SFY 2013
Conference/Training/Seminar/Event
Grant Application

John R. Kasich, Governor

Orman Hall, Director
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Ohio Department of Alcohol and Drug Addiction Services (ODADAS)
SFY 2013 Conference/Training/Seminar/Event Grant Application

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

Introduction
The State Fiscal Year (SFY) 2013 Conference/Training/Seminar/Event Grant Application provides applicants with the requirements for the application and sets forth the process by which the grant application will be reviewed. This grant application only covers a limited period of time.

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

Send Application to:
Ohio Department of Alcohol and Drug Addiction Services
Grants Administration Unit, Division of Fiscal Services
30 E. Broad Street, 11th Floor
Columbus, Ohio 43215-2550

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

Questions and Technical Assistance
Questions related to the application process and fiscal requirements should be directed to your Grants Analyst/Coordinator and programmatic questions should be directed to your Regional Coordinator. Please see the ODADAS Contacts list in the Enclosures to select the appropriate contact or refer to the contacts in the ODADAS Response to Request for Funding Letter.

Grant Application Review
All grant applications will be reviewed by ODADAS staff for format and guideline compliance. The Budget and Budget Narrative must have correct math and accurately correspond with each other. The Budget Narrative must adequately justify and explain each line item. All required forms must be signed and dated.
Reporting Requirements
As authorized in Ohio Revised Code Section 3793.12, ODADAS will collect information and statistics from grantees. This information and data is outlined in the Reporting Requirements, which will be distributed with all of the Notice of Awards. These Reporting Requirements will be available on the ODADAS website. Reporting requirements, such as expenditure reports and progress reports, will be reviewed by ODADAS Staff. Failure to comply with reporting requirements shall result in further action by ODADAS.

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

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

Accurately complete a face sheet form for the grant application.

- Indicate the Face Sheet Type.

- Insert the total ODADAS funds requested for the grant application. Applicants can apply for no more than the amount listed on the ODADAS Response to Request for Funding Letter.

- Identify the length of time to plan, coordinate, conduct and close-out the Conference/Training, e.g. December 1, 2012 through March 30, 2013.

- Indicate the pending grant number provided on the ODADAS Response to Request for Funding Letter.

- Please provide the training/event title.

- Complete Implementing Agency information.

- The face sheet must be signed and dated by the Authorized Implementing Agency Board Member and Implementing Agency Executive Director.

*Note: A signed face sheet must accompany each budget revision and/or any revision to this application submitted to ODADAS.*
SFY 2013 ODADAS CONFERENCE/SEMINAR/TRAINING/EVENT
GRANT FACE SHEET

FACE SHEET TYPE
(check one)

[ ] Original
[ ] Revision
[ ] Report

Total ODADAS Funds Requested: $ _________________ Grant Period: _____________ to _____________

Pending Grant Number:__________ Program Title: ____________________________________________

IMPLEMENTING AGENCY INFORMATION

Implementing Agency Name
Executive Director
Mailing Address
City, State Zip Code
Telephone Number
Fax Number
Executive Director’s Email Address
Fiscal Officer’s Name
Fiscal Officer’s Phone Number
Fiscal Officer’s Email
Federal Tax ID Number

___________________________________________________    _____________________
Authorized Implementing Agency Board Member              Date

___________________________________________________               ______________________
Implementing Agency Executive Director                                              Date

*Check Revision when submitting a Face Sheet to ODADAS for an application, program, or budget revision.
**Check Report when submitting annual reports.
Section 2 – Event Plan

2A. Event Purpose and Objectives
Identify the conference/training/seminar/event purpose and objectives. Indicate how the conference/training/seminar/event will advance the dissemination of knowledge and or skills in the alcohol and other drug field.

Provide the planned title of the conference/training/seminar/event, location, date, list of major sponsors (who are committed as of the date of this submission) organizers/agencies and affiliates involved. Limit your responses to a maximum of two pages.

2B. Documentation of Need
State clearly why a conference/training/seminar/event is being proposed. Please include a description of how this will meet ODADAS’ need to improve efforts in Workforce Development. Limit your response to a maximum of two paragraphs.

2C. Target Audience
Describe the target audience/attendance groups (geographic, age, gender, population, race and or ethnicity, etc.) for the conference/training/seminar/event. Please include a description of how the event will be culturally competent for the target audience. Limit your response to a maximum of two paragraphs.

2D. Marketing
Describe the methods for publicizing the conference/training/seminar/event. Include any brochures, programs or pamphlets describing the conference/training/seminar/event and provide the website address (if available). Limit your response to a maximum of two paragraphs.
Section 3 - Budget/Expenditure Form Instructions

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

A. Budget Categories – The line items for the grant program area’s planned budget.

B. ODADAS Funds – The ODADAS funds budgeted by budget category for the grant program area.

C. Other Funds - All other fund sources (other than ODADAS) anticipated for the budget period, by budget category.

D. Total Funds – This includes the total of both the ODADAS and Other Funds for the identified grant program area.

E. Totals – These are the totals for ODADAS Funds, Other Funds, and Total Funds. Calculations are automatic in the Microsoft Excel Budget/Expenditure Form.

An example of a budget form has been included for your reference. The SFY 2013 Budget/Expenditure Form can be obtained from the ODADAS website www.odadas.ohio.gov at “Services,” “Fiscal,” “Grant Guidance,” and “SFY 2013 One Time Grant Applications.” This form is available in Microsoft Excel and PDF format.
Ohio Department of Alcohol & Drug Addiction Services
SFY 2011 Budget/Expenditure Form

Implementing Agency: Prevention Services, Inc.
Grant Program Area: ATOD Training
Budget Period: September 15, 2010 to December 15, 2010
State Grant #: 

For ODADAS Internal Use Only

<table>
<thead>
<tr>
<th>Category I: Personnel Costs</th>
<th>B. ODADAS Funds</th>
<th>C. Other Funds</th>
<th>D. Total Funds</th>
</tr>
</thead>
<tbody>
<tr>
<td>A1. Personnel</td>
<td>$0</td>
<td>$2,000</td>
<td>$2,000</td>
</tr>
<tr>
<td>A2. Fringe Benefits</td>
<td>$700</td>
<td>$700</td>
<td>$700</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Category II: Non-Personnel Costs</th>
</tr>
</thead>
<tbody>
<tr>
<td>A3. Consultants</td>
</tr>
<tr>
<td>A4. Subscriptions &amp; Publications</td>
</tr>
<tr>
<td>A5. Supplies</td>
</tr>
<tr>
<td>A6. Printing/Copying</td>
</tr>
<tr>
<td>A7. Rent/Lease Expenses</td>
</tr>
<tr>
<td>A8. Phone/Utilities</td>
</tr>
<tr>
<td>A9. Maintenance/Repair</td>
</tr>
<tr>
<td>A10. Rentals</td>
</tr>
<tr>
<td>A11. Insurance</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Category III: Motor Vehicle/Travel/Food/Conference</th>
</tr>
</thead>
<tbody>
<tr>
<td>A12. Motor Vehicle</td>
</tr>
<tr>
<td>A13. Travel</td>
</tr>
<tr>
<td>A14. Food</td>
</tr>
<tr>
<td>A16. Conference/Training/Registration</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Category IV: Equipment/Furniture</th>
</tr>
</thead>
<tbody>
<tr>
<td>A16. Equipment/Computer</td>
</tr>
<tr>
<td>A17. Furniture</td>
</tr>
</tbody>
</table>

| E. Totals | $2,000  | $3,700   | $5,700   |

When this form is completed as an expenditure report the person submitting must print or type name and sign the document.

Prepared By: ________________________________
Fiscal Signature: ________________________________
Date: ________________________________

*Prior written approval must be obtained from ODADAS before incurring costs that exceed a 10% change between Budget Categories or any change to Category IV.
Section 4. – Budget Narrative Instructions

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

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

An example of a budget narrative has been included for your reference. A template of the Budget Narrative is available online at [www.odadas.ohio.gov](http://www.odadas.ohio.gov). Select “Services,” “Fiscal,” “Grant Guidance,” and “SFY 2013 One Time Grant Applications.”

Make sure to check for accuracy. Ensure the budget and budget narrative balance individually and to each other.
Section 4 – BUDGET NARRATIVE EXAMPLE

Agency Name: Prevention Services, Inc.

Program Title: ATOD Training

ANTICIPATED INCOME SOURCES DURING PROGRAM PERIOD:

A. ODADAS – This is the amount awarded under Community Prevention funds for prevention education services and activities under the project. $2,000

B. Local ADAMHS Board – This amount represents the funding from the local ADAMHS Board to fund prevention education services under the project. $3,200

C. Registration Fees – This represents funding received from the $10 Registration Fee for each training participant. $500

| Total Funding | $5,700 |

LINE ITEM BUDGET JUSTIFICATION:

A1. Personnel Position

<table>
<thead>
<tr>
<th></th>
<th>Annual Salary</th>
<th>Level of Effort</th>
<th>ODADAS Funds</th>
<th>Other Funds</th>
</tr>
</thead>
<tbody>
<tr>
<td>Administrative Assistant</td>
<td>$32,000</td>
<td>.0625 FTE</td>
<td>$0</td>
<td>$2,000</td>
</tr>
</tbody>
</table>

The Administrative Assistant will spend 6.25 percent of her time planning and organizing the training over a 2 month period. Duties include creating and mailing the training registration materials, copying training materials, and arranging the location and meals. The local ADAMHS Board Funds will cover this cost.

<table>
<thead>
<tr>
<th>Total Personnel</th>
<th>ODADAS Funds</th>
<th>Other Funds</th>
</tr>
</thead>
<tbody>
<tr>
<td>$0</td>
<td>$2,000</td>
<td></td>
</tr>
</tbody>
</table>

A2. Fringe Benefits

Fringe Benefits will include FICA, Medicare, Workers Compensation, Unemployment Compensation, Health Insurance and Retirement at a rate of 35 percent of salary. Local ADAMHS Board funds will pay the fringe benefits.

<table>
<thead>
<tr>
<th>Total Fringe Benefits</th>
<th>ODADAS Funds</th>
<th>Other Funds</th>
</tr>
</thead>
<tbody>
<tr>
<td>$0</td>
<td>$700</td>
<td></td>
</tr>
</tbody>
</table>
A3. Consultants
Consultants will include a $500 fee for each of the two presenters at the training. ODADAS funds will provide $500 and the Registration Fees will cover $500.

<table>
<thead>
<tr>
<th></th>
<th>ODADAS Funds</th>
<th>Other Funds</th>
</tr>
</thead>
<tbody>
<tr>
<td>Total Consultants</td>
<td>$500</td>
<td>$500</td>
</tr>
</tbody>
</table>

A4. Subscriptions and Publications
No funds are assigned to this line item.

<table>
<thead>
<tr>
<th></th>
<th>ODADAS Funds</th>
<th>Other Funds</th>
</tr>
</thead>
<tbody>
<tr>
<td>Total Subscriptions and Publications</td>
<td>$0</td>
<td>$0</td>
</tr>
</tbody>
</table>

A5. Supplies
Supplies will include all the necessary supplies needed in order to conduct the training. This includes alcohol and drug prevention training workbooks for each participant, alcohol and drug prevention training DVD, easel paper, markers, name tags, folders, postage for training registration materials, etc. ODADAS funds will provide $1,000 towards the cost of these supplies. Local ADAMHS Board funds will cover $500.

<table>
<thead>
<tr>
<th></th>
<th>ODADAS Funds</th>
<th>Other Funds</th>
</tr>
</thead>
<tbody>
<tr>
<td>Total Supplies</td>
<td>$1,000</td>
<td>$500</td>
</tr>
</tbody>
</table>

A6. Printing/Copying
Registration and program materials for the training will be designed and printed on high quality glossy paper by a professional printing company. ODADAS funds will provide $500 towards the cost.

<table>
<thead>
<tr>
<th></th>
<th>ODADAS Funds</th>
<th>Other Funds</th>
</tr>
</thead>
<tbody>
<tr>
<td>Total Printing/Copying</td>
<td>$500</td>
<td>$0</td>
</tr>
</tbody>
</table>

A7. Rent/Lease Expenses
No funds are assigned to this line item.

<table>
<thead>
<tr>
<th></th>
<th>ODADAS Funds</th>
<th>Other Funds</th>
</tr>
</thead>
<tbody>
<tr>
<td>Total Rent/Lease</td>
<td>$0</td>
<td>$0</td>
</tr>
</tbody>
</table>
A8. Phone/Utilities
No funds are assigned to this line item.

<table>
<thead>
<tr>
<th></th>
<th>ODADAS Funds</th>
<th>Other Funds</th>
</tr>
</thead>
<tbody>
<tr>
<td>Total</td>
<td>$0</td>
<td>$0</td>
</tr>
</tbody>
</table>

A9. Maintenance/Repair
No funds are assigned to this line item.

<table>
<thead>
<tr>
<th></th>
<th>ODADAS Funds</th>
<th>Other Funds</th>
</tr>
</thead>
<tbody>
<tr>
<td>Total</td>
<td>$0</td>
<td>$0</td>
</tr>
</tbody>
</table>

A10. Rentals
No funds are assigned to this line item.

<table>
<thead>
<tr>
<th></th>
<th>ODADAS Funds</th>
<th>Other Funds</th>
</tr>
</thead>
<tbody>
<tr>
<td>Total</td>
<td>$0</td>
<td>$0</td>
</tr>
</tbody>
</table>

A11. Insurance
No funds are assigned to this line item.

<table>
<thead>
<tr>
<th></th>
<th>ODADAS Funds</th>
<th>Other Funds</th>
</tr>
</thead>
<tbody>
<tr>
<td>Total</td>
<td>$0</td>
<td>$0</td>
</tr>
</tbody>
</table>

A12. Motor Vehicle
No funds are assigned to this line item.

<table>
<thead>
<tr>
<th></th>
<th>ODADAS Funds</th>
<th>Other Funds</th>
</tr>
</thead>
<tbody>
<tr>
<td>Total</td>
<td>$0</td>
<td>$0</td>
</tr>
</tbody>
</table>

A13. Travel
No funds are assigned to this line item.

<table>
<thead>
<tr>
<th></th>
<th>ODADAS Funds</th>
<th>Other Funds</th>
</tr>
</thead>
<tbody>
<tr>
<td>Total</td>
<td>$0</td>
<td>$0</td>
</tr>
</tbody>
</table>

A14. Food
No funds are assigned to this line item.

<table>
<thead>
<tr>
<th></th>
<th>ODADAS Funds</th>
<th>Other Funds</th>
</tr>
</thead>
<tbody>
<tr>
<td>Total</td>
<td>$0</td>
<td>$0</td>
</tr>
</tbody>
</table>
A15. Conference/Training/Registration
No funds are assigned to this line item.

<table>
<thead>
<tr>
<th></th>
<th>ODADAS Funds</th>
<th>Other Funds</th>
</tr>
</thead>
<tbody>
<tr>
<td>Total Conference/Training/Registration</td>
<td>$0</td>
<td>$0</td>
</tr>
</tbody>
</table>

A16. Equipment/Computer
No funds are assigned to this line item.

<table>
<thead>
<tr>
<th></th>
<th>ODADAS Funds</th>
<th>Other Funds</th>
</tr>
</thead>
<tbody>
<tr>
<td>Total Equipment/Computer</td>
<td>$0</td>
<td>$0</td>
</tr>
</tbody>
</table>

A17. Furniture
No funds are assigned to this line item.

<table>
<thead>
<tr>
<th></th>
<th>ODADAS Funds</th>
<th>Other Funds</th>
</tr>
</thead>
<tbody>
<tr>
<td>Total Furniture</td>
<td>$0</td>
<td>$0</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th></th>
<th>ODADAS Funds</th>
<th>Other Funds</th>
</tr>
</thead>
<tbody>
<tr>
<td>Grand Total</td>
<td>$2,000</td>
<td>$3,700</td>
</tr>
</tbody>
</table>
Section 5. Assurances

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

1. ODADAS SFY 2012 Direct Funded Conference/Seminar/Training/Event Grant Conditions and Assurances

2. Age Discrimination Act of 1975

3. Title VI Civil Rights Assurance

4. Section 504 Rehabilitation Act of 1973 Assurance

5. Certification of Suspension and Debarment

6. Environmental Tobacco Smoke Certification
General Requirements

1. The governmental agency or nonprofit corporation applying hereunder possesses the legal authority to apply for and receive the grant; and in the case of a nonprofit corporation a resolution, motion or similar action has been duly adopted or passed by the board authorizing the submission of this application and directing and authorizing the person identified as Program Director as the representative of the applicant to act in connection and provide such additional information as may be required.

2. Funds granted as a result of this State Fiscal Year 2012 Application are to be used for the purpose set forth herein, and will be administered in accordance with the reporting requirements accompanied with the ODADAS Notice of Award.

3. Fees or other income derived from the services will be credited as program income to the program. Grantees will follow OMB Circular A-110 for requirements concerning program income. In the event of termination of the program, unexpended grant funds are subject to recovery by ODADAS.

4. Availability of other funds budgeted for this program must be documented. The documentation must demonstrate any required in-kind or cash match.

5. Grant funds will not be used to cover: vehicle purchase, cash payments to recipients of services, supplanting existing funds for staff or programs, capital improvement, construction, professional or credentialing fees, licenses or fines or penalties.

6. Failure to comply with the terms specified in this application will be regarded as basis for termination by the grantor upon a 30 day written notice.

7. The board of the implementing agency of this grant will consist of individuals representative of the population(s) to be served.

8. Within any publication or public announcement each local recipient must identify the “Ohio Department of Alcohol and Drug Addiction Services” as a funder of the program. Materials may not be copyrighted without prior written approval from ODADAS.

9. Travel, meals and lodging rates can not exceed the state of Ohio rates as set forth by the Ohio Office of Budget and Management in the Ohio Administrative Rule 126-1-02. For State Fiscal Year 2012, personal automobile mileage is $.45 cents per mile. Reimbursement rates for lodging within the Continental United States will be as set by the federal General Service Administration (GSA). Maximum rates for lodging and per diems for meals and incidentals are set by location. These rates are available at [www.gsa.gov/perdiem](http://www.gsa.gov/perdiem). Overnight lodging may be reimbursed only when staff is traveling on official business and is either: (a) At a location greater than forty-five miles of both the staff residence and headquarters, or (b) At a location greater than thirty miles of both the staff's residence and headquarters for conference purposes. If lodging is at the conference site or a hotel identified in the conference registration materials as one of the conference hotels, it may be reimbursed at actual cost, provided such cost is reasonable as determined by the head of the agency. Reimbursement for meals is authorized only when overnight lodging is required. If conference event includes or provides a meal, the
staff shall not be reimbursed for that same meal in the per diem rate. If rates change, ODADAS will provide notification to the Board and Agency.

10. The Implementing Agency is responsible for informing ODADAS when there is a change to the agency’s contact information provided on the SFY 2012 Face Sheet. Future official communications from ODADAS may occur exclusively using email; therefore, it is imperative for the agency to ensure this information is accurate.

11. Programmatic and fiscal requirements issued with the ODADAS Notice of Award to be submitted to the Department must be accompanied by a face sheet signed by the Implementing Agency Executive Director and Implementing Agency Board Member.

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

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

13. Programs and services should be culturally and linguistically appropriate for the population served.

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

**Specific Requirements**

Programs funded with Federal Substance Abuse Prevention and Treatment (SAPT) Block Grant Funds will follow and adhere to SAPT Block Grant-fund assured assurances issued through the contract between the agency and ODADAS. In addition programs funded with the SAPT Block Grant Funds must adhere to the following:

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

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

Implementing Agency Executive Director          Date
ASSURANCE OF COMPLIANCE WITH THE DEPARTMENT OF
HEALTH AND HUMAN SERVICES REGULATION UNDER
THE AGE DISCRIMINATION ACT OF 1975

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

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

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

Date ___________________________

Recipient (type or print)

By ________________________________
Signature and Title of Authorized Official

Recipient's mailing address
HHS-6802/96
ODADAS SFY 2013 Conference/Training/Seminar/Event Grant Application

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

________________________________________________ (hereinafter called the "Applicant")

Name of Applicant (type or print)

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

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

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

Date ____________________

Applicant (type or print)

By ________________________

Signature and Title of Authorized Official

________________________________________

________________________________________

Applicant's mailing address

HHS-441 (Rev. 12/82)2/96
The undersigned (hereinafter called the "recipient") HEREBY AGREES THAT it will comply with Section 504 of the Rehabilitation Act of 1973, as amended (29 U.S.C. 794), all requirements imposed by the applicable HHS regulation (45 C.F.R. Part 84), and all guidelines and interpretations issued pursuant thereto.

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

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

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

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

______________________________________
Name of Designee(s) (Type or Print)

______________________________________
Name of Recipient (Type or Print) Street Address or P.O. Box

________________________
(IRS) Employer Identification Number City, State Zip

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

________________________
Date Signature and Title of Authorized Official

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

HHS-641 (Rev. 12/82) 2/96
1. CERTIFICATION REGARDING DEBARMENT AND SUSPENSION

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

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

2. CERTIFICATION REGARDING ENVIRONMENTAL TOBACCO SMOKE

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

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

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

<table>
<thead>
<tr>
<th>SIGNATURE OF AGENCY EXECUTIVE DIRECTOR</th>
<th>TITLE</th>
</tr>
</thead>
<tbody>
<tr>
<td>APPLICANT ORGANIZATION</td>
<td>DATE</td>
</tr>
</tbody>
</table>
Section 6 - Tax Status

Include a copy of the implementing agency's tax exemption letter indicating current non-profit private 501 C-3 status.
Section 7 - Enclosures

The following are Section 7 enclosure forms. These forms do not need to be returned with the grant application:

- ODADAS Contacts
- Application Checklist
**ODADAS GRANTS CONTACTS**

**DIVISION OF TREATMENT AND RECOVERY SERVICES**

<table>
<thead>
<tr>
<th>Region</th>
<th>Name</th>
<th>Email</th>
<th>Phone</th>
</tr>
</thead>
<tbody>
<tr>
<td>Northeast Region</td>
<td>Jackie Doodley</td>
<td><a href="mailto:jackie.doodley@ada.ohio.gov">jackie.doodley@ada.ohio.gov</a></td>
<td>(614) 752-6456</td>
</tr>
<tr>
<td>Southwest Region</td>
<td>Drew Palmiter</td>
<td><a href="mailto:drew.palmiter@ada.ohio.gov">drew.palmiter@ada.ohio.gov</a></td>
<td>(614) 752-8851</td>
</tr>
<tr>
<td>Central Region</td>
<td>Adreana Tartt</td>
<td><a href="mailto:andreana.tartt@ada.ohio.gov">andreana.tartt@ada.ohio.gov</a></td>
<td>(614) 466-9006</td>
</tr>
<tr>
<td>Southeast Region</td>
<td>Scott Anderson</td>
<td><a href="mailto:scott.anderson@ada.ohio.gov">scott.anderson@ada.ohio.gov</a></td>
<td>(614) 466-8562</td>
</tr>
<tr>
<td>Northwest Region</td>
<td>Tony Johnson</td>
<td><a href="mailto:tony.johnson@ada.ohio.gov">tony.johnson@ada.ohio.gov</a></td>
<td>(614) 644-9102</td>
</tr>
</tbody>
</table>

**DIVISION OF PREVENTION SERVICES**

<table>
<thead>
<tr>
<th>Region</th>
<th>Name</th>
<th>Email</th>
<th>Phone</th>
</tr>
</thead>
<tbody>
<tr>
<td>Northeast Region</td>
<td>Karen Kimbrough</td>
<td><a href="mailto:karen.kimbrough@ada.ohio.gov">karen.kimbrough@ada.ohio.gov</a></td>
<td>(614) 752-8355</td>
</tr>
<tr>
<td>Southeast Region</td>
<td>Melinda Norman</td>
<td><a href="mailto:melinda.norman@ada.ohio.gov">melinda.norman@ada.ohio.gov</a></td>
<td>(614) 644-8318</td>
</tr>
<tr>
<td>Northwest Region</td>
<td>Shemane Marsh</td>
<td><a href="mailto:shemane.marsh@ada.ohio.gov">shemane.marsh@ada.ohio.gov</a></td>
<td>(614) 466-9021</td>
</tr>
<tr>
<td>Southwest Region</td>
<td>Valerie Connolly</td>
<td><a href="mailto:valerie.connolly@ada.ohio.gov">valerie.connolly@ada.ohio.gov</a></td>
<td>(614) 466-0124</td>
</tr>
</tbody>
</table>

**DIVISION OF FISCAL SERVICES**

<table>
<thead>
<tr>
<th>Role</th>
<th>Name</th>
<th>Email</th>
<th>Phone</th>
</tr>
</thead>
<tbody>
<tr>
<td>Grants Coordinator</td>
<td>Johanna Burgess-Pickett</td>
<td><a href="mailto:johanna.pickett@ada.ohio.gov">johanna.pickett@ada.ohio.gov</a></td>
<td>(614) 644-8448</td>
</tr>
</tbody>
</table>
APPLICATION CHECK LIST

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

☐ Section 1. ODADAS Grant Face Sheet
☐ Section 2. Event Plan
☐ Section 3. Budget Form
☐ Section 4. Budget Narrative
☐ Section 5. Assurances
  • ODADAS Direct Funded Grant Conditions and Assurances for SFY 2013
  • Age Discrimination Act of 1975
  • Title VI Civil Rights Assurance
  • Section 504 Rehabilitation Act of 1973 Assurance
  • Debarment and Suspension Certification
  • Environmental Tobacco Smoke Certification
☐ Section 6. Tax Status