SOR Local Board Projects GFMS Helpful Hints

Please go to the provided link and follow the instructions if you are a NEW USER within the GFMS system.
https://apps.mha.ohio.gov/GFMSWelcome/Welcome.html

If you are a CURRENT USER please utilize your email address as your Username and if you forget your Password please click on FORGOT PASSWORD and follow those instructions.
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Face Sheet:
- **Who are you applying to for funding:** Ohio Mental Health and Addiction Services (OhioMHAS)
- **State Fiscal Year:** 2020
- **Service Type:** Treatment & Recovery
- **Project Area:** SOR Local Projects T/R
- **Requested Amount:** Ensure you update this number to your total budget for year 2 of SOR (your year 1 budget will automatically pull through). This number should align with the total amount on your line item budget.

Project Narrative:
- **This is intended to be a very brief summary of the issue you are addressing with the funds. Be sure to include the following components:**
  - **Problem statement:** What is the issue? Example: Individuals with OUD are often not linked to treatment services upon their release from jail.
  - **Target Population:** Who are these funds intended to serve? Example: Individuals with an OUD.
  - **Number you are planning to serve within the grant timeframe:** This should align with the numbers provided in your implementation plan and should align as closely with actual numbers as possible.
  - **Cost:** This should be your total budget amount (it should align with the “requested amount” on your face sheet)

Service Capacity:
- **Please only select the population you plan to target with this grant.**
  - **Example:** If your project is targeting adults with an OUD that are pregnant, you would check the following boxes: All of the boxes with ages 18-75+, adults with opioid use disorder, pregnant, opioids.
    - You may end up serving a pregnant woman with OUD that also has a developmental disability, however, you are serving her because she is pregnant and has an OUD, therefore, you would not select developmental disability.

Staff Description:
- **Please only include staff working on the grant, you do not need to list all of the staff within the agency.**
- **The credentials you select for the staff will pull through on your implementation plan.**

Implementation Plan:
- **Define Project Model:**
  - **Project Model Type:** Other
  - **Project Model:** SOR Local Board Projects
  - **Description:** This will pre-populate (Treatment and recovery support services to individuals with OUD).
  - **Level of Care:** Input the level of care applicable to your project.
  - **Starting Date:** 9/30/2019
  - **Ending Date:** 9/29/2020
- **Choose your NOMs:** Check “Support Services”
Choose your Objective: Check “Expand, improve, identify, support and provide OUD treatment and recovery supports.”

Define Objectives:
- “In this grant fiscal year, of the_____ people served...”: Input the number of individuals you plan to serve (this is an educated guess based upon past work and should align as closely with actual numbers as possible).
- “...by this intervention, _____ will achieve this objective.”: Input the target/predicted number of the people that will achieve the objective of your project.
- Select your level of change based upon your project objectives.

Define Services and Activities:
- Number of Participants: This should be the same number you put in under “define objectives.”
- Date Range: Starting Date: 9/30/2019, Ending Date: 9/29/2020
- Job Title: Check the box of the credential(s) providing services (note- you need to add staff in the “staff description” section for this to show up and to be able to click through this section).

Line Item Budget:
- For funds that are being pushed out to another agency (or agencies), please put the amount separated by agency in the “personal service contract” line item.
- For all personal service contracts, you must complete the budget template document and upload it in the “project documentation” section. If you do not have access to this document, please contact your project lead.
- For guidance on how to complete the line item budget please access the "SOR budget guidance" document. If you do not have access to this document, please contact your project lead.

Project Documentation:
- Upload your insurance policy and your last annual audit in the locations requested.
- Upload your personal service contract budget(s) in this section. Please include the following in the title of the upload: “Project Name, Upload Date.”
  - If you end up needing to revise your budget throughout the grant, please use the following title: “Project Name, Upload Date, Revision # (insert number of times it has been revised)---This will clarify which budget is most up to date and accurate across budget revisions.

Signature Page:
- Download a blank copy of the signature page and have your CEO and President of Board of Directors sign it.
  - A new copy of this document must be signed for every grant application in GFMS. Please do not use last years signature page or a signature page from another grant application.

GFMS Questions? Please contact your project lead---we are here to help!

SOR Project Director: Ellen Augspurger, ellen.augspurger@mha.ohio.gov

SOR Project Leads:
Ashley Buenger: Ashley.buenger@mha.ohio.gov
Christine Sielski: Christine.sielski@mha.ohio.gov
Julie Spohn: Julie.spohn@mha.ohio.gov
Kaitlin Waggoner: Kaitlin.waggoner@mha.ohio.gov
Mindy Vance: mindy.vance@mha.ohio.gov
Stephanie Falor: stephanie.falor@mha.ohio.gov