
Grants & Funding Management System (GFMS):

Grant Applications



ODADAS & ODMH Consolidation

BACKGROUND

In July 2013, the former ODADAS and ODMH consolidated to form one state agency:

**Ohio Department of Mental Health &
Addiction Services
OhioMHAS**

POPS, OLGA & Community Funding

- ODADAS and ODMH historically used several web applications or paper processes for awarding funds to Boards and providers (e.g., OLGA, POPS, Community Funding Database)
- Post-consolidation, OhioMHAS saw the opportunity to create an integrated web application for the combined agency: **GFMS**

GIFA and Allocation Guidelines

Grant Information for Applicants (GIFA) documents and Allocation Guidelines information are posted on the OhioMHAS website at:

<http://mha.ohio.gov/Default.aspx?tabid=147>

and

<http://mha.ohio.gov/Default.aspx?tabid=500>



OhioMHAS Project Lead Contact Information

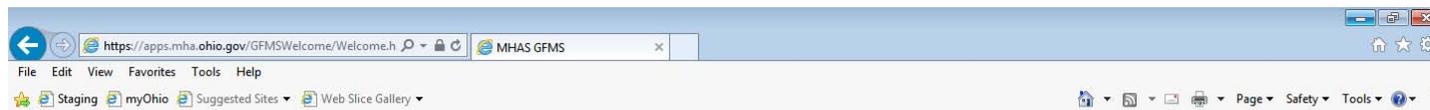
If you have questions about your grant or the application process, please contact your OhioMHAS Project Lead. In some cases this will be the primary person you have worked with in previous years.

Additional funding and Project Lead contact information is posted on the OhioMHAS website at: <http://mha.ohio.gov/Default.aspx?tabid=500>

How to Obtain a New User Account

Open your web browser to:

<https://apps.mha.ohio.gov/GFMSWelcome/Welcome.html>



OhioMHAS Grants Funding and Management System



Welcome

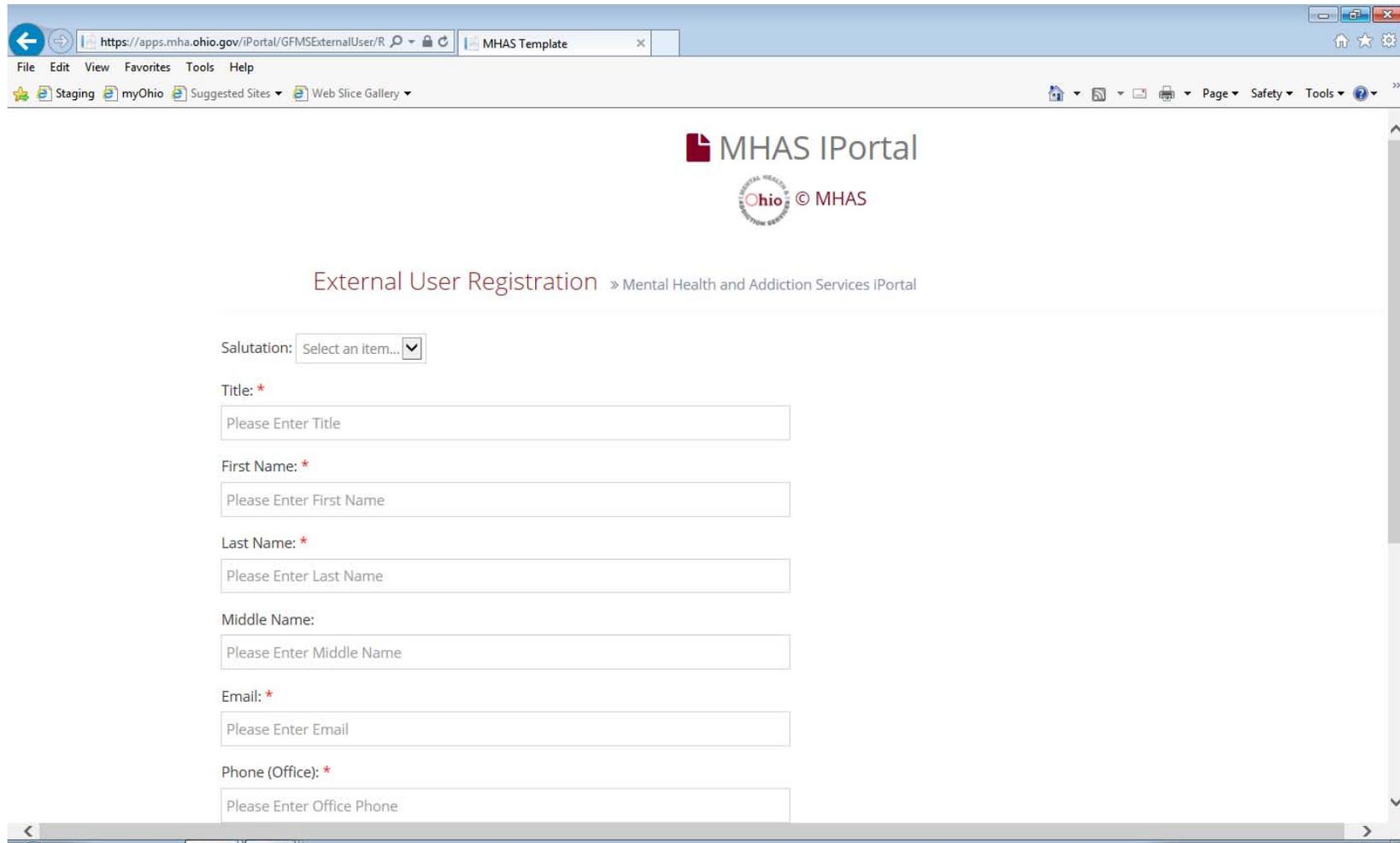
The Grants and Funding Management System (GFMS) will be utilized by the Ohio Department of Mental Health and Addiction Services (OhioMHAS), ADAMHS/ADAS/CMHS Boards and all Prevention, Treatment and Recovery Support Providers for all OhioMHAS funds (federal and state) to support proposal, submission, management, and all required (federal and state) data collection. The system provides a means for Boards and Providers to apply for funding, provide progress on identified outcomes, report expenditures, and to draw-down funds.

If you have any questions concerning the funding or grant application process, select the link to the OhioMHAS website for a listing of the OhioMHAS Leads.

If you are a New User(First Time Accessing OhioMHAS Application),please click [Here](#)

If you are an Existing User(Having Access to OhioMHAS Application),please click [Here](#)

New User Registration in IPortal



The screenshot shows a web browser window with the URL <https://apps.mha.ohio.gov/iPortal/GFMSExternalUser/R>. The page title is "MHAS IPortal" and the breadcrumb trail is "External User Registration > Mental Health and Addiction Services iPortal". The form contains the following fields:

- Salutation: Select an item... (dropdown menu)
- Title: * (text input field with placeholder "Please Enter Title")
- First Name: * (text input field with placeholder "Please Enter First Name")
- Last Name: * (text input field with placeholder "Please Enter Last Name")
- Middle Name: (text input field with placeholder "Please Enter Middle Name")
- Email: * (text input field with placeholder "Please Enter Email")
- Phone (Office): * (text input field with placeholder "Please Enter Office Phone")

Current User Log-In to IPortal

If in the past you were a user of the POPS or OLGA funding systems, please click on I forgot my password.

You will receive an email message at the email address that you associated with your POPS or OLGA account. You will be asked to set up a new password for to the Iportal to access GFMS.

If you encounter technical issues related to IPortal, please contact the OhioMHAS HelpDesk at MHAHelpDesk@mha.ohio.gov.

Service Type & Project Area

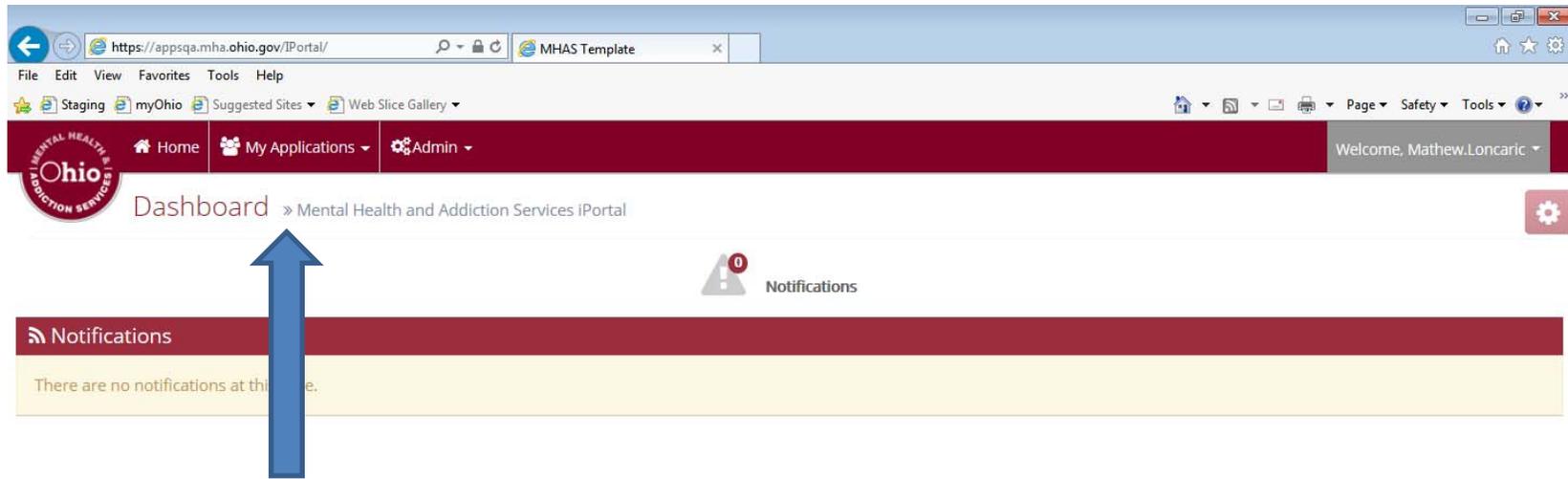
- Before you begin any grant application, be sure to confirm the Service Type and Project Area of the specific award for which your organization is applying.
- You and your OhioMHAS Project Lead can refer to the most current state fiscal year Grant Information for Applicants (GIFA) document to verify the Service Area, Project Area and award designations.

Saving an in-progress application

If there are any incomplete required fields on any application pages, the following message will appear at the bottom of the page:

Validation errors were found. Fix them above or [CLICK HERE](#) to continue your application and come back to fix these changes later.

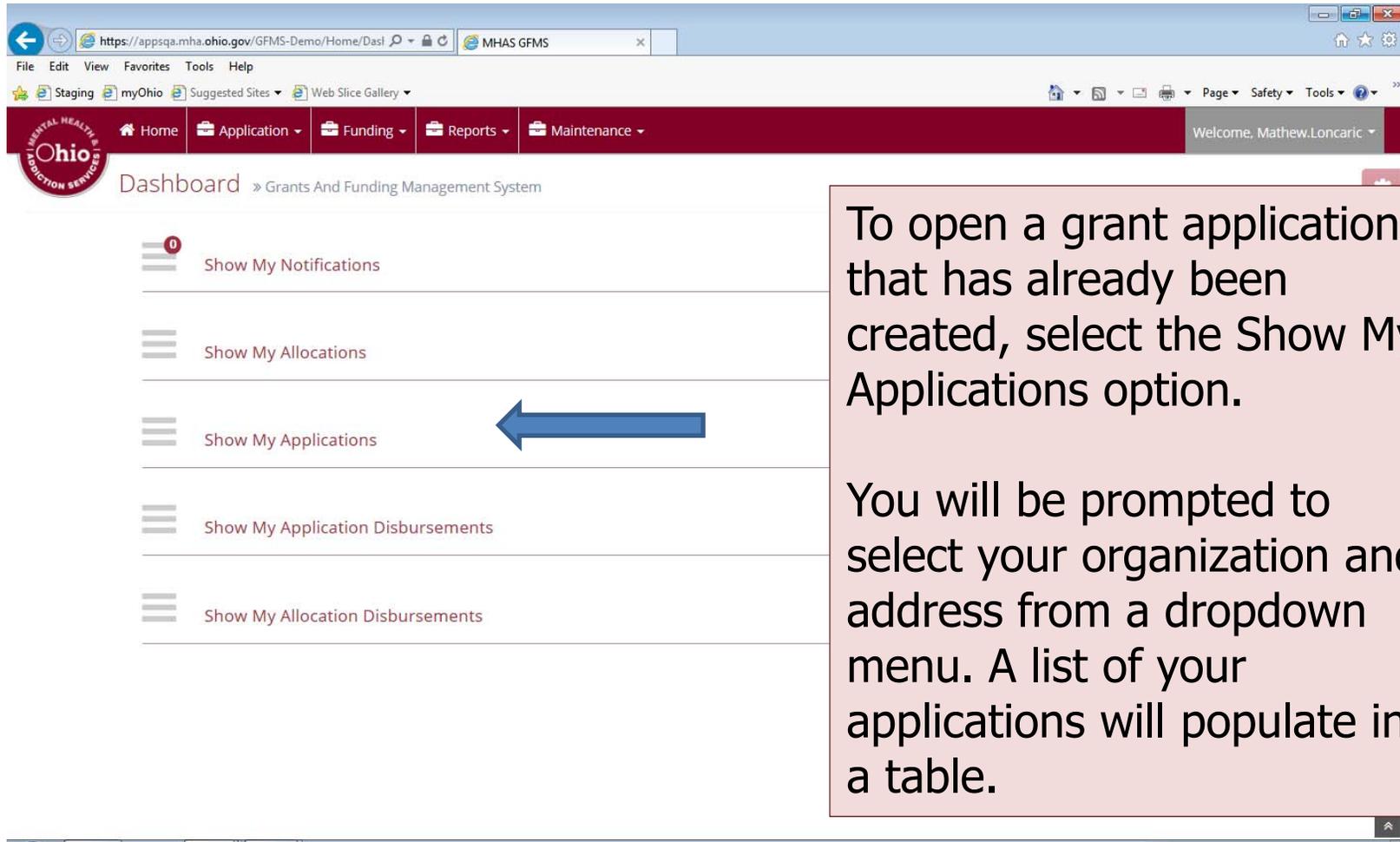
Viewing the Dashboard



After logging in successfully, look for the My Applications tab at the top of your screen and select it.

You will then see GFMS in the options menu. Select GFMS.

Open an application that has already been created



The screenshot shows a web browser window with the URL <https://appsqa.mha.ohio.gov/GFMS-Demo/Home/Dash>. The browser's address bar shows "MHAS GFMS". The page has a dark red navigation bar with the Ohio MHAS logo on the left and a user greeting "Welcome, Mathew.Loricaric" on the right. Below the navigation bar, the page title is "Dashboard » Grants And Funding Management System". The main content area lists several menu items, each with a hamburger icon on the left: "Show My Notifications", "Show My Allocations", "Show My Applications", "Show My Application Disbursements", and "Show My Allocation Disbursements". A large blue arrow points to the "Show My Applications" option.

To open a grant application that has already been created, select the Show My Applications option.

You will be prompted to select your organization and address from a dropdown menu. A list of your applications will populate in a table.

Open an application that has already been created, con't

The screenshot shows a web browser window with the URL <https://appsqa.mha.ohio.gov/GFMS-Demo/Home/Dasl>. The browser's address bar and menu bar are visible. Below the browser, there is a navigation bar with the Ohio MHAS logo and menu items: Home, Application, Funding, Reports, and Maintenance. A user greeting "Welcome, Mathew.Loncaric" is displayed on the right. The main content area is titled "Dashboard > Grants And Funding Management System". It contains several menu items: "Show My Notifications" (with a notification badge), "Show My Allocations", "Show My Applications", and "Show My Application Disbursements". Below these is a section titled "Please Select Your Organization Information to View Applications" containing two dropdown menus: "Organization Name" (set to "Ohio Department of Mental Health and Addiction Ser") and "Address" (set to "30 E Broad St."). A blue arrow points to the "Organization Name" dropdown. A red "Load Applications" button is positioned below the form. The browser's taskbar is visible at the bottom.

A list of your applications populates in a table with details about each award for which your organization has applied.

Create a New Application

The screenshot shows a web browser window with the URL <https://appsqa.mha.ohio.gov/GFMS-Demo/Home/Dasl>. The navigation bar includes 'Home', 'Application', 'Funding', 'Reports', and 'Maintenance'. The 'Application' dropdown menu is open, showing 'New Grant Application', 'New Allocation Application', and 'Search Grant Applications'. A blue arrow points to 'New Grant Application'. Below the navigation bar, there are sections for 'Show My Notifications', 'Show My Allocations', and 'Show My Applications'. A section titled 'Please Select Your Organization Information to View Applications' contains dropdown menus for 'Organization Name' (Ohio Department of Mental Health and Addiction Ser) and 'Address' (30 E Broad St.), followed by a 'Load Applications' button. At the bottom, there is a 'Show My Application Disbursements' link. The browser's address bar at the bottom shows <https://appsqa.mha.ohio.gov/GFMS-Demo/Application/Create>.

To create a grant application, go to the Application tab and select New Grant Application.

You will then be taken to the Application Face Sheet in which you will enter organizational and basic information about the grant.

Application Face Sheet

Face Sheet » Grants And Funding Management System

Organization: *

Organization Address: *

Who are you applying to for this grant: *

Service Type: *

Project Area: *

Application Number:

State Fiscal Year: *

Requested Amount: * \$

How many years has the service provider been in Existence? *

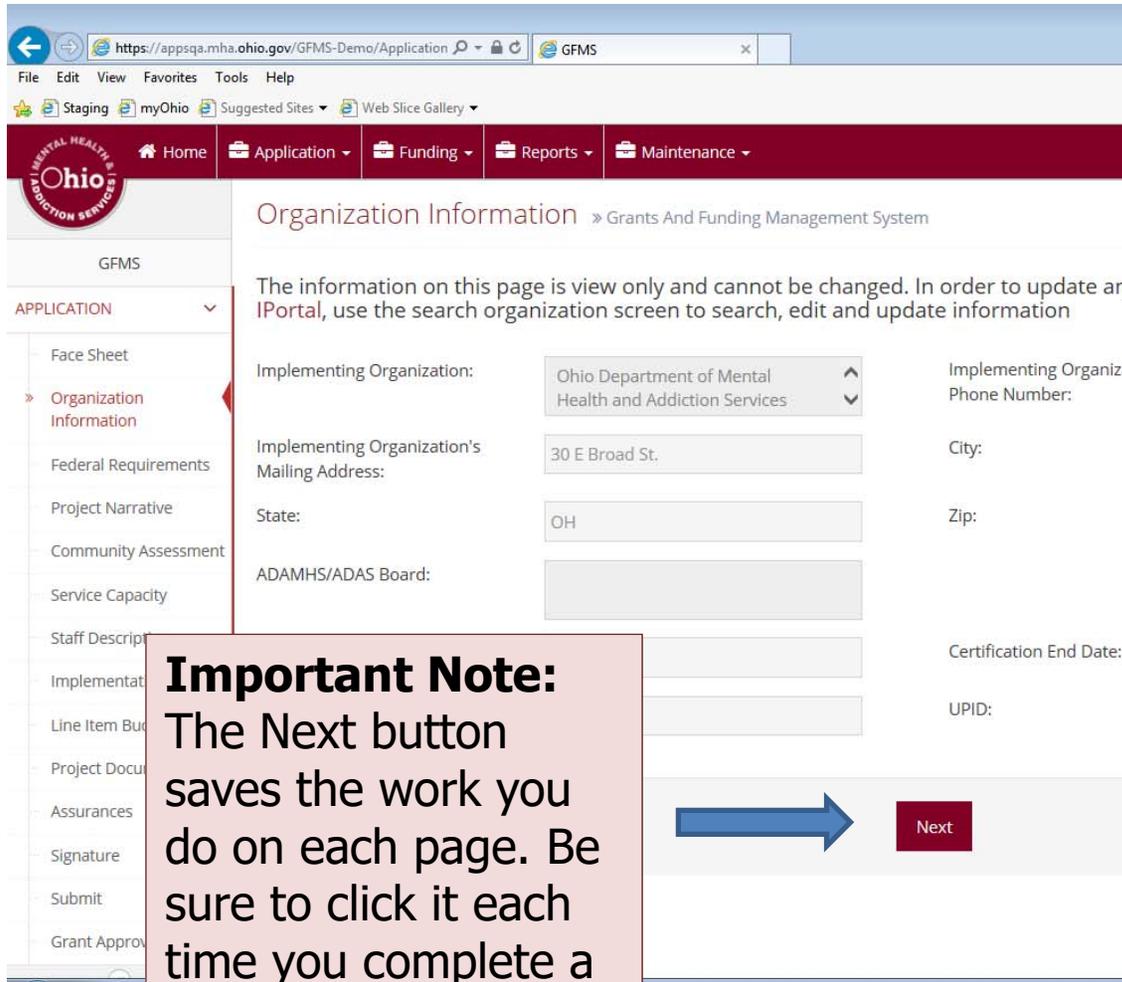
Program Title: *

Primary Program Contact First Name: *

Complete the Face Sheet. The fields with red asterisks throughout the application are required fields. There is a 75 character limit for the Program Title.

Contact your OhioMHAS Project Lead should you have any questions completing this page.

Organization Information



https://appsqa.mha.ohio.gov/GFMS-Demo/Application GFMS

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Organization Information » Grants And Funding Management System

The information on this page is view only and cannot be changed. In order to update any IPortal, use the search organization screen to search, edit and update information

Implementing Organization: Ohio Department of Mental Health and Addiction Services

Implementing Organization's Mailing Address: 30 E Broad St.

State: OH

ADAMHS/ADAS Board:

Implementing Organization Phone Number:

City:

Zip:

Certification End Date:

UPID:

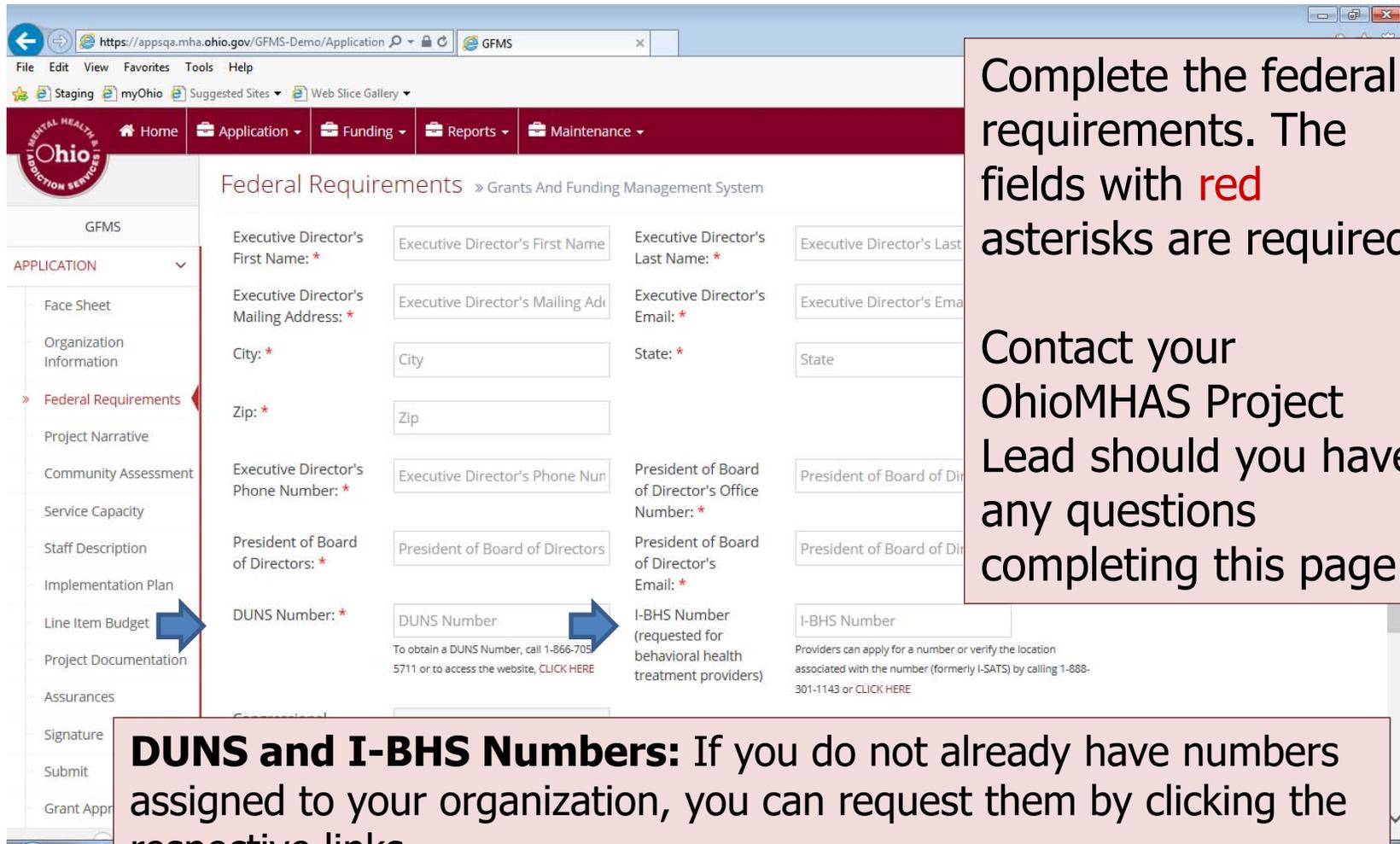
Next

Important Note:
 The Next button saves the work you do on each page. Be sure to click it each time you complete a page.

The organization information is pre-populated and view only mode. If updates need to be made to this page, login to the IPortal, search for your organization, and edit and update information accordingly.

If you encounter technical issues related to IPortal, please contact the OhioMHAS HelpDesk at MHAHelpDesk@mha.ohio.gov.

Federal Requirements



Complete the federal requirements. The fields with **red asterisks** are required.

Contact your OhioMHAS Project Lead should you have any questions completing this page.

DUNS and I-BHS Numbers: If you do not already have numbers assigned to your organization, you can request them by clicking the respective links.

Federal Requirements, con't: “FFATA”

The screenshot shows a web browser window with the URL <https://appsqa.mha.ohio.gov/>. The page is a form for reporting federal funding. The navigation menu includes Home, Application, Funding, Reports, and Maintenance. The form fields are as follows:

- President of Board of Directors:** A text input field with a red asterisk (*).
- DUNS Number:** A text input field with a red asterisk (*). Below it, text reads: "To obtain a DUNS Number, call 1-866-705-5711 or to access the website, [CLICK HERE](#)".
- Congressional District:** A text input field containing "3,15,12" with a red asterisk (*).
- Do you receive 80% or more of your annual gross revenue or \$25,000,000 or more from federal funding?:** A dropdown menu with a red asterisk (*).
- Executive Officers:** A section with a heading "If Yes, please enter the top five Executive Officers and their income information. If you don't have five, list all your Executives. *". There is an "Add Executive" button and a message: "There are no Executive List at this time."

At the bottom of the form, there is a red "Next" button. A validation error message states: "Validation errors were found. Fix them above or [CLICK HERE](#) to continue your application and come back later."

To comply with the Federal Funding Accountability & Transparency Act (FFATA), complete the section related to your organization’s annual gross revenue. The fields with red asterisks are required.

You may refer to the website <https://www.fsrs.gov/> for more information on the FFATA legislation and Federal Office of Management and Budget guidance on executive compensation reporting.

Project Narrative

Project Narrative > Grants And Funding Management System

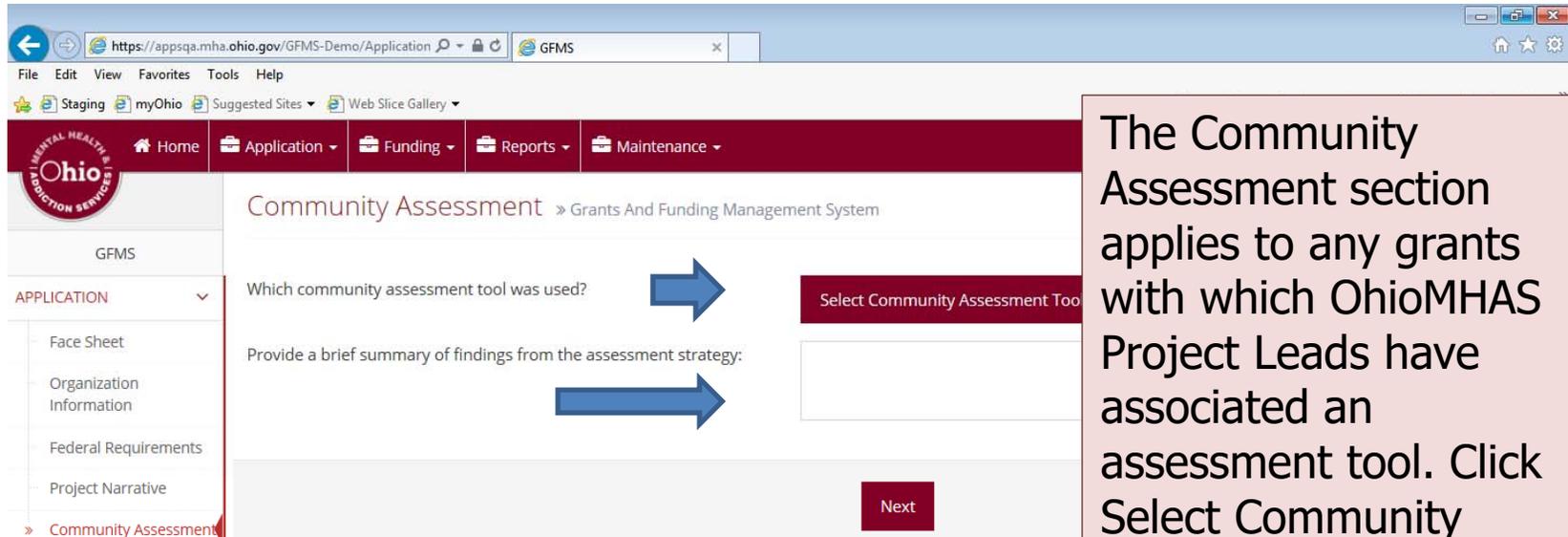
Include a brief project narrative, including problem statement or issue being addressed, target population, number planning to serve and costs.*

Next

Complete the **required** project narrative section. There is a 500 character limit for the Project Narrative.

Contact your OhioMHAS Project Lead should you have any questions completing this page.

Community Assessment



Consult your OhioMHAS Project Lead in cases where a grant **does not** have a Community Assessment. You will have option of selecting "Other" from the menu and entering "N/A" in the brief summary field.

The Community Assessment section applies to any grants with which OhioMHAS Project Leads have associated an assessment tool. Click Select Community Assessment Tools for a menu of options and provide a brief description. There is a 250 character limit for the summary of findings.

Community Assessment, con't

Select Community Assessment Tools

Community Assessment Tool: *

Select...

Description: *

Assessment Readiness Date: *

Enter Readiness Date

Add Cancel

If your grant does have a Community Assessment tool associated with it, you may review the menu, select and add a description and date. There is a 250 character limit for the summary of findings.

Service Capacity: Behavioral Health Areas

Service Capacity » Grants And Funding Management System

GFMS

APPLICATION

- Face Sheet
- Organization Information
- Federal Requirements
- Project Narrative
- Community Assessment
- » Service Capacity**
- Staff Description
- Implementation Plan
- Line Item Budget
- Project Documentation
- Assurances
- Signature
- Submit
- Grant Approval

Behavioral Health Areas Addressed (Check all that apply):

- Advocacy
- Best/Promising Practices Dissemination
- Criminal Justice
- Forensics
- Housing
- Marijuana
- Prescription Drugs
- SED Symptomology
- Suicide Prevention
- Trauma Informed Care

Target Populations (Check all that apply):

- Adult Females
- Adult Males
- Adults and youth
- Community at large
- Other
- Veterans Problem Gambling

If Other, please specify: *

Age Groups (Check all that apply):

- 0-4 years
- 12-14 years
- 18-20 years
- 25-44 years
- 65+ years

Select the behavioral health areas that will be addressed by the grant scope of work. Select all that apply.

Contact your OhioMHAS Project Lead should you have any questions completing this section.

Service Capacity: Target Populations & Age Groups

Target Populations (Check all that apply):

- Adult Females
- Adult Males
- Adults and youth
- Community at large
- Other
- Veterans Problem Gambling

If Other, please specify: *

Age Groups (Check all that apply):

- 0-4 years
- 12-14 years
- 18-20 years
- 25-44 years
- 65+ years

Explain the service provider's capacity to provide services to the target population: *

How are behavioral health disparities manifested in the problem? *

How will proposed program interventions address those behavioral health disparities? *

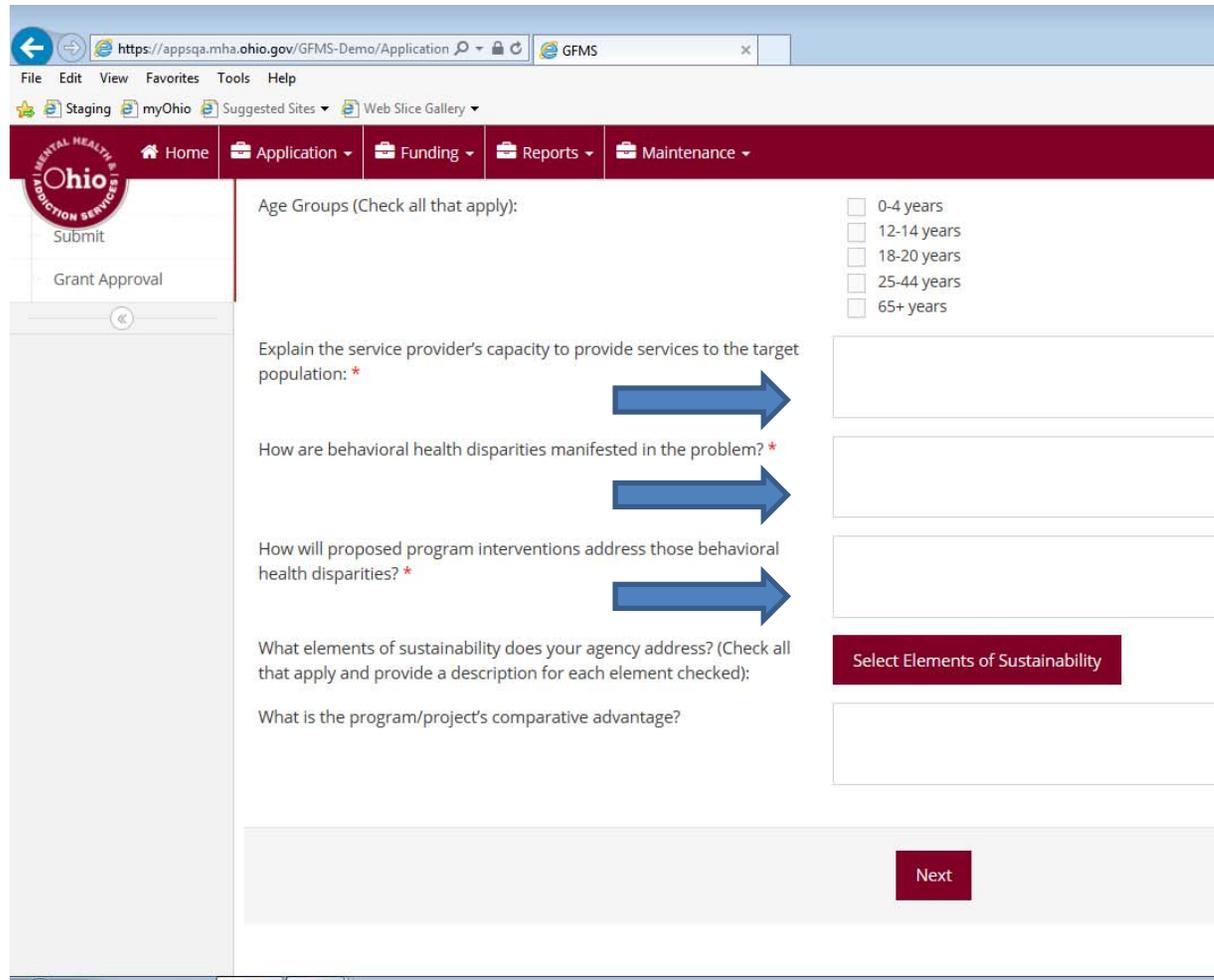
What elements of sustainability does your agency address? (Check all)

Select Elements of Sustainability

Select the target populations and age groups that will be addressed by the grant scope of work. Select all that apply.

Contact your OhioMHAS Project Lead should you have any questions completing this section.

Service Capacity con't: Addressing Capacity & Disparities



https://appsqa.mha.ohio.gov/GFMS-Demo/Application GFMS

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Submit
Grant Approval

Age Groups (Check all that apply):

- 0-4 years
- 12-14 years
- 18-20 years
- 25-44 years
- 65+ years

Explain the service provider's capacity to provide services to the target population: *

How are behavioral health disparities manifested in the problem? *

How will proposed program interventions address those behavioral health disparities? *

What elements of sustainability does your agency address? (Check all that apply and provide a description for each element checked):

What is the program/project's comparative advantage?

Select Elements of Sustainability

Next

Describe how the grant's scope of work will address system capacity and disparities. There are 250 character limits. If these questions do not apply to your grant, enter "N/A" in these fields.

Contact your OhioMHAS Project Lead should you have any questions completing this section.

Service Capacity con't: Elements of Sustainability

The screenshot shows a web browser window with the URL <https://appsqa.mha.ohio.gov/GFMS-Demo/Application>. The page features a dark red navigation bar with links for Home, Application, Funding, Reports, and Maintenance. A sidebar on the left contains a 'Submit' button and a 'Grant Approval' link. The main content area includes a 'Select Elements of Sustainability' form with the following sections:

- Age Groups (Check all that apply):** A list of checkboxes for 0-4 years, 12-14 years, 18-20 years, 25-44 years, and 65+ years.
- Explain the service provider's capacity to provide services to the target population: *** A text input field.
- How are behavioral health disparities manifested in the problem? *** A text input field.
- How will proposed program interventions address those behavioral health disparities? *** A text input field.
- What elements of sustainability does your agency address? (Check all that apply and provide a description for each element checked):** A section with a 'Select Elements of Sustainability' button and a blue arrow pointing to it.
- What is the program/project's comparative advantage?** A text input field.

A 'Next' button is located at the bottom of the form. A callout box on the right side of the form contains the text: 'Click the Select Elements of Sustainability button.'

Service Capacity con't: Elements of Sustainability

https://appsqa.mha.ohio.gov/GFMS-Demo/Application

File Edit View Favorites Tools Help

Staging myOhio Suggested Sites Web Slice Gallery

Home Application Funding Reports Maintenance

Ohio Submit Grant Approval

Select Elements of Sustainability

Sustainability Element: *

- Select...
- Elements Test
- Alternative additional funding
- Alternative community funding
- Alternative Funding Sources
- other funding resources
- Other Funding Resoucrs
- Alternative community funding sources
- Sravanthi Sustainability
- AA Zareen Elements Of Sustainability
- Alternative Funding Solutions
- Sustain social connectivity
- OCMH - Partner with local health agencies
- Administrative Policies and Procedures
- Alternative Funding
- Champion/Leadership Actions
- Expertise
- Other Resources
- Ownership Among Stakeholders
- Structures and Formal Linkages
- Other

Add

Next

Select the elements of sustainability that pertain to your grant and provide a brief description. There is a 250 character limit for the sustainability elements description.

Contact your OhioMHAS Project Lead should you have any questions completing this section.

Staff Description

The screenshot shows a web browser window with the URL <https://appsqa.mha.ohio.gov/GFMS-Demo/Application>. The browser's address bar and menu bar are visible. The application interface features a dark red navigation bar with the Ohio MHAS logo and menu items: Home, Application, Funding, Reports, and Maintenance. Below this is a sidebar menu with the following items: Face Sheet, Organization Information, Federal Requirements, Project Narrative, Community Assessment, Service Capacity, Staff Description (highlighted with a red arrow), Implementation Plan, Line Item Budget, Project Documentation, Assurances, Signature, Submit, and Grant Approval. The main content area is titled "Staff Description » Grants And Funding Management System" and contains two buttons: "Add Staff" and "Next". A large blue arrow points to the "Add Staff" button.

Click Add Staff to begin the Staff Description section.

Contact your OhioMHAS Project Lead should you have any questions completing this section.

Staff Description, con't

Add Staff

First Name: *

Last Name: *

Title:

Email:

Staff Qualification:

<input type="checkbox"/> Other <input type="text"/>	<input type="checkbox"/> Aide
<input type="checkbox"/> Assistant	<input type="checkbox"/> Art Therapist
<input type="checkbox"/> Chemical Dependency Counselor Assistant	<input type="checkbox"/> Certified Therapeutic Recreation Specialist
<input type="checkbox"/> Licensed Chemical Dependency Counselor III	<input type="checkbox"/> Licensed Chemical Dependency Counselor II
<input type="checkbox"/> Licensed Independent Chemical Dependency Counselor - Clinical Supervisor	<input type="checkbox"/> Licensed Independent Chemical Dependency Counselor
<input type="checkbox"/> Licensed practical nurse	<input type="checkbox"/> Licensed occupational therapist
<input type="checkbox"/> Licensed Professional Clinical Counselor	<input type="checkbox"/> Licensed occupational therapy assistant
<input type="checkbox"/> Psychology assistant	<input type="checkbox"/> Pharmacist
<input type="checkbox"/> Psychology intern	<input type="checkbox"/> Psychology aide
<input type="checkbox"/> Psychology resident	<input type="checkbox"/> Psychology fellow
<input type="checkbox"/> School psychology assistant	<input type="checkbox"/> Psychology postdoctoral trainee
<input type="checkbox"/> Peer Supporter	<input type="checkbox"/> Psychology trainee
	<input type="checkbox"/> Medical Doctors(Psychologist)

Complete the **required** fields. Add the applicable Staff Qualification.

Contact your OhioMHAS Project Lead should you have any questions completing this section.

Implementation Plan

The screenshot shows a web browser window with the URL <https://appsqa.mha.ohio.gov/GFMS-Demo/Application>. The browser's address bar and menu bar are visible. The application's navigation bar includes links for Home, Application, Funding, Reports, and Maintenance. A sidebar on the left lists various application components, with 'Implementation Plan' highlighted. The main content area displays the title 'Implementation Plan' and two buttons: 'Create New Implementation Plan' and 'Next'. A blue arrow points to the 'Create New Implementation Plan' button.

Click Create New Implementation Plan.

Contact your OhioMHAS Project Lead should you have any questions completing this section.

Implementation Plan, con't

Define Project Model

Define Project Model Define NOMs Define Objectives Define Services

Project Model Type: *
Project Model: *
Project Model Description: *
Level Of Care: *
Start Date: *
End Date: *

Select...
Adapted Evidence Based
Coalition
Evidence Based Practice
Locally Developed Programs
Promising Practices

Cancel Save and Finish Later Choose Your NOM(s)

The Implementation Plan consists of a Project Model. This section includes a Project Model wizard that guides you through the process. Complete each **required** field.

Contact your OhioMHAS Project Lead should you have any questions completing this section.

Implementation Plan, con't

The screenshot shows a web browser window with the URL <https://appsqa.mha.ohio.gov/GFMS-Demo/Application>. The page title is "NOM > Grants And Funding Management System". The main content area is titled "Define NOMs" and features a progress bar with four steps: "Define Project Model", "Define NOMs", "Define Objectives", and "Define Se...". The "Define NOMs" step is currently active. Below the progress bar, there is a highlighted instruction: "Choose desired NOM(s) for this Project Model (at least 1): *". Underneath, there is a checkbox labeled "Functioning" with a blue arrow pointing to it. At the bottom of the form, there are three buttons: "Previous Section", "Save and Finish Later", and "Choose Your Objectives".

Choose the National Outcomes Measure (NOM) that is associated with your grant. Select any that apply.

Contact your OhioMHAS Project Lead should you have any questions completing this section.

Implementation Plan, con't

Objective Selection > Grants And Funding Management System

Define Objectives

Define Project Model Define NOMs Define Objectives Define S...

Your current NOM is Functioning. Choose Your Objectives (at least 1): *

Meet the goals and objectives in the person-centered care plan.

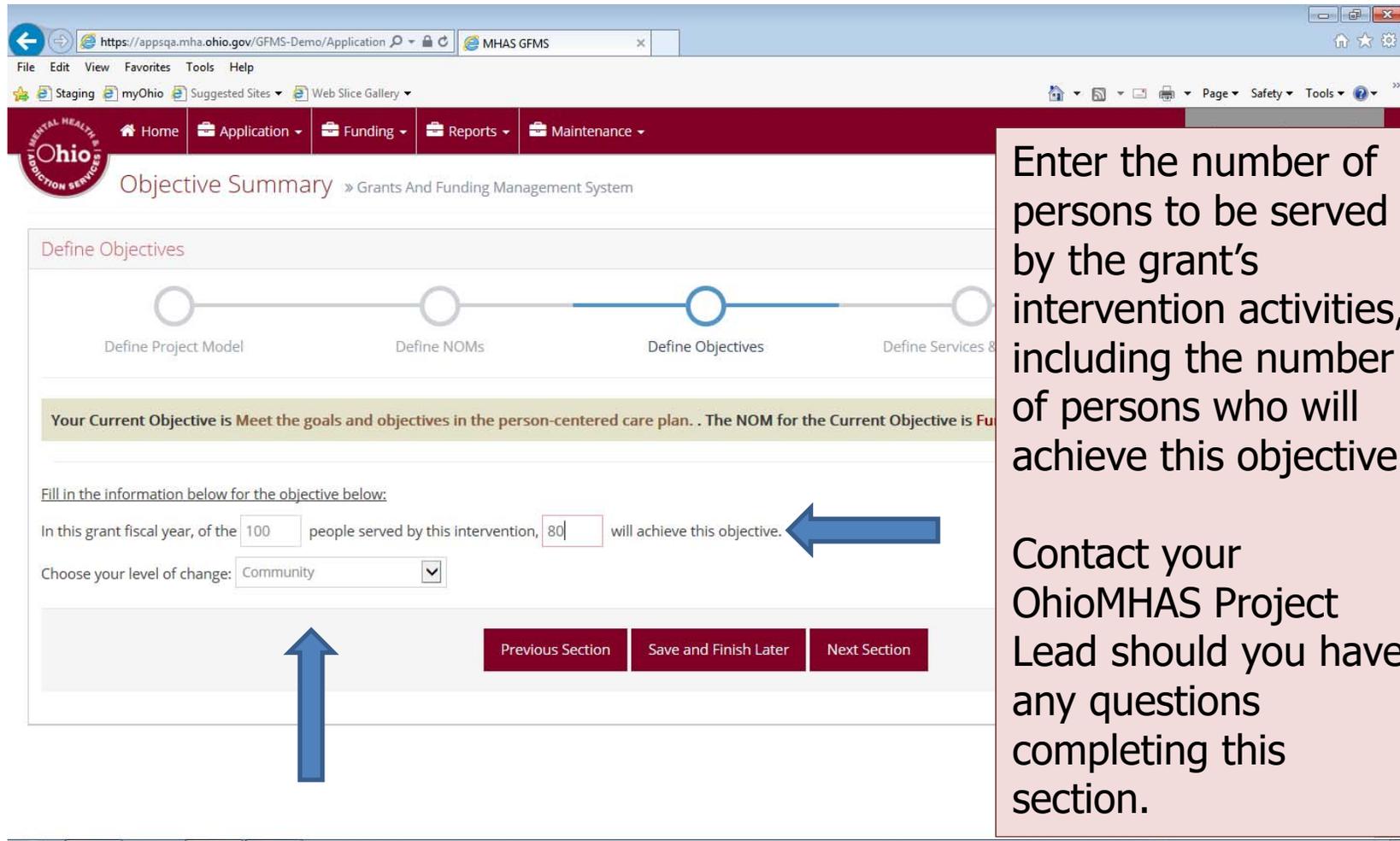
Previous Section Save and Finish Later Next Section

Next, click Choose Your Objective(s).

Contact your OhioMHAS Project Lead should you have any questions completing this section.



Implementation Plan, con't



Objective Summary » Grants And Funding Management System

Define Objectives

Define Project Model Define NOMs Define Objectives Define Services &

Your Current Objective is Meet the goals and objectives in the person-centered care plan. . The NOM for the Current Objective is Fu

Fill in the information below for the objective below:

In this grant fiscal year, of the people served by this intervention, will achieve this objective.

Choose your level of change:

Previous Section Save and Finish Later Next Section

Enter the number of persons to be served by the grant's intervention activities, including the number of persons who will achieve this objective.

Contact your OhioMHAS Project Lead should you have any questions completing this section.

Before completing the next section, refer back to the Service Type of your grant.

**Is your Service Type:
Prevention or Community Supports?
OR
Treatment and Recovery?**

- For **Prevention** and **Community Supports** applications, complete the information related to the associated **Strategy & Services**.
- For **Treatment and Recovery** applications, complete the information related to the associated **Service & Activities**.

Implementation Plan, con't

'. The 'Please Fill in the Information' column has fields for 'Number of Participants:', 'Date Range:', 'Start Date:', and 'End Date:'. At the bottom, there are buttons for 'Previous Section', 'Save and Finish Later', and 'Next Section'." data-bbox="103 262 892 875"/>

Complete the information to Define **Service & Activities** for **Treatment and Recovery** grants. Choose the level of change, then click Next Section.

Service: Engage with person in community-based setting.

Activity(s)	Please Fill in the Information
Social activities no less than five times per week. <input type="checkbox"/>	Number of Participants: <input type="text"/> Date Range: <input type="text"/> Start Date: <input type="text"/> End Date: <input type="text"/>

Contact your OhioMHAS Project Lead should you have any questions completing this section.

Implementation Plan, con't

Define Strategy/Services

Define Project Model Define NOMs Define Objectives Define Strategies & Services

Your Current Objective is Patty's Objective . The NOM for the Current Objective is Patty's NOM. Select a Strategy and Service (at least 1): *

Strategy: Patty's Strategy

Service(s)	Please Enter the Estimated # Served
<input checked="" type="checkbox"/> Patty's Services (Direct)	100

Previous Section Save and Finish Later Next Section

Complete the information to Define **Strategy & Services** for **Prevention and Community Supports** grants. Enter the estimated total number served, then click Next Section.

Contact your OhioMHAS Project Lead should you have any questions completing this section.

Implementation Plan, con't

Review Implementation Plan » Grants And Funding Management System

Project Model: **Patty's Project Model**
Level of Care: **AA Zareen Level Test**
Start Date: **07/01/2015** - End Date: **06/30/2016**

Collapse Expand

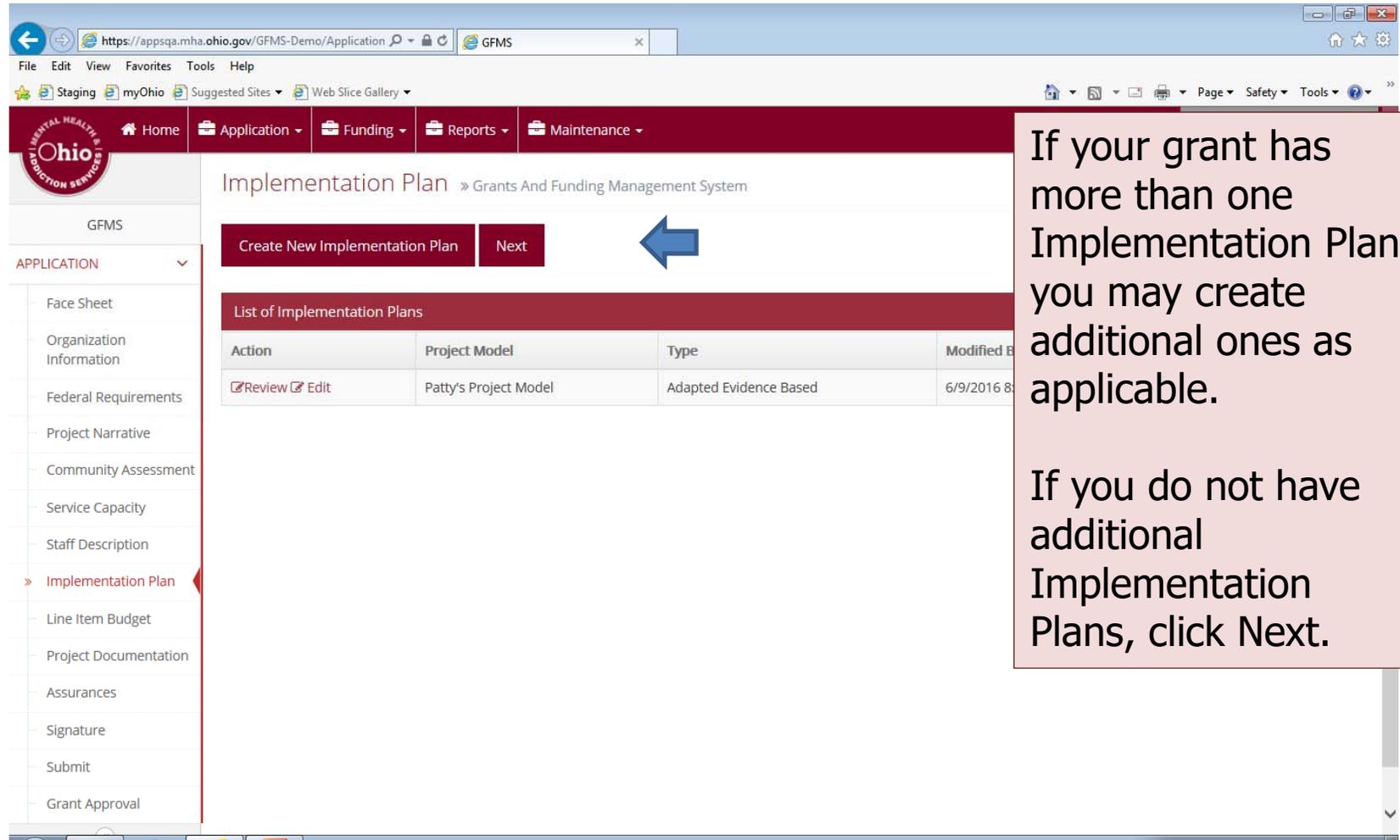
NOM: Functioning
 Objective: **Meet the goals and objectives in the person-centered care plan.**
Level of Change - Number Served: **100**, Number Achieved: **80**, Percentage Achieved: **80%**

Done

Review the completed Implementation Plan, then click Done.

Contact your OhioMHAS Project Lead should you have any questions reviewing this section.

Implementation Plan, con't



Implementation Plan > Grants And Funding Management System

Create New Implementation Plan Next

List of Implementation Plans

Action	Project Model	Type	Modified By
<input checked="" type="checkbox"/> Review <input checked="" type="checkbox"/> Edit	Patty's Project Model	Adapted Evidence Based	6/9/2016 8:...

If your grant has more than one Implementation Plan, you may create additional ones as applicable.

If you do not have additional Implementation Plans, click Next.

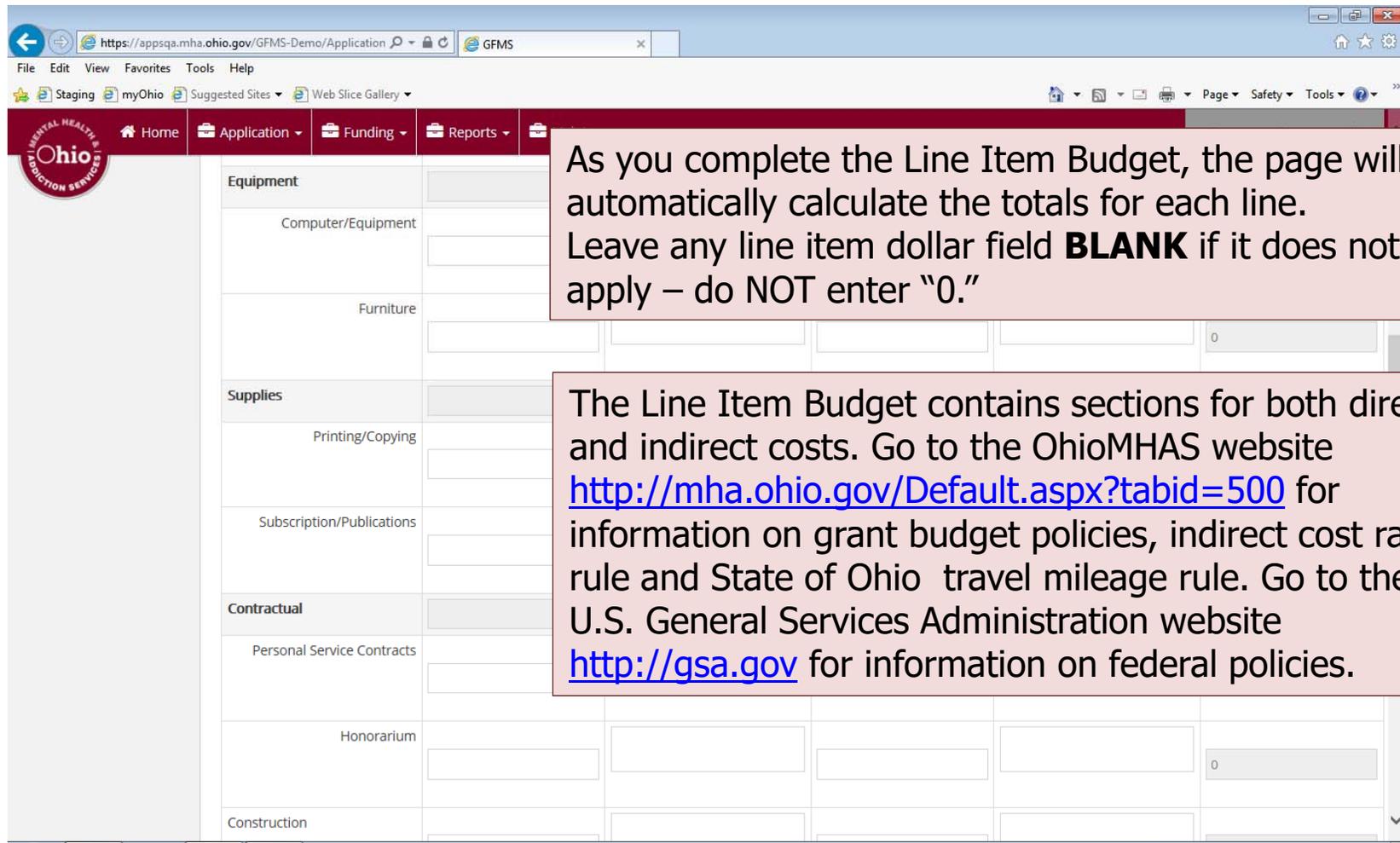
Line Item Budget

The screenshot shows the 'Line Item Budget' form within the 'Grants And Funding Management System'. The form is organized into sections: Direct Costs, Personnel, Fringe Benefits, and Travel. Each section has a sub-column for 'MHAS', 'Narrative', and 'Other'. The 'Fringe Benefits' section is highlighted with blue arrows pointing to the input fields for MHAS and Narrative, indicating where to enter budget amounts and descriptions.

Enter the dollar amounts for the grant's line item budget in the corresponding fields. The line item budget contains sections for both direct and indirect costs.

Enter the line item amounts funded by MHAS and Other sources. For each line item dollar amount entered, you must also provide a budget Narrative description. There is a 125 character limit for each Narrative field.

Line Item Budget, con't

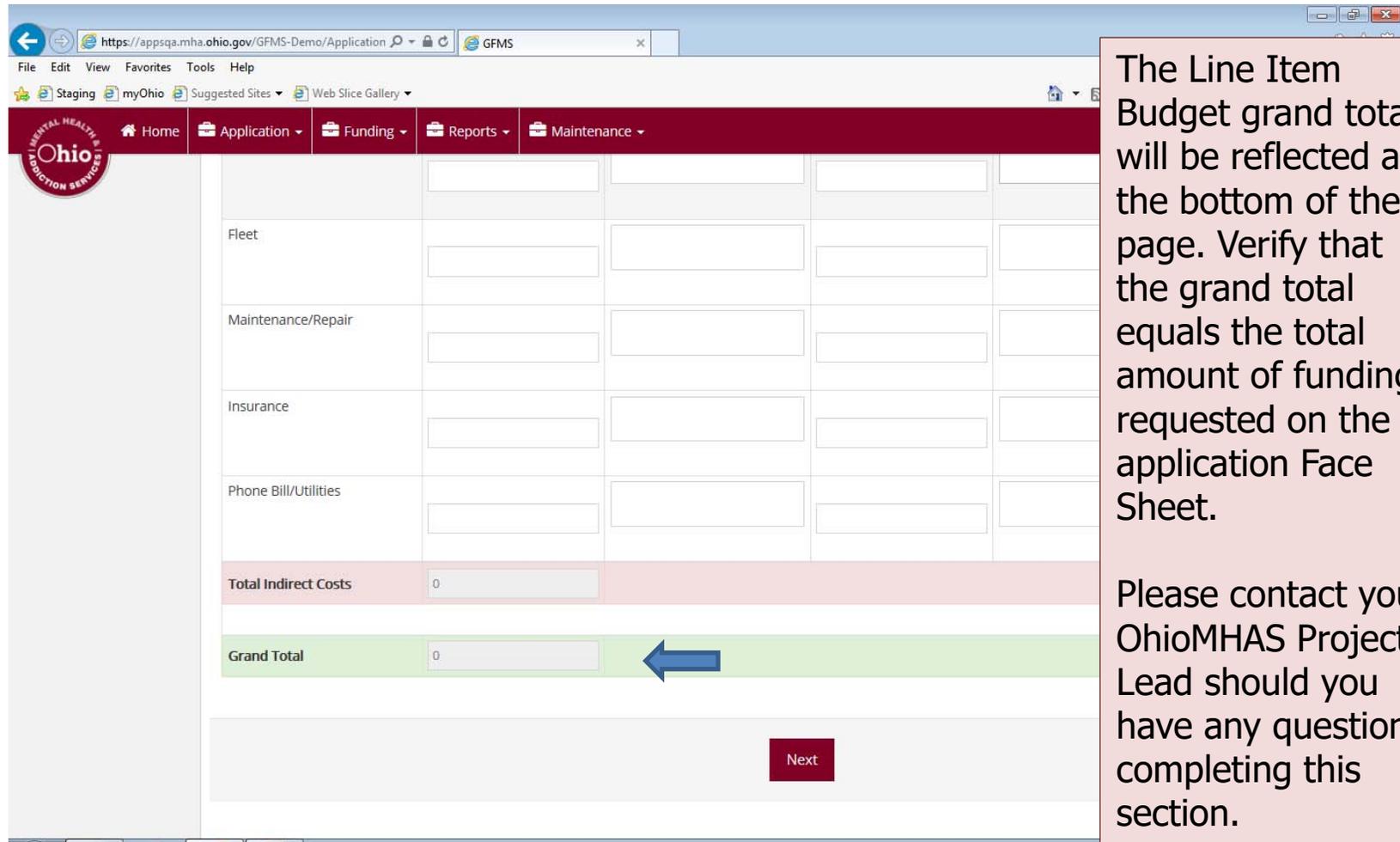


Description	Quantity	Unit	Price	Total
Equipment				
Computer/Equipment				
Furniture				
Supplies				
Printing/Copying				
Subscription/Publications				
Contractual				
Personal Service Contracts				
Honorarium				0
Construction				

As you complete the Line Item Budget, the page will automatically calculate the totals for each line. Leave any line item dollar field **BLANK** if it does not apply – do NOT enter "0."

The Line Item Budget contains sections for both direct and indirect costs. Go to the OhioMHAS website <http://mha.ohio.gov/Default.aspx?tabid=500> for information on grant budget policies, indirect cost rate rule and State of Ohio travel mileage rule. Go to the U.S. General Services Administration website <http://gsa.gov> for information on federal policies.

Line Item Budget, con't



Category	Value	Value	Value	Value
Fleet				
Maintenance/Repair				
Insurance				
Phone Bill/Utilities				
Total Indirect Costs	0			
Grand Total	0			

[Next](#)

The Line Item Budget grand total will be reflected at the bottom of the page. Verify that the grand total equals the total amount of funding requested on the application Face Sheet.

Please contact your OhioMHAS Project Lead should you have any questions completing this section.

Project Documentation

Project Documentation » Grants And Funding Management System

NOSA

Action	Grant Number	Total Grant Awarded	Remark
Click Here to Upload the Proof of Liability page of the Insurance Policy to this section. *			

Uploaded Proof of Liability

Document Name	Description	Uploaded Date	Uploaded By
a. Insurance Carrier:	<input type="text"/>		
b. Policy #:	<input type="text"/>		
c. Insurance Amount:	\$ <input type="text"/>		
d. Date of Expiration:	<input type="text"/>		

[Click Here to Upload the Findings page of the Annual Financial Reporting Audit or Auditable financial statements.](#) *

Uploaded Annual Financial Reporting Audit

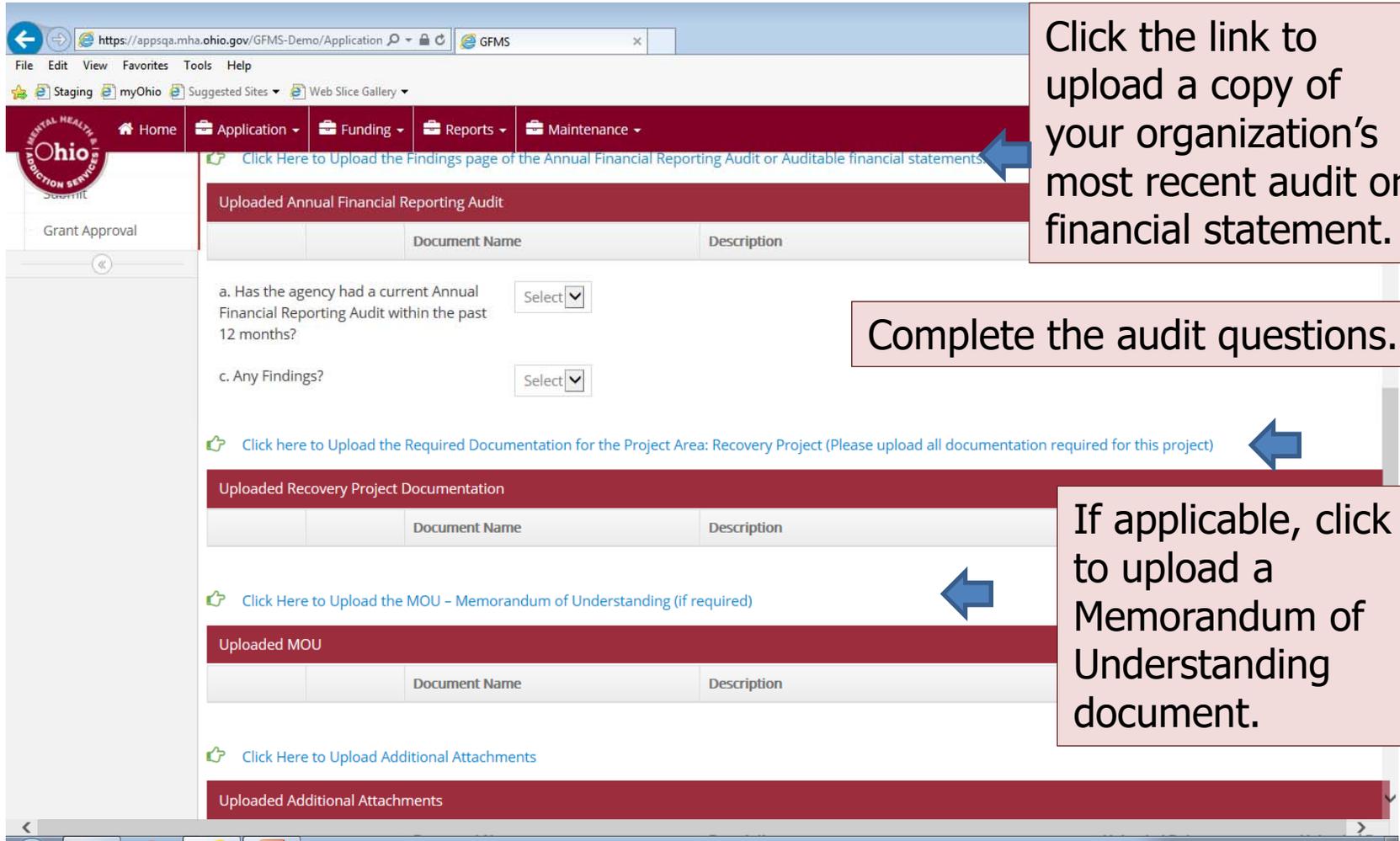
Document Name	Description	Uploaded Date	Uploaded By
---------------	-------------	---------------	-------------

Click the link to upload a copy of your organization's proof of liability insurance. In most cases, this is a one-page document (Acord certificate).

Important Note:
 The NOSA will only appear on this page until after an award has been issued.

Complete the Proof of Liability information.

Project Documentation, con't



[Click Here to Upload the Findings page of the Annual Financial Reporting Audit or Auditable financial statements](#)

Uploaded Annual Financial Reporting Audit	
Document Name	Description

a. Has the agency had a current Annual Financial Reporting Audit within the past 12 months?

c. Any Findings?

[Click here to Upload the Required Documentation for the Project Area: Recovery Project \(Please upload all documentation required for this project\)](#)

Uploaded Recovery Project Documentation	
Document Name	Description

[Click Here to Upload the MOU - Memorandum of Understanding \(if required\)](#)

Uploaded MOU	
Document Name	Description

[Click Here to Upload Additional Attachments](#)

Uploaded Additional Attachments	

Click the link to upload a copy of your organization's most recent audit or financial statement.

Complete the audit questions.

If applicable, click to upload a Memorandum of Understanding document.

Project Documentation, con't

The screenshot shows a web browser window with the URL <https://appsqa.mha.ohio.gov/GFMS-Demo/Application>. The page title is "GFMS". The navigation menu includes Home, Application, Funding, Reports, and Maintenance. The main content area is titled "c. Any Findings?" and contains a "Select" dropdown menu. Below this, there are three sections for uploading documentation:

- [Click here to Upload the Required Documentation for the Project Area: Recovery Project \(Please upload a](#)
- Uploaded Recovery Project Documentation**

Document Name	Description
---------------	-------------

- [Click Here to Upload the MOU - Memorandum of Understanding \(if required\)](#)
- Uploaded MOU**

Document Name	Description
---------------	-------------

- [Click Here to Upload Additional Attachments](#)
- Uploaded Additional Attachments**

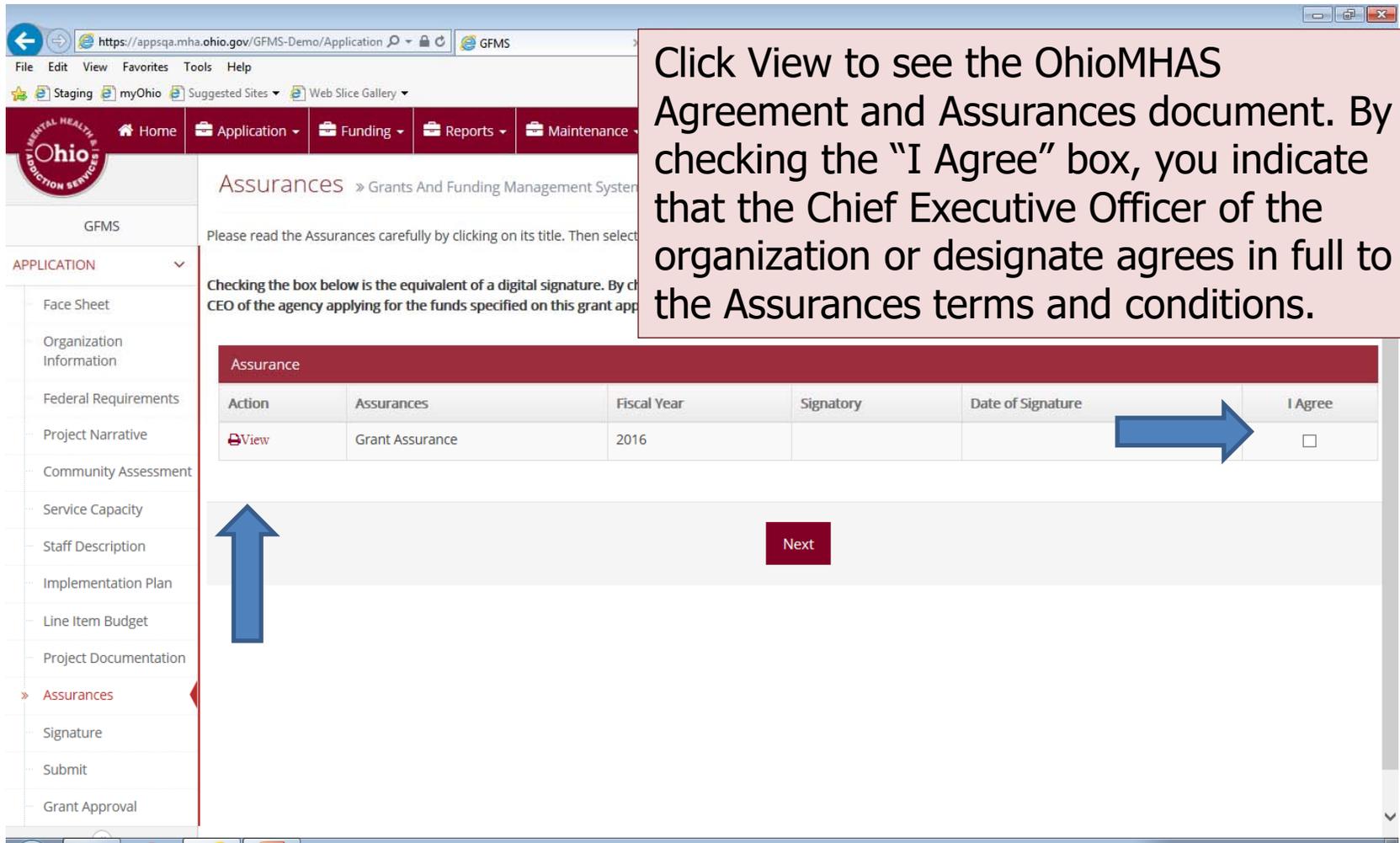
Document Name	Description	Uploaded Date	Uploaded By
---------------	-------------	---------------	-------------

A blue arrow points to the "Click Here to Upload Additional Attachments" link. At the bottom of the page, there is a "Next" button.

If your grant has any additional supporting documentation, you may click the link to upload attachments.

Contact your OhioMHAS Project Lead should you have any questions completing this section.

Assurances



Click View to see the OhioMHAS Agreement and Assurances document. By checking the "I Agree" box, you indicate that the Chief Executive Officer of the organization or designate agrees in full to the Assurances terms and conditions.

Action	Assurances	Fiscal Year	Signatory	Date of Signature	I Agree
View	Grant Assurance	2016			<input type="checkbox"/>

Next

Signature Page

Signature » Grants And Funding Management System

Please upload a signature sheet bearing the signatures of both your agency's Chief Executive Officer and the Ohio MHAS representative. Note that you will not be able to submit the grant application without first uploading a signature page for review by OhioMHAS. This could delay or potentially stop the processing of your application.

[Click here to download a blank unsigned copy of the signature sheet.](#)

⚠ The file size for signature documents is limited to 2 MB per signature sheet. File type is limited to Adobe Acrobat (.pdf).

Upload Signature

Uploaded Signatures			
	Document Name	Uploaded Date	Uploaded By
Next			

Click the link to download a blank unsigned signature page. Complete the signature page and upload the completed signature page by clicking Upload Signature.

Submit Application Information

The screenshot shows a web browser window at the URL <https://appsqa.mha.ohio.gov/GFMS-Demo/Application>. The page title is "Submit Application Information" under the "Grants" section. A navigation menu includes "Home", "Application", "Funding", "Reports", and "Maintenance". A sidebar on the left lists application sections: Face Sheet, Organization Information, Federal Requirements, Project Narrative, Community Assessment, Service Capacity, Staff Description, Implementation Plan, Line Item Budget, Project Documentation, Assurances, Signature, Submit, and Grant Approval. The main content area contains a "Project Lead" form with fields for Name (Matthew Loncaric), Email (Matthew.Loncaric@mha.ohio.gov), and Phone (614-466-9982). A red "Submit Application" button is highlighted with a blue arrow pointing to it. Three callout boxes provide instructions: the top one states that if all sections are complete, the application can be submitted; the middle one explains that incomplete sections will be listed and can be revisited; the bottom one offers contact information for the Project Lead.

If all required sections of the application are complete, then you may submit the application to OhioMHAS.

If there are any incomplete required sections of the application, a list of incomplete items will appear on the page. You may go back at your convenience to the incomplete sections that require attention.

You may contact your OhioMHAS Project Lead at any time for assistance in submitting the application.

Reminder: GIFA and Allocation Guidelines

Grant Information for Applicants (GIFA) documents and Allocation Guidelines information are posted on the OhioMHAS website at:

<http://mha.ohio.gov/Default.aspx?tabid=147>

and

<http://mha.ohio.gov/Default.aspx?tabid=500>