

ODMH Deadline: Monday, August 15 – 5:00 p.m. (please email or mail the pre-application)

TO: Ohio Department of Mental Health
 ATTN: Doug Bailey
 30 East Broad Street, FL 8
 Columbus, OH 43215
 Doug.Bailey@mh.ohio.gov and/or (614) 466-9933

(S u b m i t o n e p a g e p e r p r o j e c t)

FY 2011 Match Funds for Ohio Department of Development (ODOD) Homeless Assistance Grant Program (HAGP) Pre-Application for ODMH Local Match Funding		
Name of Proposed Project (name must align with ODOD application – same name and description)		
Funding Category of Proposed Project	Supportive Housing (time-limited) _____ Permanent Supportive Housing _____	
Number of Persons (SED/SMD) Projected to be Served by this Project		
Amount of Local Match	Dollars Requested	Entity Providing Match
	\$	
	\$	
	\$	
	\$	Match Funding being requested from ODMH
TOTAL Match	\$	
	\$	Funding being requested from ODOD – HAGP Application (amount must align with ODOD application – same amount)
TOTAL of Proposed Project	\$	Total Dollar Amount of Proposed Project (Total Match + ODOD request for funding)

Board Contact Approving Request for Match:	Telephone Number:	Email Address:
<i>name / position</i>		
Provider/Agency Contact Name:	Telephone Number:	Email Address:
<i>ODOD Applicant Name</i>		

ATTENTION: Applicants are encouraged to submit their Pre-Application (this form) to ODMH *as soon as possible*. Applications will be processed in the order in which they are received. The final date for processing the pre-application commitment letters will be Thursday, August 18, 2011.