



Department of
Mental Health

John R. Kasich, Governor
Tracy J. Plouck, Director

SFY 2013 Block Grant Project Funding Application

Application Requirements Checklist

The Applicant must complete and submit the following required components in order to be considered for funding. All application components and supporting documentation must be received by the Ohio Department of Mental Health (ODMH) by July 23, 2012, as specified in the FY 13 Block Grant funding Numbered Advisory Memorandum or applications will not be considered. **This application form and all items in *italics* below must be submitted electronically to applications13@mh.ohio.gov.**

- Completed Project and Applicant Information
- Completed Sub-Recipient Information **or** Not Applicable
- Completed Application Narrative
- Completed Financial Information
- Completed Budget Table
- Completed Budget Narrative
- Submit Standard Affirmation and Disclosure Form: Executive Order 2011-12K. Please see the following page for additional guidance.
- Submit Performance Measurement Worksheet (PMW)
- Submit most recent financial audit (e.g., A-133). Electronic submission required.
- Submit proof of Liability Insurance or Bond coverage. This statement of liability insurance will cover Board members, employees, and all claims arising out of activities in the Agreement and Assurances. Electronic submission required.

Agreement and Assurances Note:

The ODMH Agreement and Assurances are applicable to the SFY 2012-2013 biennial period. As such, any applicant that received Block Grant funding in SFY 2012 does not have to resubmit the Agreement and Assurances for SFY 2013. **Your ODMH Project Lead will verify that your SFY 2012-2013 Agreement and Assurances are on file.** If your organization was not funded in SFY 2012 and/or your organization does not currently have Agreement and Assurances on file at ODMH, please contact Matthew Loncaric at Matthew.Loncaric@mh.ohio.gov to obtain the Assurances template with submission instructions.

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 and scan this form to applications13@mh.ohio.gov. If the applicant is unable to sign and scan this document, a hard copy may be sent via USPS to the ODMH Project Lead.

Completing the Budget Table

1. Double-click on table to open the Excel function.
2. Enter budget information into the Excel table cells.
3. Use the grey scroll bar to the right to maneuver within the table from top to bottom.
4. When finished entering budget information in the Excel table, please double-click outside the table to finalize work.
5. Use the information entered in the budget table to complete the Budget Narrative.

Application Questions

Please submit any questions with regard to the SFY 2013 funding application process to applications13@mh.ohio.gov or contact your Project Lead.

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 Subaward Number:</u> | <u>Program Start Date</u> (mm/dd/yyyy): <u>Program End Date</u> (mm/dd/yyyy): |
| <i>If more than one funding source:</i> <u>Project Reference Code:</u> <u>Project Subaward Number:</u> | Funding Source Start Date (mm/dd/yyyy): <u>Funding Source End Date</u> (mm/dd/yyyy): |
| <u>Project Lead:</u> <u>Title:</u> <u>ODMH Division:</u> <u>ODMH Office:</u> | <u>Authorizing Administrator:</u> <u>Title:</u> |
| <u>Address:</u> Ohio Department of Mental Health 30 E. Broad St., Floor 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>Legal Name (if different):</u> | <u>Fiduciary Agent 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:</u> | <u>DUNS Number:</u> |
| <u>Applicant Contact Name:</u> <u>Title (e.g. program manager):</u> <u>Office Phone:</u> <u>Mobile Phone:</u> <u>E-mail:</u> <u>Organization Information:</u> Street Address: City: State: Zip: | <u>Fiduciary Agent Contact Name:</u> <u>Title (e.g. fiscal officer):</u> <u>Office Phone:</u> <u>Mobile Phone:</u> <u>E-mail:</u> <u>Organization Authorized Representative</u> Name: Title: |

Subrecipient Information: To Be Completed By Applicant

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

Please describe the purpose and activities of the project for which funding is requested and identifies the project's expected impact on the lives of consumers and families. **Please limit to the space provided below. NOTE: At their discretion, ODMH Project Leads may require additional Request for Application elements per the scope of this Block Grant project.**

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 link:** <http://www.whitehouse.gov/omb/circulars/>
- **Web link:** <http://www.whitehouse.gov/omb/circulars/a133/a133.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 ODMH Office of Fiscal Services (mm/dd/yyyy):

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 ODMH Office of Fiscal Services (mm/dd/yyyy):

If Applicant's audit is not on file with the ODMH Office of Fiscal Services, please explain:

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

- Yes, go to item F. below.
 No, go to item G. below.

F. If **subrecipient** 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

Budget Table for (specify funding period)

Federal Block Grant CFDA 93.958 and PATH CFDA 93.150

Check one

- Federal Funds
 Non-Federal Funds

Program Information

| | | | |
|------------------------|--|--------------------------|--|
| Project Name: | | | |
| Applicant Name: | | | |
| Funding Source: | | Requested Amount: | |

Proposed Expenditure of Federal Funds

* See instructions for information about indirect costs.

| | Quarter 1 | Quarter 2 | Quarter 3 | Quarter 4 | Total |
|------------------------------|-----------|-----------|-----------|-----------|-------|
| a. Personnel | | | | | \$ - |
| b. Fringe Benefits | | | | | \$ - |
| c. Travel | | | | | \$ - |
| d. Equipment | | | | | \$ - |
| e. Supplies | | | | | \$ - |
| f. Contractual | | | | | \$ - |
| g. Construction | | | | | \$ - |
| h. Other | | | | | \$ - |
| i. Total Direct Costs | \$ - | \$ - | \$ - | \$ - | \$ - |
| j. Indirect Costs* | | | | | \$ - |
| k. Totals | \$ - | \$ - | \$ - | \$ - | \$ - |

If projected cash flow of requests is different from Proposed Expenditures, please complete:

| Projected Requests for Advance/Reimbursement | Quarter 1 | Quarter 2 | Quarter 3 | Quarter 4 | Total |
|----------------------------------------------|-----------|-----------|-----------|-----------|-------|
| | \$ - | \$ - | \$ - | \$ - | \$ - |
| | | | | | |

If projected requests are not of equal amounts for each quarter, please explain:

Other Funding and Revenue Sources (e.g., other grants, local funds, in-kind contributions)

| Funding Source | Amount |
|----------------|--------|
| | \$ - |
| | \$ - |
| | \$ - |
| Total | \$ - |

Estimated Program Income

List sources of other funds below:

| Name of the Funding Source | Amount |
|----------------------------|--------|
| | \$ - |
| | \$ - |
| | \$ - |
| Total | \$ - |

Additional information, if applicable:

Budget Narrative

Budget Period:

Subawardee:

Project Name:

Total Request:

The purpose of this Budget Narrative is to provide a detailed explanation of how expenditures were calculated and the justification for the expended funds for the devoted project. The Budget Narrative must be submitted in required format for approval. Please refer to the subsequent page for guidance on Allowable Costs.

DIRECT COSTS

a. Personnel Salaries and Wages (insert total funds devoted to this project)

Insert explanation of how expenditures were calculated and the justification for the expended funds for the devoted project.

b. Fringe Benefits (insert total funds devoted to this project)

Insert explanation of how expenditures were calculated and the justification for the expended funds for the devoted project.

c. Travel (insert total funds devoted to this project)

Insert explanation of how expenditures were calculated and the justification for the expended funds for the devoted project.

d. Equipment (insert total funds devoted to this project)

Insert explanation of how expenditures were calculated and the justification for the expended funds for the devoted project.

e. Supplies (insert total funds devoted to this project)

Insert explanation of how expenditures were calculated and the justification for the expended funds for the devoted project.

f. Contractual (insert total funds devoted to this project)

The cost of consultants and other independent contractors (including their invoiced support costs), temporary help, and task and deliverables based sub-contracts (if described in the grant's proposal or subsequently approved by ODMH).

g. Construction (N/A) – These costs are not allowable for federal funds.

h. Other Expenses (insert total funds devoted to this project)

Insert explanation of how expenditures were calculated and the justification for the expended funds for the devoted project.

Indirect Costs (insert total funds devoted to this project)

Insert explanation of how expenditures were calculated and the justification for the expended funds for the devoted project.

Allowable Costs

Relevant budget expenditure definitions are described in Subaward 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.

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

- <http://www.whitehouse.gov/omb/circulars/>
 - **OMB Circular A-21:** Cost Principles for Educational Institutions (Revised 05/10/04)
http://www.whitehouse.gov/omb/circulars/a021/a21_2004.pdf
 - **OMB Circular A-87:** Cost Principles for State, Local, & Indian Tribal Governments (Revised 05/10/2004) http://www.whitehouse.gov/omb/circulars/a087/a87_2004.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/sites/default/files/omb/assets/omb/circulars/a102/a102.pdf>
 - **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/omb/circulars_a110
 - **OMB Circular A-122:** Cost Principles for Non-Profit Organizations (Revised 05/10/04)
http://www.whitehouse.gov/omb/circulars/a122/a122_2004.pdf
 - **OMB Circular A-133:** Audits of States, Local Governments, & Non-Profit Organizations (Revised 06/27/03) <http://www.whitehouse.gov/omb/circulars/a133/a133.pdf>
- www.access.gpo.gov
 - CFR 31.2: Commercial Organizations
 - 45 CFR 74: Subpart E Hospitals