OhioMHAS SFY 2016 Board Review and Comment Form

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<th>ADAMH/ADAS/CMH Board</th>
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<td>Implementing Agency</td>
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<td>Program Title</td>
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<td>Grant Number</td>
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These questions are intended to give boards an opportunity to comment on the contribution funded projects make towards your community plan goals and local needs. Completion and submission of these forms is optional. Please use as much space to complete the form as you wish and submit comments to the program lead associated with the grant by 5:00 PM July 6, 2015. Program lead contacts can be found on the included list.

1. Are the customers/groups identified in the application the priority population(s) in your Community Plan, i.e., your board area?  
   □ Yes  □ No

2. Are the proposed results closely connected to the board’s priorities and/or investor targets?

3. Considering the customers to be served and total budget, how likely is it that the proposed results can be achieved within the grant funding period?

4. Please provide other comments on the ability to integrate the implementing agency’s services and programs into the local system-of-care including whether services are or are not consistent with priorities identified in the board’s community plan.

□ No ADAMH/ADAS/CMH Board Comment

______________  ____________  ____________  ____________  ____________
Name of Person Completing Form       Date       Telephone     E-mail

______________  ____________  ____________  ____________  ____________
Executive Director or Designee (Print name) Date       Telephone     E-mail