



Ohio Department  
of Mental Health

**Ohio Department of Mental Health**

**Guidance Document for**

**Funding Application for**

**Programs and Projects**

Revised:  
4/30/10

**Ohio**

Department of  
Mental Health

Ted Strickland, Governor  
Sandra Stephenson, Director

**Establishing mental health as a cornerstone of overall health**

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**Ohio Department of Mental Health  
Application Directions for Funding  
For Programs and Projects**

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## Why Kaizen? *An Overview*

ODMH saw the 2008 economic challenges as an opportunity to renew its commitment to fiscal accountability and business transparency in awarding grants and contracts. In December 2008, ODMH implemented a Kaizen process to develop standardized procedures and forms for grants management. Kaizen literally means “to break for the better.” Kaizen is a quality improvement management process whereby customer valued processes are constantly evaluated and improved in the light of their efficiency, effectiveness and flexibility. Through this process, ODMH will better meet the needs of its stakeholders by providing a standardized, simplified process for awarding and managing grants and contracts.

Using the Kaizen process, ODMH:

1. Gathered operators, managers, and owners of grants management and contracting in one place;
2. Mapped out the existing NOFA and Allocation Guidelines processes using a deployment flowchart;
3. Improved on the existing grants management by eliminating Deputy Director and Chief signatures and reducing the number of steps required for staff to complete the process;
4. Created a single set of standardized procedures and documents for all awards which replace multiple legacy processes handed down through generations of employees;
5. Developed a budget tracking tool which will provide information about all sub-awards and contracts in one set of reports for ODMH management to use in managing dwindling funds;
6. Solicited buy-in from all parties related to the process including people who do the work, customers, and outsiders with no knowledge who bring a fresh perspective.

The Kaizen Team work products include:

- Standardized forms and templates for
  - NOFA (now NOSA)
  - Grant Expense
  - Grant Application
  - Budget
  - RFP/RFA Template – under development
  - Agreements and Assurances
- A Budget Tracking Tool
  - Provides project leads and staff with current information about expenditures
  - Will produce a set of reports which include expenditures for all grants and contracts to be used by ODMH in making decisions about allocation of funds in an environment of shrinking resources.
- Improved procedures which
  - Award funds across Federal Fiscal Years in one NOSA (rather than two)
  - Comply with all State and Federal Programmatic & Fiscal Requirements

As we implement the streamlined process using Kaizen, ODMH will continue to collaborate with all stakeholder groups to work toward improving solutions to our common challenges and to provide the needed assistance to the communities that we mutually serve.

## **Definitions Sheet**

### **Word**

**A-133 Audit**

### **Definition**

Specific audit that is required when applicant/sub-awardee crosses a federal fiscal threshold. OBM Circular A-133: Audit requirements  
<http://www.whitehouse.gov/omb/circulars/a133/a133.pdf>

**Applicant**

The applicant is the organization that applies for funding.

**Applicant Authorized Representative**

Applicant/Sub-Awardee's Executive Director.

**CFDA**

Catalog of Federal Domestic Assistance; this number assists in identifying federal programs (i.e. 93.958).

**Contact**

Applicant/Sub-Awardee's manager over the project.

**Fiscal Contact**

Applicant/Sub-Awardee's fiscal manager.

**Government Entity**

Any State Agency (e.g., Department of Health), State University or MHB/CMH Board.

**Key operational partners in program**

These are organizations that the applicant considers essential contributors to achieving the operational goals and objectives of the program, which do not receive substantial ODMH funds from the applicant. An example is an agency which is contributing significant staff time to a program (which is funded by ODMH), but does not receive any ODMH funds for this program.

**ODMH Project Lead**

ODMH Staff assigned to the project.

**ODMH Authorized Representative:**

ODMH Project Lead's Supervisor.

**Program**

The activities funded in a single award to an applicant to meet the goals and objectives of an ODMH project (or initiative). For example, Incredible Years is a statewide early childhood project that may have programs operated by multiple boards (NAMI, Any mental health Board).

**Project**

An initiative funded by ODMH which may have multiple awards known as *programs* (i.e., *Hand to Hand, Family to Family, Supported Employment CCOE*).

**Sub-Awardee**

An applicant who receives an award.

**Sub- Recipient**

Organization who does not receive direct funding; however, the organization assists in the implementation of the work with/for Sub-Awardee.

## GENERAL APPLICATION INSTRUCTIONS

1. A **separate** Application for Funding is required for each program funding request.
2. Multiple organizations may submit a single application if a single organization has agreed to be the Sub-Awardee with the other organizations designated as Sub-recipients. (Sub-Awardees receive funding directly from ODMH and include, but are not limited to Boards and statewide organizations [e.g., NAMI-O]; Sub-Recipients receive ODMH funds directly from Sub-Awardees.)  
  
**Please note:** ODMH must receive the completed application and materials from the applicant not the sub-recipient.
3. Applications and associated documents **must be received at ODMH by 4:00 pm on the date given in the letter announcing the availability of funding** or the applications will not be considered. **The risk of delay or failure of delivery is borne by the applicant.**
4. For questions about project content or application, please e-mail your designated ODMH Project Lead. *Questions will be answered within two business days*
5. The ODMH reserves the right to negotiate with any applicant concerning terms and conditions of application acceptance.
6. Please submit the following to the Grants Coordinator for the funds for which you are applying:
  - Completed Application for Funding Programs and projects in MS Word 2003 or lower sent by e-mail to [applications11@mh.ohio.gov](mailto:applications11@mh.ohio.gov).
  - Completed Performance Worksheet in electronic format MS Word 2003 or lower sent by e-mail to [applications11@mh.ohio.gov](mailto:applications11@mh.ohio.gov).
  - If possible, sent by e-mail to [applications11@mh.ohio.gov](mailto:applications11@mh.ohio.gov) a scanned/electronic copy of applicant's:
    - i. Most Recent Audit
    - ii. Proof of Liability Insurance to cover all claims arising out of the activities in the agreement and assurances (refer to paragraph #8 in attachment 1).
    - iii. Provide a copy of the Liability Insurance covering its board members, officers and employees and/or bonds all of its board members or employees who are responsible for payment and expenditures(refer to paragraph #8 in attachment 1).
  - Paper copy **signed** Agreement and Assurances. If the applicant does not have a scanned or electronic version of items i, ii and iii, send paper copies with **signed** Agreement and Assurances

Ohio Department of Mental Health  
Grants Coordinator: Matthew V. Loncaric  
Program & Policy Development  
30 East Broad Street, 8<sup>th</sup> Floor  
Columbus, OH 43215-3430  
[applications11@mh.ohio.gov](mailto:applications11@mh.ohio.gov)

### Guidance and Directions for Completing the Application

**The application materials include seven distinct documents:**

1. Announcement Letter
2. Guidance Document for Funding Application for Programs and Projects
3. Application for Funding Programs and Projects”
4. Performance Measurement Worksheet (PMW)
5. Performance Measurement Made Simple for guidance on completing the PMW
6. Agreements and Assurances Attachment 1
7. EFT Document
8. If applicable, Intra-Agency Agreement

**Using these documents the ODMH Project Lead will:**

1. Complete section I, II, and III of the application for all continuing/new projects.
2. Send an e-mail to notify the designated applicants via e-mail on the designated day.
  - Cut in master e-mail message from h:/share/kaizen forms/notification of intent to fund e-mail
  - Attach the populated Application (MS Word)
  - From the intranet GMIS documents section
    1. Attach the appropriate announcement letter (PDF):
    2. Guidance Document for Funding Application for Programs and Projects
    3. Application for Funding Programs and Projects
    4. Performance Measurement Worksheet (PMW)
    5. Performance Measurement Made Simple for guidance on completing the PMW
    6. Agreements and Assurances Attachment 1
    7. EFT Document
    8. If applicable, Intra-Agency Agreement

**The Applicant will:**

1. Review to ensure they receive all documents
2. Review the completed Sections I, II, and III and contract your Project Lead about any inaccuracies or questions
3. Review **Checklist and Attachments** - see page 2 of the *Application for Funding Programs and Projects*. The applicant should use the checklist to ensure application is complete.

**Section I: Project Information** (see Section I of Application)

The **ODMH Project Lead** will complete the appropriate **gray cells**.

1. **Project Name:** specify name of the project (e.g. Hand-to-Hand, etc.).
2. **Procurement/Award Type:** specify whether award is a sub-grant or an inter-agency agreement between state agencies.
3. **Project Reference Code:** Project Reference Code will be provided by the ODMH Project Lead.
4. **Program Start Date:** specify date that the proposed project begins for the upcoming fiscal year.
5. **Program End Date:** specify date that the proposed project ends.
6. **Project Abstract:** provide an executive summary of the project’s purpose/mission limited to **150 words or less**.
7. **Age Groups:** select all that apply.
8. **Population:** select all that apply; if needed, specify “Other” population description in the provided field and specify the population.
9. **Service Type:** select all that apply; if needed, specify “Other” Service Type description in the provided field.

## 10. Plans and/or Performance Indicators Addressed by this Project?

This section includes state and federal plans and performance indicators. Please read carefully to determine which of these are required for the funding source for which you are applying.

### A. Plans:

#### 1. ODMH Strategic Plan (OSP):

This new plan is required for all applications. The Project Lead will need to select the appropriate ODMH goal and associated strategies.

#### 2. New Freedom Commission (NFC) Goals

ODMH Project Leads should complete these for Block Grant and check “not applicable” for T-SIG funded projects. Check as many as apply. If none apply, check “not applicable.” For other funding sources, the ODMH Project Lead should review the project goals and may consult with their supervisor to determine if these apply.

### B. Performance Indicators: select as many as apply from the following categories

#### 1. Flexible Performance Agreement (FPA)

This is required only of projects currently reporting performance results to the Governor’s Flexible Performance Agreement.

<http://www.mh.state.oh.us/who-we-are/performance-indicators.shtml>

#### 2. Other

ODMH Project Managers may use this space to add additional measures specific to their project or funding source.

### C. Transformation – State Incentive Grant

This section is required for applications for T-SIG funds and not required by any other funding source.

#### 1. Comprehensive Mental Health Plan

ODMH Project Leads for T-SIG should check CMHP goals on which the ODMH Project Lead reports. Otherwise, all Project Lead’s should check “not applicable.”

#### 2. GPRA (Government Performance Results Act)

This is required for T-SIG and not required for Block Grant. As different federal Grants have different GPRA, Project Leads for federal funding other than T-SIG and Block Grant should review the federal requirements for their funding source and ensure that the GPRA is addressed in the application process for these funds.

**Section II: Funding Source** (see Section II of Application)

The **ODMH Project Lead** will complete the appropriate **gray cells**.

**11. Fund Description:** insert brief narrative

BG Block Grant Annual Allocation	CFDA 93.958
BG1 Previous Unexpended Funds	CFDA 93.958
TSG1 Continuation FFY 2010 award	CFDA 93.243
TSG2 FFY 2008 Carry Over funds	CFDA 93.243
TSG3 FFY 2009 Award	CFDA 93.243
Title IV-B, Part 1 Child & Family Svcs Funds ODJFS	CFDA 93.645
Title IV-B, Part 2 Family Support Funds ODJFS	CFDA 93.556
5AU Rotary	
PATH	CFDA 93.150
401 Forensic GRF	
402 Residency Training Program GRF	
404 System of Care (SOC) GRF	
405 Ohio Family & Children First GRF	
408 Community & Hospital MH Services	
505 Local MH Systems of Care	
646 Federal Stimulus (or 636 check with Michele)	
Other	
5V20 Private Grant Funds	
<b>3A60 Childcare Quality</b>	CFDA 93.713
<b>3A60 Misc. Federal Grant</b>	
3A70 Title XX	CFDA 93.667
3A80 Misc. Federal Grant	
JFS Quality Childcare Dollars	

**12. Project Type:** select project type.

**13. Proposed ODMH Funding Sources for this project (with CFDA, if applicable):**

Select funding source(s) as applicable to the project only. Include any funding not in the list by checking "Other," specifying the funding source and the CFDA for federal grants.

**14. Dollar Amount:** specify dollar amount proposed for this funding cycle.

**15. Funding Source Start Date:** specify date that project funding begins for this funding cycle.

**16. Funding Source End Date:** specify date that project funding ends for this funding cycle.

**Section III: ODMH Contact Information** (see Section III of Application)

The **ODMH Project Lead** will complete the appropriate **gray cells**.

**17. Division:** specify ODMH division.

**18. Office:** specify ODMH office.

**19. Authorizing Administrator:** Specify the Project Lead's supervisor who authorizes the project.

**20. Title:** specify ODMH title of Authorizing Administrator.

**21. Project Lead:** specify name of ODMH staff that will sign the NOSA, authorized expenditures and is responsible for monitoring performance of the project.

**22. Title:** specify ODMH title of Project Lead.

**23. Address:** 30 E. Broad St, \_\_\_\_\_ Floor, Columbus, OH 43215 (already completed).

**24. Phone Number:** specify ODMH Project Lead office phone number.

**25. Mobile Phone Number:** specify ODMH Project Lead mobile number (optional).

**26. E-mail:** specify ODMH Project Lead e-mail address.

**27. Fax:** specify ODMH Project Lead fax number.

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**Section IV: Applicant Information** (see Section IV of Application)

The Applicant will complete the appropriate **gray cells**:

**Applicant Information**

- 28. **Organization Name:** specify organization name of the applicant who is requesting funds directly from ODMH.
- 29. **Legal Name, if different:** specify applicant legal name (if applicable).
- 30. **Applicant's Affiliation Type:** check one. If needed, check "Other" description in the provided field and specify.
- 31. **Legal Status:** check one. If needed, check "Other" and provide a brief description.
- 32. **a-d**
  - 32a. **Federal Tax ID:** provide Federal Tax Identification Number used for payroll taxes.
  - 32b. **Congressional District** [http://www.house.gov/house/MemberWWW\\_by\\_State.shtml#oh](http://www.house.gov/house/MemberWWW_by_State.shtml#oh)
  - 32c. **Central Contract Number:** insert number. If you need to obtain a number go to [www.ccr.gov](http://www.ccr.gov)
  - 32d. **DUNS Number:** insert number. If you need to obtain a number go to [www.dnb.com](http://www.dnb.com)

**Contact Information**

- 33. **Contact Name:** List the contact person's name (e.g. program manager) who will communicate with ODMH about this program.
- 34. **Title**
- 35. **Address** – specify the street address.
- 36. **Phone Number**
- 37. **City**
- 38. **State**
- 39. **Zip Code**
- 40. **Mobile Phone Number** (optional)
- 41. **Fax:** fax number.
- 42. **E-mail address**

**Fiscal Contact Information**

- 43. **Fiscal Contact:** specify fiscal contact person who is knowledgeable about the budget and expenditures of this program and will communicate with ODMH.
- 44. **Title**
- 45. **Address** – specify the street address.
- 46. **City**
- 47. **State**
- 48. **Zip Code**
- 49. **Phone Number**
- 50. **Mobile Phone Number** (optional)
- 51. **Fax**
- 52. **E-mail**
- 53. **Authorized Representative:** specify name of Authorized Representative whose signature legally obligates the organization to carry out the work of the sub-award. This is usually the Chief Executive Officer (CEO) or Executive Director.
- 54. **Title:** specify title of Authorized Representative.
- 55. **Signature:** (for Authorized Representative's signature)
- 56. **Date Signed:** (date of Authorized Representative's signature)

**Section V: Sub-Recipient Information** (see Section V of the Application)

If the application has more than two sub-recipients, please copy section V for as many sub-recipients as are necessary. If not applicable, please check the box. If applicable, the Applicant will complete the appropriate **gray cells**:

**Sub-Recipient Information** (if applicable)

57. **Sub-Recipient Name:** Specify a Sub-Recipient name if a significant portion of the proposed award to the Applicant will be expended by a different organization to achieve the operational goals and objectives. Some Sub-Recipients have direct contact with ODMH staff although they do not receive funds directly from ODMH. If the program has no sub-recipient, check "not applicable." If there are multiple sub-recipients, please add additional copies of this form as needed.
58. **Legal Name, if different**
59. **Federal Tax ID:** specify Federal Tax Identification Number.
60. **Contact Name:** specify sub-recipient contact person name (e.g. program manager).
61. **Address:** specify the person's street address.
62. **Phone Number**
63. **City**
64. **State**
65. **Mobile Phone Number** (optional)
66. **Zip Code:**
67. **Fax**
68. **E-mail**

**Section VI: Key Operational Partners in Program** (see Section VI of the Application)

If not applicable, please check the box. The Applicant will complete the appropriate **gray cells**, or check "No Grant Experience box."

69. **Key Operational Partners:** specify Key Operational Partners. Please include organizations and/or partners working on this program who are essential in achieving the operational goals and objectives who are not included as sub-recipients. If the program has no key partners, please check "not applicable."
70. **Role in Program:** specify role in program for each Key Operational Partner listed.

**Section VII: Grant Experience** (see Section VII of the Application)

The Applicant will complete the appropriate **gray cells**:

71. **Grant Name:** specify name of grant.
72. **Granting Agency:** specify agency awarding the grant.
73. **Start Date:** specify date grant funding begins.
74. **End Date:** specify date grant funding ends.
75. **Amount:** specify grant dollar amount.

**Section VIII: Fiscal Responsibility** (see Section VIII of the Application)

The Applicant will complete the appropriate **gray cells**:

76. **Is the applicant required to file an A-133 audit?** Select applicable box.
77. **If yes, give date that applicant's most recent fiscal A-133 audit was filed with ODMH Office of Fiscal Services:** specify date (if applicable)  
If no A-133 audit is on file (and an A-133 is required), please include a copy of the management decision from the A-133 audit. If the management decision is not available, please explain when and how this requirement will be met.
78. **If the applicant's A-133 audit had findings, please attach a copy of the management decision.** Please also attach an explanation of the findings and how they were addressed.

79. **If the applicant is not subject to the audit requirements of OMB Circular A-133, give the date that the applicant's financial audit was filed with ODMH Office of Fiscal Services:** specify date (if applicable).

**Note:** Office of Fiscal Services must have an appropriate audit (i.e., A-133 or a standard audit) on file.

80. **If the applicant has a sub-recipient, was the sub-recipient required to undergo an A-133 audit?** select applicable box.

81. **If the sub-recipient's A-133 audit had findings, what was the management decision you issued?** Please specify (if applicable).

82. **If the applicant of this project plans to complete project activities through a sub-recipient, please describe the monitoring process to assure each sub-recipient has the proper audit (i.e., A-133 or a financial audit), liability insurance to cover all claims arising out of these activities, and insurance/bonds of all board members or employees who are responsible for payments and expenditures.** Select not applicable or describe the process.

**Section IX: Application Narrative** (see Section IX of the Application)

The Applicant will respond to question 83 in one page or less.

83. a. Please describe the purpose and goals of the project and how the activities which may be funded through this proposal will achieve the goals. Please respond to the question, "How will the lives of consumers and/or families (or stakeholders) be impacted by this project?"
- b. Please describe how the project will be evaluated to measure its impact on stakeholders (consumers, families, providers or other specific stakeholder group).

**Section X: Applicant's Achievements or Qualifications** (see Section X of the Application)

84. a. **For Continuation Funding or Review for Funding Considerations:** Please describe the top five achievements of the project during the last 12 months. Please also describe the top three barriers encountered. (Limit: one page)
- b. Please describe how the project was evaluated to measure its impact on stakeholders (consumers, families, providers or other specific stakeholder group).
- c. **For New Programs:** Concisely describe your organizations qualifications to carry out this project in two pages or less. Please describe your organization's staff, their qualifications and your experience with similar kinds of work. Provide some information about the organizational capacity to do this project. (Limit: two pages)

**Section XI: Sustainability Plan** (see Section XI of the Application)

The Applicant will complete the appropriate **gray cells:**

85. Explain how this work will be continued after this funding ends. If sustainability is not applicable, please explain why. (Limit: one-half page)

**Section XII: Budget Plan** (see Section XII of the Application)

The Applicant will complete the appropriate **gray cells**:

**To complete the Budget Excel Table(s)** you will need to “unlock the Form in WORD using the FORMS Toolbar using the following steps below:

<b>MW 2003 or lower Unlock Document</b>	<b>MS 2007 Unlock Document</b>
<ol style="list-style-type: none"><li>1. In the Menu bar select “View”.</li><li>2. Select “Toolbars”.</li><li>3. Select “Forms” and Form toolbar will appear.</li><li>4. On the Forms toolbar select the “lock icon” (e.g., looks like a lock).</li><li>5. Double click on Table and Excel table opens up.</li><li>6. Enter the information into the table.</li><li>7. Make sure you click on the grey scroll bar to the right and move to the top of the document to resize.</li><li>8. Click outside the table and info will be finalized and resized in budget table.</li><li>9. In the Forms menu bar, select the “lock icon” and document will lock.</li><li>10. Complete the budget narrative page.</li></ol>	<ol style="list-style-type: none"><li>1. Select “Review” from the menu bar</li><li>2. Select “Protect Document Icon” top right corner</li><li>3. Select Restrict Formatting &amp; Editing</li><li>4. Select “Stop Protection “ at the bottom right hand corner</li><li>5. Document is unlocked</li><li>6. Double click on Table and Excel table opens up.</li><li>7. Enter the information into the table.</li><li>8. Make sure you click on the grey scroll bar to the right and move to the top of the document to resize.</li><li>9. Click outside the table and info will be finalized and resized in budget table.</li><li>10. In the Forms menu bar, select the “lock icon” and document will lock.</li><li>11. Complete the budget narrative page.</li></ol>
<p style="text-align: center;"><b>MS 2003 Lock Document</b></p> <ol style="list-style-type: none"><li>1. Select “View” from the menu bar Select “toolbar”</li><li>2. Select “forms” forms menu bar will appear</li><li>3. Select “ lock icon” and it locks (AB in will turn black in forms menu bar)</li></ol>	<p style="text-align: center;"><b>MS 2007 Lock Document</b></p> <ol style="list-style-type: none"><li>1. Select “Review” from the menu bar</li><li>2. Select “Protect Document Icon” top right corner</li><li>3. Select Restrict Formatting &amp; Editing and click check box</li><li>4. Under 2. Editing Restrictions ensure check box for fill forms is checked</li><li>5. Under 3. Start protection Select “yes start enforcing protection”</li><li>6. Select “ok” do not use a password</li></ol>

**Please make sure to lock the document after the budget table is completed. If not, you will experience formatting issue when you complete the budget narrative.**

86. **Budget:** Select either the Federal Funds or Non-federal funds check box.

**Application for Federal Funds** - Please complete the budget section of the Application for federal funds including Block Grant CFDA 93.958, T-SIG CFDA 93.243, PATH CFDA 93.150, Title IV-B, Part 1 CFDA 93.645, Title IV-B, Part 2 CFDA 93.556 and any other federal grant funds. If your program has both federal and Non-federal funds, you will need to complete separate budget forms.

**Project Name** - Please use the same name used in the application for item #1, Section 1 of the Application.

**Applicant's Name** – Please use the same name as listed in the application, item #28 in Section IV of the Application.

**Funding Source** – Please use the same funding source as listed in item #13, Section II of the Application.

**Proposed Expenditures of Funds** – For definitions of what should be included in each line item, please see Appendix D of this document (Application Guidance).

**Program Cash Flow** - If the projected requests for disbursement of the funds requested in this application will be the same amount for each quarter, this section may be left blank. If the projected requests for disbursement vary, please complete this section with the amount of funding you expect to request each quarter. Please explain why the projected disbursements are not for equal amounts.

**Other Funding and Revenue Sources** – If this program has other funding and revenue sources that are not income generated by the program itself, please list the source and the amount. These may include other grants, local funds and in-kind contributions. Examples include mental health levy funds, foundation support and other state and federal grants. In-kind contributions include significant contributions of staff time or rent-free space.

**Estimated Program Income** - Please list any estimated income generated by your program. Examples include fees for consultation, technical assistance, training and conference registration earned by your program.

**Budget Narrative** – Please use the budget narrative to briefly explain what is included in each line item for your program and how you calculated your costs. See the example in Appendix G of this document for information on what is expected.

**Budget: Application for non-federal funds** - complete the budget section of the Application for GRF including 401, 402, 404, 405, 408, 636 and any other non-federal funds. If your program has both federal and non-federal funds, you will need to complete a budget form for each funding source.

**Budget Narrative** – Please use the budget narrative to briefly explain what is included in each line item for your program and how you calculated your costs. See the example in Appendix G of this document for information on what is expected.

### ***Section XIII: Performance Measurement***

Follow directions as outlined in separate PMW document. Submit completed PMW in MS Word version 2003 or lower.

## Appendix A

### Director's Flexible Performance Agreement (FPA) Goals

1. IDDT EBP
2. SE EBP
3. WMR EBP
4. CIT Training
5. Coercion/Violence Free Environment
6. Prevention Awareness
7. Hospital & Community Safety

#### Full FPA Goals:

**Goal 1: Integrated Dual Diagnosis Treatment (IDDT) EBP** - Increase the proportion of dually diagnosed (severe mental illness/chemical dependency) consumers who participate in the evidence-based practice, Integrated Dual Disorder Treatment (IDDT), by increasing IDDT trained provider organizations by 26% and increasing the number of consumers engaged in IDDT by 30% by 2011.

**Goal 2: Supported Employment (SE) EBP** - Double the number of provider organizations implementing the evidence-based practice, Supported Employment, by 2011. Double the number of consumers achieving competitive employment through evidence-based Supported Employment programs by 2011.

**Goal 3: Wellness Management and Recovery (WMR) EBP** - Increase the number of mental health consumers with severe and persistent mental illness improving their recovery and overall health by increasing the number provider organizations implementing the emerging Evidence Based Practice, Wellness Management and Recovery (WMR) by 400% and the number of individuals participating and graduating from WMR by 400% and the number of individuals demonstrating improvement in mental health recovery through WMR by 400% by 2011.

**Goal 4: Crisis Intervention Team (CIT) Training** - Improve the safety and security of Ohio communities and college campuses by increasing the cumulative number of active duty police officers engaged in the Best Practice, Crisis Intervention Team training (CIT) by 80% over 5 years. Also, increase the number of university and college police and security departments that participate in CIT training by 59% over 5 years.

**Goal 5: Coercion-Free Violence-Free Environments** - Improve the personal safety of children receiving treatment by increasing the percentage of ODMH licensed beds attached to children's residential facilities that are enrolled as members of the statewide Kids Coercion-Free Learning Community by 44% by 2011, thereby promoting the adoption of coercion-free, violence-free environments to reduce the number of episodes of utilization of physical restraint and the average duration of episodes of physical restraint by 10% by 2011.

**Goal 6: Prevention Awareness Activities** - Raise awareness of prevention activities and increase help-seeking behavior by increasing the number of suicide prevention coalitions by 41%, the number of implementers receiving Red Flags training by 53% and the number of Ohio Risk Youth Assessments by 171% by 2011.

**Goal 7: Safety of Hospitalized Forensic Patients and our Community** - Improve the safety of hospitalized forensic patients and our community by: reducing escapes/AWOLs of forensic patients with Level 1 or 2 privileges per 1,000 forensic patients served by 54% by 2011, and reducing escapes/AWOLs of all forensic patients per 1,000 forensic patients served by 54% by 2011.

## Appendix B

### Government Performance Results Agreement (GPRA) Infrastructure Indicators

1. Policy Change
2. Workforce Training
3. Finance Policy Change
4. Organizational Change
5. Orgs Using/Analyzing Data
6. Consumer/Family Network
7. Programs Implementing Practices per CMHP

#### Full GRPA:

1. Increase percentage of **policy changes** completed as a consequence of the Comprehensive Mental Health Plan.
2. Increase number of persons in the mental health care and related **workforce who have been trained** in service improvements recommended by the Comprehensive Mental Health Plan.
3. Increase percentage of **financing policy** changes completed as a consequence of the Comprehensive Mental Health Plan.
4. Increase percentage of **organizational changes** completed as a consequence of the Comprehensive Mental Health Plan.
5. Increase the number of organizations that regularly obtain and **analyze data** relevant to the goals of the Comprehensive Mental Health Plan.
6. Increase the number of **consumers and family members** that are members of statewide consumer- and family-run networks.
7. Increase the number of **programs implementing practices** consistent with Comprehensive Mental Health Plan.

## **Appendix: C**

### **New Freedom Commission's Goals**

#### **Goal 1 - Americans Understand that Mental Health Is Essential to Overall Health**

In a transformed mental health system, Americans will seek mental health care when they need it - with the same confidence that they seek treatment for other health problems. As a Nation, we will take action to ensure our health and well being through learning, self-monitoring, and accountability. We will continue to learn how to achieve and sustain our mental health.

The stigma that surrounds mental illnesses and seeking care for mental illnesses will be reduced or eliminated as a barrier. National education initiatives will shatter the misconceptions about mental illnesses, thus helping more Americans understand the facts and making them more willing to seek help for mental health problems. Education campaigns will also target specific audiences, including:

- Rural Americans who may have had little exposure to the mental health service system,
- Racial and ethnic minority groups who may hesitate to seek treatment in the current system, and
- People whose primary language is not English.

When people have a personal understanding of the facts, they will be less likely to stigmatize mental illnesses and more likely to seek help for mental health problems. The actions of reducing stigma, increasing awareness, and encouraging treatment will create a positive cycle that leads to a healthier population. As a Nation, we will also understand that good mental health can have a positive impact on the course of other illnesses, such as cancer, heart disease, and diabetes.

Improving services for individuals with mental illnesses will require paying close attention to how mental health care and general medical care systems work together. While mental health and physical health are clearly connected, the transformed system will provide collaborative care to bridge the gap that now exists.

Effective mental health treatments will be more readily available for most common mental disorders and will be better used in primary care settings. Primary care providers will have the necessary time, training, and resources to appropriately treat mental health problems. Informed consumers of mental health service will learn to recognize and identify their symptoms and will seek care without the fear of being disrespected or stigmatized. Older adults, children and adolescents, individuals from ethnic minority groups, and uninsured or low-income patients who are treated in public health care settings will receive care for mental disorders.

***Understanding that mental health is essential to overall health is fundamental for establishing a health system that treats mental illnesses with the same urgency as it treats physical illnesses.***

The transformed mental health system will rely on multiple sources of financing with the flexibility to pay for effective mental health treatments and services. This is a basic principle for a recovery-oriented system of care.

#### **Goal 2 - Mental Health Care Is Consumer and Family Driven**

In a transformed mental health system, a diagnosis of a serious mental illness or a serious emotional disturbance will set in motion a well-planned, coordinated array of services and treatments defined in a single plan of care. This detailed roadmap - a personalized, highly individualized health management program - will help lead the way to appropriate treatment and supports that are oriented toward

recovery and resilience. Consumers, along with service providers, will actively participate in designing and developing the systems of care in which they are involved.

An individualized plan of care will give consumers, families of children with serious emotional disturbances, clinicians, and other providers a valid opportunity to construct and maintain meaningful, productive, and healing relationships. Opportunities for updates - based on changing needs across the stages of life and the requirement to review treatment plans regularly - will be an integral part of the approach. The plan of care will be at the core of the consumer-centered, recovery-oriented mental health system. The plan will include treatment, supports, and other assistance to enable consumers to better integrate into their communities; it will allow consumers to realize improved mental health and quality of life.

In partnership with their health care providers, consumers and families will play a larger role in managing the funding for their services, treatments, and supports. Placing financial support increasingly under the management of consumers and families will enhance their choices. By allowing funding to follow consumers, incentives will shift toward a system of learning, self-monitoring, and accountability. This program design will give people a vested economic interest in using resources wisely to obtain and sustain recovery.

The transformed system will ensure that needed resources are available to consumers and families. The burden of coordinating care will rest on the system, not on the families or consumers who are already struggling because of a serious illness. Consumers' needs and preferences will drive the types and mix of services provided, considering the gender, age, language, development, and culture of consumers.

***The plan of care will be at the core of the consumer-centered, recovery-oriented mental health system.***

To ensure that needed resources are available to consumers and families in the transformed system, States will develop a comprehensive mental health plan to outline responsibility for coordinating and integrating programs. The State plan will include consumers and families and will create a new partnership among the Federal, State, and local governments. The plan will address the full range of treatment and support service programs that mental health consumers and families need.

In exchange for this accountability, States will have the flexibility to combine Federal, State, and local resources in creative, innovative, and more efficient ways, overcoming the bureaucratic boundaries between health care, employment supports, housing, and the criminal justice systems.

Increased flexibility and stronger accountability will expand the choices and the array of services and supports available to attain the desired outcomes. Creative programs will be developed to respond to the needs and preferences of consumers and families, as reflected in their individualized plans of care.

Giving consumers the ability to participate fully in their communities will require a few essentials:

- Access to health care,
- Gainful employment opportunities,
- Adequate and affordable housing, and
- The assurance of not being unjustly incarcerated.

Strong leadership will need to:

- Align existing programs to deliver services effectively,
- Remove disincentives to employment (such as loss of financial benefits or having to choose between employment and health care), and
- Provide for a safe place to live.

In this transformed system, consumers' rights will be protected and enhanced. Implementing the 1999 *Olmstead v. L.C* decision in all States will allow services to be delivered in the most integrated setting possible - services in communities rather than in institutions. And services will be readily available so that consumers no longer face unemployment, homelessness, or incarceration because of untreated mental illnesses.

No longer will parents forgo the mental health services that their children desperately need. No longer will loving, responsible American parents face the dilemma of trading custody for care. Families will remain intact. Issues of custody will be separated from issues of care.

In this transformed system, stigma and discrimination against people with mental illnesses will not have an impact on securing health care, productive employment, or safe housing. Our society will not tolerate employment discrimination against people with serious mental illnesses - in either the public or private sector.

Consumers' rights will be protected concerning the use of seclusion and restraint. Seclusion and restraint will be used only as safety interventions of last resort, not as treatment interventions. Only licensed practitioners who are specially trained and qualified to assess and monitor consumers' safety and the significant medical and behavioral risks inherent in using seclusion and restraint will be able to order these interventions.

The hope and the opportunity to regain control of their lives -often vital to recovery - will become real for consumers and families. Consumers will play a significant role in shifting the current system to a recovery-oriented one by participating in planning, evaluation, research, training, and service delivery.

To aid in transforming the mental health system, the Commission makes five recommendations:

### **Goal 3 - Disparities in Mental Health Services Are Eliminated**

In a transformed mental health system, all Americans will share equally in the best available services and outcomes, regardless of race, gender, ethnicity, or geographic location. Mental health care will be highly personal, respecting and responding to individual differences and backgrounds. The workforce will include members of ethnic, cultural, and linguistic minorities who are trained and employed as mental health service providers. People who live in rural and remote geographic areas will have access to mental health professionals and other needed resources. Advances in treatments will be available in rural and less populated areas. Research and training will continuously aid clinicians in understanding how to appropriately tailor interventions to the needs of consumers, recognizing factors such as age, gender, race, culture, ethnicity, and locale.

Services will be tailored for culturally diverse populations and will provide access, enhanced quality, and positive outcomes of care. American Indians, Alaska Natives, African Americans, Asian Americans, Pacific Islanders, and Hispanic Americans will not continue to bear a disproportionately high burden of disability from mental health disorders.<sup>1</sup> These populations will have accessible, available mental health services. They will receive the same high quality of care that all Americans receive. To develop culturally competent treatments, services, care, and support, mental health research will include these

underserved populations. In addition, providers will include individuals who share and respect the beliefs, norms, values, and patterns of communication of culturally diverse populations.

In rural and remote geographic areas, service providers will be more readily available to help create a consumer-centered system. Using such tools as videoconferencing and telehealth, advances in treatments will be brought to rural and less populated areas of the country. These technologies will be used to provide care at the same time they break down the sense of isolation often experienced by consumers.

Mental health education and training will be provided to general health care providers, emergency room staff, and first responders, such as law enforcement personnel and emergency medical technicians, to overcome the uneven geographic distribution of psychiatrists, psychologists, and psychiatric social workers.

***In a transformed mental health system, all Americans will share equally in the best available services and outcomes, regardless of race, gender, ethnicity, or geographic location.***

#### **Goal 4 - Early Mental Health Screening, Assessment, and Referral to Services Are Common Practice**

In a transformed mental health system, the early detection of mental health problems in children and adults - through routine and comprehensive testing and screening - will be an expected and typical occurrence. At the first sign of difficulties, preventive interventions will be started to keep problems from escalating. For example, a child whose serious emotional disturbance is identified early will receive care, preventing the potential onset of a co-occurring substance use disorder and breaking a cycle that otherwise can lead to school failure and other problems.

Quality screening and early intervention will occur in both readily accessible, low-stigma settings, such as primary health care facilities and schools, and in settings in which a high level of risk exists for mental health problems, such as criminal justice, juvenile justice, and child welfare systems. Both children and adults will be screened for mental illnesses during their routine physical exams.

For consumers of all ages, early detection, assessment, and links with treatment and supports will help prevent mental health problems from worsening. Service providers across settings will also routinely screen for co-occurring mental illnesses and substance use disorders. Early intervention and appropriate treatment will also improve outcomes and reduce pain and suffering for children and adults who have or who are at risk for co-occurring mental and addictive disorders.

Early detection of mental disorders will result in substantially shorter and less disabling courses of impairment.

***For consumers of all ages, early detection, assessment, and links with treatment and supports will help prevent mental health problems from worsening.***

#### **Goal 5 - Excellent Mental Health Care Is Delivered and Research Is Accelerated**

In a transformed mental health system, consistent use of evidence-based, state-of-the-art medications and psychotherapies will be standard practice throughout the mental health system. Science will inform the provision of services, and the experience of service providers will guide future research. Every time any American - whether a child or an adult, a member of a majority or a minority, from an urban or rural area - comes into contact with the mental health system, he or she will receive excellent care that is consistent with our scientific understanding of what works. That care will be delivered according to the consumer's individualized plan.

Research has yielded important advances in our knowledge of the brain and behavior, and helped develop effective treatments and service delivery strategies for many mental disorders. In a transformed system, research will be used to develop new evidence-based practices to prevent and treat mental illnesses. These discoveries will be immediately put into practice. Americans with mental illnesses will fully benefit from the enormous increases in the scientific knowledge base and the development of many effective treatments.

Also benefiting from these developments, the workforce will be trained to use the most advanced tools for diagnosis and treatments. Translating research into practice will include adequate training for front-line providers and professionals, resulting in a workforce that is equipped to use the latest breakthroughs in modern medicine. Research discoveries will become routinely available at the community level. To realize the possibilities of advances in treatment, and ultimately in prevention or a cure, the Nation will continue to invest in research at all levels.

Knowledge about evidence-based practices (the range of treatments and services of well-documented effectiveness), as well as emerging best practices (treatments and services with a promising but less thoroughly documented evidentiary base), will be widely circulated and used in a variety of mental health specialties and in general health, school-based, and other settings. Countless people with mental illnesses will benefit from improved consumer outcomes including reduced symptoms, fewer and less severe side effects, and improved functioning. The field of mental health will be encouraged to expand its efforts to develop and test new treatments and practices, to promote awareness of and improve training in evidence-based practices, and to better finance those practices.

***Research discoveries will become routinely available at the community level.***

The Nation will have a more effective system to identify, disseminate, and apply proven treatments to mental health care delivery. Research and education will play critical roles in the transformed mental health system. Advanced treatments will be available and adapted to individual preferences and needs, including language and other ethnic and cultural considerations. Investments in technology will also enable both consumers and providers to find the most up-to-date resources and knowledge to provide optimum care for the best outcomes. Studies will incorporate the unique needs of cultural, ethnic, and linguistic minorities and will help ensure full access to effective treatment for all Americans.

**Goal 6 - Technology Is Used to Access Mental Health Care and Information**

In a transformed mental health system, advanced communication and information technology will empower consumers and families and will be a tool for providers to deliver the best care. Consumers and families will be able to regularly communicate with the agencies and personnel that deliver treatment and support services and that are accountable for achieving the goals outlined in the individual plan of care. Information about illnesses, effective treatments, and the services in their community will be readily available to consumers and families.

Access to information will foster continuous, caring relationships between consumers and providers by providing a medical history, allowing for self-management of care, and electronically linking multiple service systems. Providers will access expert systems that bring to bear the most recent breakthroughs and studies of optimal outcomes to facilitate the best care options. Having agreed to use the same health messaging standards, pharmaceutical codes, imaging standards, and laboratory test names, the Nation's health system will be much closer to speaking a common language and providing superior patient care. Informed consumers and providers will result in better outcomes and will more efficiently use resources.

Electronic health records can improve quality by promoting adoption and adherence to evidence-based practices through inclusion of clinical reminders, clinical practice guidelines, tools for clinical decision support, computer order entry, and patient safety alert systems. For example, prescription medications

being taken or specific drug allergies would be known, which could prevent serious injury or death resulting from drug interactions, excessive dosages or allergic reactions.

Access to care will be improved in many underserved rural and urban communities by using health technology, telemedicine care, and consultations. Health technology and telehealth will offer a powerful means to improve access to mental health care in underserved, rural, and remote areas. The privacy of personal health information - especially in the case of mental illnesses - will be strongly protected and controlled by consumers and families. With appropriate privacy protection, electronic records will enable essential medical and mental health information to be shared across the public and private sectors.

Reimbursements will become flexible enough to allow implementing evidence-based practices and coordinating both traditional clinical care and e-health visits. In both the public and private sectors, policies will change to support these innovative approaches.

***The privacy of personal health information - especially in the case of mental illnesses - will be strongly protected and controlled by consumers and families.***

An integrated information technology and communications infrastructure will be critical to achieving the five preceding goals and transforming mental health care in America. To address this technological need in the mental health care system, this goal envisions two critical technological components:

- A robust telehealth system to improve access to care, and
- An integrated health records system and a personal health information system for providers and patients.

## Appendix D ODMH Strategic Plan Goals and Strategies

Goals	Strategies
<b>I. Restructure Ohio’s mental health system to reduce disparities, achieve efficiencies, and assure equitable access to effective core services and supports.</b>	A. Align and deploy resources to assure service capacity and access to meet consumer need.
	B. Lead the process for structural changes necessary to adapt to current revenue loss and opportunities within national healthcare reform.
<b>II. Support the recruitment, development and retention of an efficient, qualified, diverse and culturally competent workforce.</b>	A. Improve conditions and create incentives to promote mental health occupations as viable career opportunities.
	B. Create an ongoing staff development program within ODMH that assures cultural and other targeted competencies, individual productivity and professional growth.
<b>III. Reform internal and external processes and regulatory framework to align the mental health system with emerging health technology standards.</b>	A. Influence and advance development of an electronic health record and information exchange connected to state and national health information exchange initiatives.
	B. Streamline regulatory requirements in conjunction with federal and state agencies, accrediting bodies and regulatory boards.
<b>IV. Accelerate and incentivize clinical excellence for Ohioans at all life stages.</b>	A. Promote establishment of “person-centered health care homes” inclusive of the mental health system.
	B. Promote efficient and effective protocols and practices to increase the quality of health and life expectancy of people with serious emotional disturbance and severe mental illness.
<b>V. Leverage resources and strengthen collaboration to develop and influence policy that promotes mental health and wellness.</b>	A. Create an infrastructure for effective policy development.
	B. Create an infrastructure for effective communications.
<b>VI. Execute a rapid contingency planning process to address critical events/changes in the environment.</b>	A. Develop a response capacity based on best practices.

## Appendix E 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 grant BG CFDA# 93.958, PATH (CFDA 93.150) and T-SIG CFDA# 93.243.

**Direct Costs** -Direct costs are those that can be specifically identified with a particular program or activity.

- **Administrative Direct Costs:** Administrative costs identified specifically with a particular program should be budgeted and claimed as direct costs.
- Direct costs must comply with assurances applicable to the particular grant/CFDA number.

**Indirect Costs** - Indirect costs are those that have been incurred for common or joint objectives and cannot be readily identified with a particular final cost objective. 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
- Be limited to those costs properly allocated to the particular program, and;
- Comply with the assurances applicable to the particular grant/CFDA#

**Link to some resources relating to Federal Cost Principles and Grant Administration Requirements at:**

- <http://www.whitehouse.gov/omb/circulars/>
  - OMB Circular A-21: Higher Education [http://www.whitehouse.gov/omb/circulars/a021/a21\\_2004.pdf](http://www.whitehouse.gov/omb/circulars/a021/a21_2004.pdf)
  - OMB Circular A-87: State, Local, & Tribal Governments [http://www.whitehouse.gov/omb/circulars/a087/a87\\_2004.pdf](http://www.whitehouse.gov/omb/circulars/a087/a87_2004.pdf)
  - OMB Circular A-102: Grants and Cooperative Agreements with State and Local Governments [http://www.whitehouse.gov/omb/circulars/a102/a102\\_2004.pdf](http://www.whitehouse.gov/omb/circulars/a102/a102_2004.pdf)
  - OMB Circular A-110: Administrative Requirements for Grants and Agreements with Institutes of Higher Education Hospitals & other Non-profit Organizations [http://www.whitehouse.gov/omb/circulars/a110/a110\\_2004.pdf](http://www.whitehouse.gov/omb/circulars/a110/a110_2004.pdf)
  - OMB Circular A-122: Non- Profits [http://www.whitehouse.gov/omb/circulars/a122/a122\\_2004.pdf](http://www.whitehouse.gov/omb/circulars/a122/a122_2004.pdf)
  - OMB Circular A-133: Audit requirements <http://www.whitehouse.gov/omb/circulars/a133/a133.pdf>
- [www.access.gpo.gov](http://www.access.gpo.gov)
  - 48 CFR 31.2 (FAR) Commercial Organizations
  - 45 CFR 74, Subpart E Hospitals

## Appendix F Sub-Award Budget and Expenditure Report Definitions

**Note:** ODMH reviewed OBM guidelines and have update the language to coincide with OBM. Yellow highlighted sections represent language changes and green highlighted sections represent language changes and line item changes.

**a. Personnel** -The cost of full and part-time employees paid by salaries or hourly wages and overtime paid to them based on the percentage of time devoted to the project. State the time commitments budgeted for this project in hours or percent of time for each staff position funded by this Sub-Award.

**b. Fringe Benefits** – Identify fringe benefits separately from salaries and wages. Fringe Benefit should be calculated on actual know cost or formula. Fringe Benefits are for the personnel listed in the budget category a and only for the percentage of time devoted to the project. Provide a description of the benefits received by the personnel and assure that fringe benefits charged to the program are for the same time commitment as the personnel costs.

**c. Travel** – Itemized travel expenses of project personnel by purpose devoted to project. Itemized expense should include cost of staff travel necessary to perform the tasks, and activities of the project including meals, and incidentals (or per-diem), mileage, parking, lodging, and public transportation. Show the basis of computations (i.e., six people to 3-day training at \$X air fair, \$X lodging, \$X per-diem).

**d. Equipment** – List non-expendable items that are to be purchase. The cost of equipment per unit purchase price of more than \$300 used exclusively to perform grant tasks and activities. Lease payments and equipment rental should be placed in “Contractual” category.

The Block Grant does NOT cover purchases, leases or maintenance and repair of major equipment (including motor vehicles). For other federal grants, review the requirements in the grant application or consult the federal program officer. For state funds, consult the ODMH Office of Administrative and Fiscal Services or your ODMH Project Lead.

**e. Supplies** – List line items by type (office supplies, postage, training materials, copying paper and other expendable equipment) used or consumed in the course of performing grant tasks and activities including printing, copying, paper, presentation materials, bindings, printer cartridges, software, invoiced internet access fees for grant staff user IDs and other necessary materials and supplies.

**f. Contractual** - 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). Services costs should be identified either by hourly rate and number of hours or by cost per deliverable, depending on the type of contract. If the sub-award contracts with another agency to provide the training(s), the training(s) should be listed here with complete itemization of the projected costs. Sub-Award needs to provide a justification/description.

**g. Construction** – This is not an allowable expense for Block Grant or T-SIG. For other funding, consult your Project Lead or ODMH Office of Administrative and Fiscal Services.

**h. Other** – List items (i.e., rent, telephone, reproduction/printing, security services, and investigative or confidential funds) by type and computation devoted to the project. Direct Block Grant related costs not otherwise classified above. An example of these other costs would be certified mental health services invoiced as rate based units of service.

**i. Total Direct Costs** – This is the sum of a-h.

**j. Indirect Costs** - See information about Indirect Costs in Appendix E.

**k. Totals** – This is the sum of (i) Total Direct Costs and (j) Indirect Costs. It is also the total amount of funding for this program.

## Appendix G: Example Budget Budget for 7/1/10 to 6/30/11

Federal: BG CFDA# 93.958, TSIG CFDA# 93.243 and PATH CFDA # 93.150

### Project Information

<b>Project Name:</b>	WE R STRONG		
<b>Applicant's Name:</b>	XYZ		
<b>Funding Source:</b>	BG	<b>Requested Amount:</b>	\$ 262,313.00

### Proposed Expenditures of Federal Funds

\* See instructions for information about indirect costs.

	Quarter #1	Quarter #2	Quarter #3	Quarter #4	Total
<b>a. Personnel</b>	\$ 44,563.00	\$ 44,563.00	\$ 44,563.00	\$ 44,563.00	\$ 178,252.00
<b>b. Fringe Benefits</b>	\$ 9,162.75	\$ 9,162.75	\$ 9,162.75	\$ 9,162.75	\$ 36,651.00
<b>c. Travel</b>	\$ 971.25	\$ 1,946.25	\$ 971.25	\$ 971.25	\$ 4,860.00
<b>d. Equipment</b>	\$ 3,650.00	\$ -	\$ -	\$ -	\$ 3,650.00
<b>e. Supplies</b>	\$ 5,400.00	\$ 2,100.00	\$ 2,100.00	\$ 2,100.00	\$ 11,700.00
<b>f. Contractual</b>	\$ 2,850.00	\$ 2,850.00	\$ 2,850.00	\$ 2,850.00	\$ 11,400.00
<b>g. Construction</b>	\$ -	\$ -	\$ -	\$ -	\$ -
<b>h. Other</b>	\$ 2,700.00	\$ 1,200.00	\$ 1,200.00	\$ 1,200.00	\$ 6,300.00
<b>i. Total Direct Costs</b>	\$ 69,297.00	\$ 61,822.00	\$ 60,847.00	\$ 60,847.00	\$ 252,813.00
<b>j. Indirect Costs*</b>	\$ 2,375.00	\$ 2,375.00	\$ 2,375.00	\$ 2,375.00	\$ 9,500.00
<b>k. Totals</b>	\$ 71,672.00	\$ 64,197.00	\$ 63,222.00	\$ 63,222.00	\$ 262,313.00

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** (i.e. other grants, local funds, in-kind contributions)

Name of the Funding Source	Amount
SAMSHA	\$ 10,000.00
	\$ -
	\$ -
<b>Total</b>	\$ 10,000.00

**Estimated Program Income**

List sources of other funds below:

Name of the Funding Source	Amount
Selling of the Get Healthy Book	\$ 1,500.00
	\$ -
	\$ -
<b>Total</b>	1,500.00

Additional Information, if applicable:

## Appendix G: Example: Budget Narrative

**BUDGET PERIOD: July 1, 2010 – June 30, 2011**

**Project Title: Strangers are US**

**Sub-Award to be: XYZ**

**Total Request: \$ 264,713**

The purpose of this Budget Narrative is to provide a detailed explanation of how expenditures were calculated and the justification for the expended funds. The Budget Narrative must be submitted in required format for approval.

### **DIRECT COSTS**

#### **a. Personnel Salaries and Wages (\$178,252)**

Includes costs associated with the local program staff. The \$178,252 requested for this line item support of following direct service staff:

<b>Position</b>	<b>Total Salary</b>	<b>Time on the Project (FTE)</b>	<b>Cost of FTE</b>
Psychiatrist	\$ 110,840	.30	\$33,252

The Psychiatrist will be hired as an XYZ employee and will work 30% of his/her time on this project. He/she will be responsible for supervising the day to day screening of clients for the program. He/she will also serve as a liaison with clients between XYZ and Broward County Human Services Division. \$33,252 per year to cover salary expenses associated with this person's time devoted to this project.

<b>Position</b>	<b>Total Salary</b>	<b>Time on the Project (FTE)</b>	<b>Cost of FTE</b>
Project Director	\$ 90,000	.5	\$45,000

The Project Director will be hired as an employee to work 50% his/her time on this project. He/she will lead the responsibility for the local project, oversee development of strategic plan, implement proposed system of care, establish organization structure and hire staff, as well as provide leadership in all aspects of the project. XYZ is requesting \$45,000 per year to cover the Project Director's salary devoted to this project.

<b>Position</b>	<b>Total Salary</b>	<b>Time on the Project (FTE)</b>	<b>Cost of FTE</b>
Case Manger	\$ 38,000	2.0	\$76,000

Two Case Manager will be hired as an XYZ employee to work full-time on this project. He/she will be responsible for developing service linkages for service providers in the communities, assisting clients to find social service and treatment resources in the community such as housing, admission to county programs, public assistance, etc. The Case Manager will also assist in identifying gaps in community services and work with council in attempting to get them provided. XYZ is requesting \$38,000 for each Case Manager's annual salary devoted to this project.

<b>Position</b>	<b>Total Salary</b>	<b>Time on the Project (FTE)</b>	<b>Cost of FTE</b>
Project Administrator	\$ 38,000	.50	\$19,000

A Project Administrator will be hired as an employee to work 50% on this project. He/she will direct day-to-day, on-site management of the office, facilitate data collection for clients, type reports, conduct data analysis, supervise records of data collection and database maintenance, as well as safeguard confidentiality of records. The Project Administrator will help out case managers and other staff where needed including driving the van, when necessary. XYZ is requesting \$19,000 per year for the Project Administrator's salary devoted to this project.

Position	Total Salary	Time on the Project (FTE)	Cost of FTE
Project Receptionist/Sec.	\$20,000	.25	\$5,000

XYZ will hire a Project Receptionist/Secretary to work 25% on this project. This person will be responsible for the direct day-to-day contact with clients on site or on the telephone to make and schedule appointments. He/she will also be in contact with all community agencies to coordinate appointments and set up meetings, as well as help out case managers, secretary and other staff when needed including driving the van, when necessary. XYZ is requesting \$5,000 per year to cover salary expenses devoted to this project.

**b. Fringe Benefits (\$36,651)**

Position	Salary Charged to Project	Fringe Benefit	Cost Fringe
Psychiatrist	\$33,252	.20	\$6,650.40
Project Director	\$45,000	.20	\$9,000.00
Case Manager (1 of 2)	\$38,000	.20	\$7,600.00
Case Manager (2 of 2)	\$38,000	.20	\$7,600.00
Project Administrator	\$19,000	.20	\$3,800.00
Project Receptionist/Sec	\$ 5,000	.20	\$1,000.00

These were projected at 20% of the project salaries of \$178,252 charged to the project. This rate covers Social Security, FICA, health/life/dental/pension and unemployment compensation. XYZ is requesting \$35,650.40 per year to cover fringe benefit expenses for project staff devoted to this project.

**c. Travel (\$4,860)**

**Car Travel Reimbursement (\$3,885)**

Position	Miles	Reimbursement Rate	Total Reimbursement Cost
All Staff	3,0000	.555	3,885

Travel will be very limited. We estimate approximately 3,000 miles will be driven by project staff reimbursement rate of \$.555/mile for a total cost. This travel will be used to promote the project at various stakeholder meetings through the county. Additionally, these funds cover the expenses of project staff to attend stakeholder meeting and trainings through out the state.

**Conference (\$975)**

Conference fee:	\$250
Hotel Stay: \$120/day X 3 days	\$360
Air Fare:	\$300 roundtrip
Per Diem: 4 days @ \$60/day	\$240
Parking/Transportation/Mileage:	\$75
<b>Total</b>	<b>\$975</b>

Attend the 3 day national training on developing service linkages for service providers in the communities held in Washington, DC. This conference will be attended by the Project Director and will information obtained will be incorporated into to XYZ project.

**d. Equipment (\$3,650)**

Item	Quantity	Cost/item	Total Cost
Personal Computers	3	\$700	\$2,100
Fax Machine	1	\$350	\$350
Telephones	3	\$100	\$300
Color Printers	3	\$300	\$900

XYZ is requesting the purchase of the following 3 personal computers. In order meet our HIPPA policy, a fax machine stationed by Case Managers and individual printers are need for program director and 2 case managers.

**e. Supplies (\$11,700)**

The Grant represents approximately 20% of the XYZ grant budgets:

Postage \$18,000 annually X 20%= \$3,600

Office Supplies \$24,000 annually X 20%= \$4,800

Total Postage, Office supplies (i.,e, pens, paper, paper clip post its, stapers, calandars, tape, roledex ect.) and Leased Equipment costs have been allocated across the five programmatic/operational XYZ grants based upon grant revenues. After consultation with our auditors, this is the only allocation method found to be successful. Therefore, the Grant represents approximately 20% of XYZ 's budget.

Item	Quantity	Cost/item	Total Cost
MS Professional Software	3	\$400	\$1,200
Adobe Professional Software	3	\$700	\$2,100

XYZ needs to purchase 3 sets of MS Professional software and 3 sets of Adobe Professional Software for the work to get done by Case Managers and Program Director.

**f. Contractual Fees \$11,400**

Item	Cost Annually	Time on Project	Total Reimbursement Cost
Leased Equipment (Xerox)	\$7,000	.2	\$1,400

The Leased Equipment costs have been allocated across the five programmatic/operational XYZ grants based upon grant revenues. After consultation with our auditors, this is the only allocation method found to be successful as telephone and postage are necessities of each of our programs.

Item	Cost	Time on Project	Total Reimbursement Cost
Networm/Web Administrator	\$100/hr	100 hrs	\$10,000

Sub Award will be contracting out services for a web and network administrator. The Web and Network Administrators rate is \$100 per hour. XYZ will be contracting out appximatel 100 hours of work related to this project. XYZ is asking for \$10,000 to annually maintain,and update website and network for this project

**g. Construction (\$0)**

These costs are not allowable for federal funds.

**h. Other Expenses (\$6,300)**

The Grant represents approximately 20% of the XYZ grant budgets:

Rent	\$20,000 annually X 20%= \$4,000
Janitorial	\$ 2,000 annually X 20%= \$ 400
Phones	\$ 2,000 annually X 20%= \$ 400
Brochure Printing	5,000 pieces X .30 = \$ 1,500

After consultation with our auditors, this is the only allocation method found to be successful. Therefore, the Grant represents approximately 20% of XYZ 's budget and that is how the calculations were determined. Additionally, 5,000 brochres will be printed to promote the linkages program.

**Indirect Costs<sup>1</sup> (9,500)**

The Grant represents approximately 20% of the XYZ grant budgets:

Utilities	\$ 8,500 annually X 20%= \$1,700
Insurance	\$ 3,000 annually X 20%= \$ 600
Audit	\$12,000 annually X 20%= \$2,400
Bookkeeper	\$24,000 annually X 20%= \$4,800

This Grant represents approximately 20% of the XYZ grant budgets: however, the maximum reimbursement for indirect cost for non-universities cannot exceed 10% of the total grant award.

Utilities, Insurance, Audit, and Bookeeping costs have been allocated across the five programmatic/operational XYZ grants based upon grant revenues. After consultation with our auditors, this is the only allocation method found to be successful. Therefore, the Grant represents approximately 20% of XYZ 's budget.

The indirect cost allocated for this project is \$9,500 or 3.62% of the total grant of \$262,313 and well below the 10% maximum.

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<sup>1</sup> Please note: There are additional acceptable methods for allocating indirect costs in your budget. Please refer to OMB Circulars listed in Attachment E for information about how to allocate direct cost and consult your accountant and/or auditor.