports, will be reviewed by ODADAS Staff. Failure to comply with reporting requirements shall result in further action by ODADAS.

Non-Compliance/Accountability

Ohio Administrative Code section 3793:6-1-01, authorizes ODADAS to withhold from a Board or an alcohol and drug addiction program all or part of the state and federal funds allocated or granted by the Department for a specific program for any of the following: (1) Failure of the program to comply with rules adopted by the Department, (2) Failure of the program to comply with provisions of state or federal law, including federal regulations.

The Department is required to identify the areas of the program's noncompliance and the action necessary to achieve compliance and shall offer technical assistance to the program and the Board to assist the program in achieving compliance. If compliance is still not achieved after technical assistance has been provided, the Department is required to give the program written notice by certified mail, return receipt requested, if it intends to withhold funds. The program is entitled to a hearing if it requests it within thirty days of the time of the mailing of the notice. Please see OAC 3793:6-1-01 for additional information.

Section 1 – ODADAS Goals & Objectives Application Face Sheet

Accurately complete a face sheet form for the grant application.

- Indicate the Face Sheet and Service Type.
- Insert the total ODADAS funds requested for the grant application. Applicants can apply for no more than the amount listed on the ODADAS Response to Request for Funding Letter.
- Identify Grant Program time period. The end date can be no later than June 30, 2013.
- Indicate the pending grant # provided on the ODADAS Response to Request for Funding Letter.
- Please provide the Grant Program title.
- Complete Agency information.
- The face sheet must be signed and dated by the Authorized Implementing Agency Board Member and Implementing Agency Executive Director.

Note: A signed face sheet must accompany each budget revision and/or any revision to this application submitted to ODADAS.

**SFY 2013 ODADAS Goals & Objectives Application
FACE SHEET**

FACE SHEET TYPE (check one)	SERVICE TYPE (check one)
<input type="checkbox"/> Original <input type="checkbox"/> Revision* <input type="checkbox"/> Report**	<input type="checkbox"/> Treatment & Recovery <input type="checkbox"/> Prevention

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

**Check Report when submitting annual reports.

Total ODADAS Funds Requested: \$ _____ Grant Period: _____ to _____

Pending Grant Number: _____ Program Title: _____

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 Name	

Authorized Implementing Agency Board Member

Date

Implementing Agency Executive Director

Date

Section 2 – Program Abstract

The Program Abstract is a summary of the program. Information in this section should provide clear and concise information about the program: customers (target population) including number to be served, range of services/activities and change(s) in customer behaviors and/or conditions the program will achieve, name of intermediaries/ collaborative entities and total program cost. Use no more than one typed page. The Program Abstract must be inserted as Section 2 of the ODADAS grant application.

Section 3 – Program Plan

3A. Problem Statement/Documentation of Need

State clearly the specific problem(s) the program is designed to address. Include existing needs of the target population to be served. Focus directly upon the service area/locality of the program, rather than upon the general problems of the community. Goals and objectives that will be addressed in the implementation plan should correlate with the needs identified in this section.

3B. Target Population

Describe the population the project is designed to serve. Include demographics, (i.e., age ranges, gender, racial and ethnic background, detailed description where population frequents and resides, etc.) and environmental situations/conditions (i.e., family structure, school atmosphere, level and type of substance abuse, health status, cultural, language and gender issues, violence issues, involvement with corrections and human service agencies, etc.) specific to the population the project intends to serve.

3C. Implementing Agency

Describe the philosophy, mission and history of the implementing agency and how this applies to the proposed program. Describe the agency's capability to fulfill the services/activities proposed.

3D. Staffing Description

Describe the project work site and its accessibility to project participants. Document how the project staffing pattern reflects ethnic, racial and cultural relevance to the target population.

Insert the following documentation after staffing description:

1. Table of organization for the implementing agency.
2. Job descriptions (including qualifications) for members of the project staff.
3. Copy of any proposed contract(s) and/or other agreement(s) with consultant(s), if applicable.

3E. Implementation Plan

Provide the following in the order given: for each goal, list the related outcome objective(s), indicate the measurement to be used to assess if each outcome objective has been met, identify the activity(ies) to be completed to meet each outcome objective, and indicate the number to be served, time line and position of the person(s) responsible for each activity. Program activities should address the problem statements/needs identified and meet the goals and outcome objectives for the program.

Goal: A goal is a broad, general statement concerning what the program intends to accomplish.

Outcome Objective: An objective is a statement describing a specific result(s), time frame and measure (percent or count). Each objective should be linked to a goal. An outcome objective is designed to measure the desired change or effect of the program on the target population.

Activity: An activity is a specific action that helps to achieve the objective(s). For each activity, list the number of participants served, a time line to complete the activities and position(s) responsible for oversight of the activities.

3F. Collaboration

Is this project in collaboration with other entities/agencies? **Yes** **No**

If yes, describe how services will be linked with consumer needs and service delivery. Letters of commitment and/or memoranda of agreements from all the agencies involved must be inserted directly following this section.

3G. Future Project Plans

Will this project continue if funding is eliminated? **Yes** **No**

If yes, state specific plans to include time lines and documentation that support the continuation of the goals of this project.

Section 4 - Budget/Expenditure Form Instructions

An accurate SFY 2013 Budget/Expenditure Form must be completed with the grant application. Applicants can apply for no more than the amount listed on the ODADAS Response to Request for Funding Letter. The form is designed for both preparing an initial budget and reporting actual expenditures. Volunteer services should be reported at the prevailing wage rate. Leave the grant program area and state grant number blank until an ODADAS grant program area and number is assigned on your Notice of Award. Once a grant number is assigned, include the grant number on expenditure reports and budget revisions. The following five areas pertain to the columns on the budget/expenditure form:

- A. Budget Categories –The line items for the grant program area’s planned budget.
- B. ODADAS Funds – The ODADAS funds budgeted by budget category for the grant program area.
- C. Other Funds - All other fund sources (other than ODADAS) anticipated for the budget period, by budget category.
- D. Total Funds – This includes the total of both the ODADAS and Other Funds for the identified grant program area.
- E. Totals – These are the totals for ODADAS Funds, Other Funds, and Total Funds. Calculations are automatic in the Microsoft Excel Budget/Expenditure Form.

An example of a budget form has been included for your reference. **The SFY 2013 Budget/Expenditure Form can be obtained from the ODADAS website www.odadas.ohio.gov at “Services,” “Fiscal,” “Grant Guidance,” and “SFY 2013 One Time Grant Applications.” This form is available in Microsoft Excel and PDF format.**

**Ohio Department of Alcohol & Drug Addiction Services
SFY 2011 Budget/Expenditure Form**

Implementing Agency: Prevention Services, Inc.

Grant Program Area: _____

Budget Period: July 1, 2010 - June 30, 2011

State Grant #: _____

<i>For ODADAS Internal Use Only</i>	
APPROVED BY _____	DATE _____

- Initial Application**
- Budget Revision***
- Expenditure Report**

A. Budget Categories:	B. ODADAS Funds	C. Other Funds	D. Total Funds
Category I: Personnel Costs			
A1. Personnel	\$44,000	\$20,000	\$64,000
A2. Fringe Benefits	10,000	7,696	17,696
Category II: Non-Personnel Costs			
A3. Consultants	0	0	0
A4. Subscriptions & Publications	0	0	0
A5. Supplies	600	1,600	2,200
A6. Printing/Copying	0	0	0
A7. Rent/Lease Expenses	0	0	0
A8. Phone/Utilities	1,200	480	1,680
A9. Maintenance/Repair	0	0	0
A10. Rentals	0	0	0
A11. Insurance	0	0	0
Category III: Motor Vehicle/Travel/Food/Conference			
A12. Motor Vehicle	0	0	0
A13. Travel	2,000	3,400	5,400
A14. Food	0	0	0
A15. Conference/Training/Registration	0	299	299
Category IV: Equipment/Furniture			
A16. Equipment/Computer	189	1,100	1,289
A17. Furniture	0	0	0
E. Totals	\$57,989	\$34,575	\$92,564

<p>When this form is completed as an expenditure report the person submitting must print or type name and sign the document.</p> <p>Prepared By: _____</p> <p>Fiscal Signature: _____</p> <p>Date: _____</p>
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*Prior written approval must be obtained from ODADAS before incurring costs that exceed a 10% change between Budget Categories or any change to Category IV.

Section 5. – Budget Narrative Instructions

Identify the agency name and program title at the beginning of the Budget Narrative. Ensure that the budget narrative begins with identification and explanation of all anticipated sources of income. For each identified funding source, explain funding time frames and any applicable restrictions, anticipated client fees and in-kind sources for each grant. If applicable, Medicaid reimbursement should be identified by grant program area.

The “Other Funds” category must be explained by line item on the budget narrative. Provide documentation on how each line item of “Other Funds” budgeted was calculated. **Please note: “Other funds” are required to be included in the Budget Form and Budget Narrative.**

Any use of funds for equipment, furniture or computer software must be justified in terms of the relationship of the equipment, furniture or computer software to the program or activity. Justification to purchase equipment, furniture or computer software must be submitted to ODADAS and include consideration of how the equipment, furniture or computer software will be used, why the purchase is necessary, how the cost was determined and why the program considers the cost reasonable. Funds cannot be expended for equipment, furniture or computer software until approved by the Department. Once approved, programs must submit a list of equipment purchased with ODADAS grant funds during State Fiscal Year 2013 on the ODADAS Equipment/Furniture Purchase Form. Please use this form to list the type of equipment/furniture, serial number, and cost for each item. Please submit this with the final expenditure report.

An example of a budget narrative has been included for your reference. A template of the Budget Narrative is available online at www.odadas.ohio.gov. Go to “Services,” “Fiscal,” “Grant Guidance,” and “SFY 2013 One Time Grant Applications.”

Make sure you check for accuracy. Ensure the budget and budget narrative balance individually and to each other.

Section 5 – BUDGET NARRATIVE EXAMPLE

Agency Name: Prevention Services, Inc.

Program Title: Youth Prevention Services

ANTICIPATED INCOME SOURCES DURING PROGRAM PERIOD:

- A. **ODADAS** – This is the amount awarded under Community Prevention funds for prevention education services and activities under the project. **\$57,989**
- B. **Local ADAMHS Board** – This amount represents the funding from the local ADAMHS Board to fund prevention education services and activities under the project. ADAMHS Board funding for this project will be from July 1 through June 30. **\$17,875**
- C. **United Way** – This represents funding received from United Way to help cover the costs for expansion of services in three additional schools. United Way funding for this project operates on a fiscal year of July 1 through June 30. **\$16,700**

Total Funding	\$92,564
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LINE ITEM BUDGET JUSTIFICATION:

A1. Personnel Position	Annual Salary	Level of Effort	ODADAS Funds	Other Funds
Program Director	\$50,000	0.2 FTE	\$ 0	\$10,000
Prevention Educator	\$30,000	1.0 FTE	\$30,000	\$ 0
Administrative Assistant	\$24,000	1.0 FTE	\$14,000	\$10,000

The Program Director will spend 20 percent of time providing administrative oversight for the program. The Prevention Educator will provide direct prevention education services, group facilitation and other prevention services to schools throughout the four county ADAMHS Board region. The Administrative Assistant will coordinate all scheduling for the Prevention Educator, coordinate daily office functions, and maintain all bookkeeping functions. ODADAS will completely fund the Prevention Educator position. The Administrative Assistant will be paid with 58.3% ODADAS funds and 41.6% United Way funds. The Program Director will be completely paid with ADAMHS Board funds.

Total Personnel	ODADAS Funds \$44,000	Other Funds \$20,000
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A2. Fringe Benefits

Fringe Benefits will include FICA at 6.20% (\$3,968), Medicare at 1.25% (\$800) Workers Compensation at 1% (\$640), Unemployment Compensation at 1.2% (\$768), Health Insurance at 14% (\$8,960) and Retirement at 4% (\$2,560). ODADAS funds will assist with fringe benefits by paying \$10,000. United Way and local ADAMHS Board funds will pay the remainder of fringe benefit payment(s) at \$3,848 from each source.

	ODADAS Funds	Other Funds
Total Fringe Benefits	\$10,000	\$7,696

A3. Consultants

No funds are assigned to this line item.

	ODADAS Funds	Other Funds
Total Consultants	\$0	\$0

A4. Subscriptions and Publications

No funds are assigned to this line item.

	ODADAS Funds	Other Funds
Total Subscriptions and Publications	\$0	\$0

A5. Supplies

Supplies will include all the necessary office supplies needed to provide services. This includes \$600 for consumable office supplies such as pens, pencils, paper, staples, mailing materials, printer ink, etc. Supplies also include \$1,600 alcohol and drug educational materials and DVDs that are designed specifically for school aged children. ODADAS funds will provide \$600 towards the cost of these supplies. Local ADAMHS Board funds will cover \$1,000 toward supplies costs and United Way funds will cover \$600.

	ODADAS Funds	Other Funds
Total Supplies	\$600	\$1,600

A6. Printing/Copying

No funds are assigned to this line item.

	ODADAS Funds	Other Funds
Total Printing/Copying	\$0	\$0

A7. Rent/Lease Expenses

No funds are assigned to this line item.

	ODADAS Funds	Other Funds
Total Rent/Lease	\$0	\$0

A8. Phone/Utilities

The Prevention Educator will be working primarily outside of the office and will be issued a cell phone (\$480) to conduct program activities and maintain contact with the office and schools. ODADAS funds will cover electricity at \$700 and office phones at \$500. The local ADAMHS Board will fund \$480 of phone expenses.

	ODADAS Funds	Other Funds
Total Phone/Utilities	\$1,200	\$480

A9. Maintenance/Repair

No funds are assigned to this line item.

	ODADAS Funds	Other Funds
Total Maintenance/Repair	\$0	\$0

A10. Rentals

No funds are assigned to this line item.

	ODADAS Funds	Other Funds
Total Rentals	\$0	\$0

A11. Insurance

No funds are assigned to this line item.

	ODADAS Funds	Other Funds
Total Insurance	\$0	\$0

A12. Motor Vehicle

No funds are assigned to this line item.

	ODADAS Funds	Other Funds
Total Motor Vehicle	\$0	\$0

A13. Travel

The Prevention Educator will be traveling within the local ADAMHS Board and United Way region to provide prevention education services and activities to schools. It is estimated that travel will be 13,500 miles reimbursed at \$.40 per mile for a total reimbursement of \$5,400. ODADAS funds will cover \$2,000 of these costs. Local

ADAMHS Board funds will cover \$2,000 and United Way funds will cover \$1,400 of these expenses.

	ODADAS Funds	Other Funds
Total Travel	\$2,000	\$3,400

A14. Food

No funds are assigned to this line item.

	ODADAS Funds	Other Funds
Total Food	\$0	\$0

A15. Conference/Training/Registration

The local ADAMHS Board will provide \$299 to cover the costs of registration fees for “X” conference. No ODADAS funds will be used for this purpose.

	ODADAS Funds	Other Funds
Total Conference/Training/Registration	\$0	\$299

A16. Equipment/Computer

A laptop computer will be purchased for the Prevention Educator to use in the field. The laptop will play DVD's, allow for PowerPoint presentations and documentation of services provided while traveling. The laptop will be a Toshiba Model L87 (\$1,100) and will be equipped with Microsoft Office (\$189). ODADAS will provide the funds to purchase the software. The United Way and the local ADAMHS Board will each provide \$550 to purchase the laptop.

	ODADAS Funds	Other Funds
Total Equipment/Computer	\$189	\$1,100

A17. Furniture

No funds are assigned to this line item.

	ODADAS Funds	Other Funds
Total Furniture	\$0	\$0

	ODADAS Funds	Other Funds
Grand Total	\$57,989	\$34,575

Section 6. Assurances

The assurances are federal and/or state requirements that must be adhered to by the applicant. Implementing Agency Executive Directors must read, sign and date the following:

1. ODADAS SFY 2013 Board-Funded Agency Conditions and Assurances
2. Age Discrimination Act of 1975
3. Title VI Civil Rights Assurance
4. Section 504 Rehabilitation Act of 1973 Assurance
5. Certification of Suspension and Debarment
6. Environmental Tobacco Smoke Certification

**Ohio Department of Alcohol and Drug Addiction Services
Board-Funded Agency Conditions and Assurances
State Fiscal Year 2013**

General Requirements

1. The governmental agency or nonprofit corporation applying hereunder possesses the legal authority to apply for and receive the grant; and in the case of a nonprofit corporation a resolution, motion or similar action has been duly adopted or passed by the board authorizing the submission of this application and directing and authorizing the person identified as Program Director as the representative of the applicant to act in connection and provide such additional information as may be required.
2. Funds granted as a result of this State Fiscal Year 2013 One-time Grant Program Application are to be used for the purpose set forth herein, and will be administered in accordance with the reporting requirements accompanied with the ODADAS Notice of Award.
3. Fees or other income derived from the services will be credited as program income to the program. Grantees will follow OMB Circular A-110 for requirements concerning program income. In the event of termination of the program, unexpended grant funds are subject to recovery by ODADAS.
4. Availability of other funds budgeted for this program must be documented. The documentation must demonstrate any required in-kind or cash match.
5. Grant funds will not be used to: provide cash payments to recipients of services, purchase vehicles, supplant existing funds for staff or programs, cover capital improvement, construction, professional or credentialing fees, licenses or fines or penalties. Vehicle lease is permissible when pre-approval is received from ODADAS prior to signing the lease agreement.
6. 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.
7. The purpose of these funds is to provide financial assistance to programs for the delivery of alcohol and other drug services/activities. Any use of funds for equipment, furniture or computer software must be justified in terms of the relationship of the equipment, furniture or computer software to the program or activity. Justification to purchase equipment, furniture, computer software must be submitted to ODADAS for prior approval and include consideration of how the equipment, furniture or computer software will be used, why the purchase is necessary, what alternatives were considered, how the cost was determined and why the program considers the cost reasonable. Funds cannot be expended for equipment, furniture or computer software until approved by the Department.
8. Equipment, furniture or computer software purchased under a grant are the property of ODADAS. A list of equipment, furniture and computer software, including serial numbers must be submitted to the Department's Grants Administration Unit and the local Alcohol, Drug Addiction and Mental Health (ADAMHS) Board or Alcohol and Drug Addiction Services (ADAS) Board. In the event the funds are terminated, the local ADAMHS/ADAS Board will

inventory the purchased equipment, furniture or computer software and present a plan for its disposition to ODADAS. If the equipment, furniture or computer software has been purchased and used by a direct funded agency, the agency must submit a plan directly to ODADAS for disposition.

9. The board of the implementing agency of this grant will consist of individuals representative of the population(s) to be served.
10. Clinical services will be managed/supervised in accordance with the requirements as set forth in the Ohio Administrative Code section 3793:2-1-05(K) of the treatment certification standards. Prevention services will be managed/supervised in accordance with the requirements set forth in the Ohio Administrative Code section 3793:5-1-05(G) of the prevention certification standards.
11. Within any publication or public announcement each local recipient must identify the "Ohio Department of Alcohol and Drug Addiction Services" as a funder of the program. Materials may not be copyrighted.
12. 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. For State Fiscal Year 2013, personal automobile mileage is .45 cents per mile. Reimbursement rates for lodging within the Continental United States will be as set by the federal General Service Administration (GSA). Maximum rates for lodging and per diems for meals and incidentals are set by location. These rates are available at www.gsa.gov/perdiem. 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. 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. If rates change, ODADAS will provide notification to the Board and Agency.
13. The program agrees to comply in a timely manner with ADAMHS/ADAS Board and ODADAS administrative reporting requirements, for example, but not limited to: Behavioral Health Module, 837 Claims, progress reports, Web Based Prevention System, data collection, measurements, surveys or evaluation as requested by ODADAS.
14. If applicable, the funded program will request the ADAMHS/ADAS Board to enroll clients into Multi-Agency Community Services Information System (MACSIS), and program agrees to submit via the Web Based Behavioral Health Module admission and discharge records to the ADAMHS/ADAS Board on those clients within 60 days of the date of admission or discharge, respectively. ADAMHS/ADAS Boards will create an acceptable pseudo-unique client identifier for non-client specific services and programs will bill/report contracted non-client specific services through MACSIS. Failure to comply with the requirements may lead to the revocation of the program's certification. (Note: Prevention Grantees: This assurance will be addressed as a part of the development of the Web Based Prevention System).
15. The Implementing Agency is responsible for informing ODADAS when there is a change to the agency's contact information provided on the SFY 2013 ODADAS Goals & Objectives Application Face Sheet. Future official communications from ODADAS may occur

exclusively using email therefore it is imperative for the agency to ensure this information is accurate.

16. Programmatic and fiscal requirements issued with the ODADAS Notice of Award to be submitted to the Department must be accompanied by a face sheet signed by the Implementing Agency Executive Director and Implementing Agency Board Member. A copy of the reports must be sent to the ADAMHS/ADAS Board.
17. The Implementing Agency agrees to have an annual audit performed by an independent certified public accountant and Implementing Agency shall furnish such audit to the Board within 30 days after the receipt of the auditor's report. A separate audit for this grant is not necessary if the audit includes accountability and contract compliance as they relate to this grant. The Implementing Agency agrees that it will be subject to additional sub-recipient monitoring by ODADAS.
18. Failure to comply with the terms specified in this application will be regarded as basis for termination by the grantor upon a 30 day written notice.
19. Ohio Administrative Code section 3793:6-1-01, authorizes ODADAS to withhold from a Board or an alcohol and drug addiction program all or part of the state and federal funds allocated or granted by the Department for a specific program for any of the following: (1) Failure of the program to comply with rules adopted by the department, (2) Failure of the program to comply with provisions of state or federal law, including federal regulations.

The Department is required to identify the areas of the program's noncompliance and the action necessary to achieve compliance and shall offer technical assistance to the program and the Board to assist the program in achieving compliance. If compliance is still not achieved after technical assistance has been provided, the Department is required to give the program written notice by certified mail, return receipt requested, if it intends to withhold funds. The program is entitled to a hearing if it requests it within thirty days of the time of the mailing of the notice. Please see OAC 3793:6-1-01 for additional information.

20. Programs and services should be culturally and linguistically appropriate for the population served.
21. Programs must use the SAPT Block Grant as the "payment of last resort" for services for pregnant women and women with dependent children, TB services, and HIV services shall make every reasonable effort, including the establishment of systems for eligibility determination, billing, and collection, to: (1) Collect reimbursement for the costs of providing such services to persons who are entitled to insurance benefits under the Social Security Act, including programs under title XVIII and title XIX, any State compensation program, any other public assistance program for medical expenses, any grant program, any private health insurance, or any other benefit program; and (2) Secure from patients or clients payments for services in accordance with their ability to pay.

Additionally, the following conditions and assurances apply only to ODADAS grant-funded Prevention Programs.

22. Funds granted as a result of this application shall not be used for alcohol, tobacco or other drug treatment/rehabilitation and/or clinical assessments to determine a person's need for alcohol or other drug treatment.
23. Funded programs will address tobacco prevention.

24. The prevention program shall address risk and protective factors, at least one investor target and identify prevention strategies and services being delivered as a part of this grant.

The following conditions and assurances apply only to ODADAS grant-funded Women's Gender-Specific Programs.

25. Federal SAPT Block Grant funds may be used for planning, carrying out and evaluating activities to prevent and treat substance abuse [Section 1921(b) and 1924(a)].
26. An Implementing Agency funded with specific SAPT Block Grant women's set-aside funds to provide substance abuse treatment services to pregnant women and women with dependent children....will directly or through arrangements with other public or nonprofit private entities, make available prenatal care to women receiving such services and, while the women are receiving services, child care [Section 1922(c)].
27. Treatment facilities receiving SAPT Block Grant funds "will ensure that each pregnant woman in the state who seeks or is referred for and would benefit from treatment services is given preference in admission and will publicize the availability to such women of services from the facilities and the fact that women receive such preference" [Section 1927(a)].
28. In the event that a treatment facility has insufficient capacity to provide treatment services to pregnant women seeking services, the facility must immediately make a referral to the local ADAMHS/ADAS Board to facilitate admission into another treatment program. If no other treatment program is available, the Board must make a referral to the State. If no other treatment facility in the state is available or the client refuses to attend treatment in another area, interim services must be made available within 48 hours.
29. All treatment programs must provide child care services, either on-site or referral [PHS Act, Section 1922(c)(3)].
30. ODADAS grant-funded Women's Programs must ensure availability of the following:
- a. Primary medical care for women receiving substance abuse services, including prenatal care.
 - b. Primary pediatric care for children, including immunizations.
 - c. Gender specific substance abuse treatment and other therapeutic interventions for women that may address inter-personal relationships, such as, sexual and physical abuse, including domestic violence and parenting.
 - d. Therapeutic interventions for children in custody of women in treatment which may, among other things, address their developmental needs and their issues of sexual and physical abuse and neglect.
 - e. Sufficient treatment support and case coordination (case management) to include all necessary support activities to insure that women and their children have access to the services provided by a) through d).
 - f. Clinical approaches that support managed care (improved utilization management systems, such as, enhanced assessment, aftercare provisions for consumers in residential settings and/or linkage).
 - g. Enhanced collaboration with children's services, the criminal justice system, vocational rehabilitation and employment services and other entities serving Medicaid eligible consumers.
 - h. Identification and tracking methods for all Medicaid recipients.

Specific Requirements

Programs funded with Federal Substance Abuse Prevention and Treatment (SAPT) Block Grant Funds will follow and adhere to SAPT Block Grant-funded contract assurances issued through the contract between the Implementing Agency and the ADAMHS/ADAS Board or between ODADAS and direct funded agencies. In addition programs funded with the SAPT Block Grant Funds must adhere to the following:

- a. No part of any appropriation contained in this Act shall be used, other than for formal and recognized executive-legislative relationships, for publicity or propaganda purposes, for the separation, distribution, or use of any kit, pamphlet, booklet, publication, radio, television, or video presentation designed to support or defeat legislation pending before the Congress, except in presentation to the Congress itself or any State legislature.
- b. No part of any appropriation contained in this Act shall be used to pay the salary or expenses of any grant or contract recipient, or agent acting for such recipient, related to any activity designed to influence legislation or appropriations pending before the Congress or any State legislature.

By signing below, we are certifying that we have read these Conditions and Assurances and agree to comply with the terms herein.

Implementing Agency Executive Director

(date)

**ASSURANCE OF COMPLIANCE WITH THE DEPARTMENT OF
HEALTH AND HUMAN SERVICES REGULATION UNDER
THE AGE DISCRIMINATION ACT OF 1975**

_____ (hereinafter called the "Recipient") Name and Recipient (type or print) (HEREBY AGREES THAT) it will comply with the Age Discrimination Act of 1975 (42 U.S. 61010 et seq.), and all requirements imposed by or pursuant to the Regulation of the Department of Health and Human Services (45 C.F.R. Part 91) issued pursuant to that Act, to the end that, in accordance with the Age Discrimination Act and the Regulation, no person in the United States shall, on the basis of age, be denied the benefits of, be excluded from participation in, or be subjected to discrimination under, any program or activity for which the Recipient receives Federal financial assistance from the Department; and (HEREBY GIVES ASSURANCE THAT) it will immediately take any measure necessary to effectuate this agreement.

If any real property or structure thereon is provided or improved with the aid of Federal financial assistance extended to the Recipient by the Department, this Assurance shall obligate the Recipient, or in the case of any transfer of such property, any transferee, for the period during which the real property or structure is used for a purpose for which the Federal financial assistance is extended or for another purpose involving the provision of similar services or benefits. If any personal property is so provided, this Assurance shall obligate the Recipient for the period during which it retains ownership of possession of the property. In all cases, this Assurance shall obligate the Recipient for the period during which the Federal financial assistance is extended to it by the Department.

(THIS ASSURANCE) is given in consideration of and for the purpose of obtaining any and all Federal grants, loans, contracts, property, discounts or other Federal financial assistance extended after the date hereof to the Recipient by the Department, including installment payments after such date on account of applications for Federal financial assistance which were approved before such date. The Recipient recognizes and agrees that such Federal financial assistance will be extended in reliance on the representations and agreements made in this Assurance and that the United States will have the right to enforce this Assurance through lawful means. This Assurance is binding on the Recipient, its successors, transferees, and assignees, and the person or persons whose signatures appear below are authorized to sign this Assurance on behalf of the Recipient.

Date _____

Recipient (type or print)

By _____

Signature and Title of Authorized Official

Recipient's mailing address

HHS-6802/96

**ASSURANCE OF COMPLIANCE WITH THE DEPARTMENT OF
HEALTH AND HUMAN SERVICES REGULATION UNDER
TITLE VI OF THE CIVIL RIGHTS ACT OF 1964**

Name of Applicant (type or print) (hereinafter called the "Applicant")

HEREBY AGREES THAT it will comply with Title VI of the Civil Rights Act of 1964 (P.L. 88-352) and all requirements imposed by or pursuant to the Regulation of the Department of Health and Human Services (45 C.F.R. Part 80) issued pursuant to that title, to the end that, in accordance with Title VI of that Act and the Regulation, no person in the United States shall, on the ground of race, color, or national origin, be excluded from participation in, be denied the benefits of, or be otherwise subjected to discrimination under any program or activity for which the Applicant receives Federal financial assistance from the Department; and HEREBY GIVES ASSURANCE THAT it will immediately take any measures necessary to effectuate this agreement.

If any real property or structure thereon is provided or improved with the aid of Federal financial assistance extended to the Applicant by the Department, this Assurance shall obligate the Applicant, or in the case of any transfer of such property, and transferee, for the period during which the real property or structure is used for a purpose for which the Federal financial assistance is extended or for another purpose involving the provision of similar services or benefits. If any personal property is so provided, this Assurance shall obligate the Applicant for the period during which it retains ownership or possession of the property. In all other cases, this Assurance shall obligate the Applicant for the period during which the Federal financial assistance is extended to it by the Department.

THIS ASSURANCE is given in consideration of and for the purpose of obtaining any and all Federal grants, loans, contracts, property, discounts or other Federal financial assistance extended after the date hereof to the Applicant by the Department, including installment payments after such date on account of applications for Federal financial assistance which were approved before such date. The Applicant recognizes and agrees that such Federal financial assistance will be extended in reliance on the representations and agreements made in this Assurance, and that the United States shall have the right to seek judicial enforcement of this Assurance. This Assurance is binding on the Applicant, its successors, transferees, and assignees, and the person or persons whose signatures appear below are authorized to sign this Assurance on behalf of the Applicant.

Date _____

Applicant (type or print)

By _____
Signature and Title of Authorized Official

Applicant's mailing address
HHS-441 (Rev. 12/82)2/96

**DEPARTMENT OF HEALTH AND HUMAN SERVICES
ASSURANCE OF COMPLIANCE WITH SECTION 504 OF THE
REHABILITATION ACT OF 1973, AS AMENDED**

The undersigned (hereinafter called the "recipient") HEREBY AGREES THAT it will comply with Section 504 of the Rehabilitation Act of 1973, as amended (29 U.S.C. 794), all requirements imposed by the applicable HHS regulation (45 C.F.R. Part 84), and all guidelines and interpretations issued pursuant thereto.

Pursuant to §84.5(a) of the regulation [45 C.F.R. 84.5(a)], the recipient gives this Assurance in consideration of and for the purpose of obtaining any and all Federal grants, loans, contracts (except procurement contracts and contracts of insurance or guaranty), property, discounts, or other Federal financial assistance extended by the Department of Health and Human Services after the date of this Assurance, including payments or other assistance made after such date on applications for Federal financial assistance that were approved before such date. The recipient recognizes and agrees that such Federal financial assistance will be extended in reliance on the representations and agreements made in this Assurance and that the United States will have the right to enforce this Assurance through lawful means. This Assurance is binding on the recipient, its successors, transferees, and assignees, and the person or persons whose signatures appear below are authorized to sign this Assurance on behalf of the recipient.

This Assurance obligates the recipient for the period during which Federal financial assistance is extended to it by the Department of Health and Human Services or, where the assistance is in the form of real or personal property, for the period provided for in §84.5(b) of the regulation [45 C.F.R. 84.5(b)].

The recipient: [Check (a) or (b)]

- a. () employs fewer than fifteen persons;
- b. () employs fifteen or more persons and, pursuant to §85.7(a) of the regulation [45 C.F.R. 84.7(a)], has designated the following person(s) to coordinate its efforts to comply with the HHS regulations:

Name of Designee(s) (Type or Print)

Name of Recipient (Type or Print)

Street Address or P.O. Box

(IRS) Employer Identification Number

City, State Zip

I certify that the above information is complete and correct to the best of my knowledge.

Date

Signature and Title of Authorized Official

If there has been a change in name or ownership within the last year, please PRINT the former name below:

SFY 2013 Goals & Objectives Application

1. CERTIFICATION REGARDING DEBARMENT AND SUSPENSION

The undersigned (authorized official signing for the applicant organization) certifies to the best of his or her knowledge and belief, that the applicant, defined as the primary participant in accordance with 45 CFR Part 76, and its principals:

(a) are not presently debarred, suspended, proposed for debarment, declared ineligible, or voluntarily excluded from covered transactions by any Federal Department or agency; (b) have not within a 3-year period preceding this proposal been convicted of or had a civil judgment rendered against them for commission of fraud or a criminal offense in connection with obtaining, attempting to obtain, or performing a public (Federal, State, or local) transaction or contract under a public transaction; violation of Federal or State antitrust statutes or commission of embezzlement, theft, forgery, bribery, falsification or destruction of records, making false statements, or receiving stolen property; (c) are not presently indicted or otherwise criminally or civilly charged by a governmental entity (Federal, State, or local) with commission of any of the offenses enumerated in paragraph (b) of this certification; and (d) have not within a 3-year period preceding this application/proposal had one or more public transactions (Federal, State, or local) terminated for cause or default. Should the applicant not be able to provide this certification, an explanation as to why should be placed after this page in the application package. The applicant agrees by submitting this proposal that it will include, without modification, the clause titled "Certification Regarding Debarment and Suspension", in all lower tier covered transactions (i.e., transactions with sub-grantees and/or contractors) and in all solicitations for lower tier covered transactions in accordance with 45 CFR Part 76.

2. CERTIFICATION REGARDING ENVIRONMENTAL TOBACCO SMOKE

Public Law 103-227, also known as the Pro-Children Act of 1994 (Act), requires that smoking not be permitted in any portion of any indoor facility owned or leased or contracted for by an entity and used routinely or regularly for the provision of health, daycare, early childhood development services, education or library services to children under the age of 18, if the services are funded by Federal programs either directly or through State or local governments, by Federal grant, contract, loan, or loan guarantee. The law also applies to children's services that are provided in indoor facilities that are constructed, operated, or maintained with such Federal funds. The law does not apply to children's services provided in private residence, portions of facilities used for inpatient drug or alcohol treatment, service providers whose sole source of applicable Federal funds is Medicare or Medicaid, or facilities where WIC coupons are redeemed.

Failure to comply with the provisions of the law may result in the imposition of a civil monetary penalty of up to \$1,000 for each violation and/or the imposition of an administrative compliance order on the responsible entity. By signing the certification, the undersigned certifies that the applicant organization will comply with the requirements of the Act and will not allow smoking within any portion of any indoor facility used for the provision of services for children as defined by the Act.

The applicant organization agrees that it will require that the language of this certification be included in any sub-awards which contain provisions for children's services and that all sub-recipients shall certify accordingly.

SIGNATURE OF AGENCY EXECUTIVE DIRECTOR	TITLE
APPLICANT ORGANIZATION	DATE

Section 7 - Tax Status

Include a copy of the implementing agency's tax exemption letter indicating current non-profit private 501 C-3 status.

Section 8 - Enclosures

The following are Section 8 enclosure forms. These forms do not need to be returned with the grant application:

- ODADAS Contacts
- Application Checklist

ODADAS GRANTS CONTACTS

DIVISION OF TREATMENT AND RECOVERY SERVICES

Northeast Region	Jackie McCarey	mccarey@ada.ohio.gov	(614) 752-6456
Southwest Region	Drew Palmiter	palmiter@ada.ohio.gov	(614) 752-8851
Central Region	Adreana Tartt	atartt@ada.ohio.gov	(614) 466-9006
Southeast Region	Scott Anderson	sanderson@ada.ohio.gov	(614) 466-8562
Northwest Region	Barbara Pavichevich	pavichevich@ada.ohio.gov	(614) 644-9102

DIVISION OF FISCAL SERVICES FOR TREATMENT AND RECOVERY GRANTS

Grants Analyst	Dayna McCrary	dmccrary@ada.ohio.gov	(614) 728-8230
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DIVISION OF PREVENTION SERVICES

Northeast Region	Karen Kimbrough	kimbrough@ada.ohio.gov	(614) 752-8355
Central Region	Mack Sanders	sanders@ada.ohio.gov	(614) 466-4827
Southeast Region	Melinda Norman	norman@ada.ohio.gov	(614) 644-8318
Northwest Region	Shemane Giddens	sgidden@ada.ohio.gov	(614) 466-9021
Southwest Region	Valerie Connolly	vconnolly@ada.ohio.gov	(614) 466-0124

DIVISION OF FISCAL SERVICES FOR PREVENTION GRANTS

Grants Coordinator	Johanna Burgess-Pickett	jburgess@ada.ohio.gov	(614) 728-8190
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DIVISION OF WORKFORCE DEVELOPMENT AND CULTURAL COMPETENCY

Administrator	Deborah Chambers	chambers@ada.ohio.gov	(614) 644-6518
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APPLICATION CHECK LIST

Include the following application components in the same order. The checklist has been provided for your convenience to assist in ensuring all of the components are completed and in order. It is not necessary to attach the checklist with the submitted application.

- Section 1. ODADAS Grant Face Sheet
- Section 2. Program Abstract(s)
- Section 3. Program Plan
- Section 4. Proposed Program Budget(s)
- Section 5. Budget Narrative(s)
- Section 6. Assurances
 - ODADAS Board-Funded Conditions and Assurances for SFY 2013
 - Age Discrimination Act of 1975
 - Title VI Civil Rights Assurance
 - Section 504 Rehabilitation Act of 1973 Assurance
 - Debarment and Suspension Certification
 - Environmental Tobacco Smoke Certification
- Section 7. Tax Status