

Cover page

- Applicant organization name, address, phone number
- Executive Director name and email
- Anticipated project coordinator name, title, email, and phone
- Applicant organization fiscal officer name, email, and phone
- Federal Tax ID
- List collaborative partners and affiliated agency (name and organization)
- Total amount of funding requested

Section 2: Background about your community

text

Section 3: Current efforts around substance abuse issues in your community

text

Section 4: Community collaboration or coalition history

text

Section 5: Proposed community engagement

text

Section 6: Community stakeholders

text

Name	Organization or Affiliation	Sector	Expected Contribution to the Community Stakeholder Team

Section 7: Data collection requirements

Goal	Indicator	Does your community have a local survey that collects this indicator? Please respond yes or no.	What is the name of the survey(s) that collects the data? <i>If this indicator is not available, please write N/A.</i>	Where is/are the survey(s) administered? Please be as specific as possible. If the survey is administered in the schools, please write the name of the school district(s). <i>If this indicator is not available, please write N/A.</i>	In what year was /were the survey(s) most recently administered? <i>If this indicator is not available, please write N/A.</i>	When will the survey(s) be administered again? Please write the year. <i>If this indicator is not available, please write N/A.</i>	How often is/are the survey(s) administered? Please write the general timeframe: ex: annually, every other year, every three years, etc. <i>If this indicator is not available, please write N/A.</i>
Goal 1: Underage Drinking (12-20 year olds)	Recent substance use						
	Perception of parental disapproval or attitude						
	Perception of peer disapproval or attitude						
	Perceived risk/harm of use						
Goal 2: Prescription Drug Misuse (12-25 year olds)	Recent substance use						
	Perception of parental disapproval or attitude						
	Perception of peer disapproval or attitude						
	Perceived risk/harm of use						
Other	Family communication around drug use						

Section 7 subparts b and c will continue here



Ohio Department of Mental Health and Addiction Services SFY 2017 Budget/Expenditure Form

Implementing Agency:	
Grant Program Area:	
Budget Period:	
State Grant:	

For OhioMHAS Internal Use Only

- Initial Application
- Budget Revision*
- Expenditure Report

Budget Summary:

Cost	MHAS Amount	Other Amount	Total
Personnel	\$0	\$0	\$0
Fringe Benefits	\$0	\$0	\$0
Travel	\$0	\$0	\$0
Equipment	\$0	\$0	\$0
Supplies	\$0	\$0	\$0
Contractual	\$0	\$0	\$0
Other	\$0	\$0	\$0
Total Direct Costs	\$0	\$0	\$0
Total Indirect Costs	\$0	\$0	\$0
Grand Total	\$0	\$0	\$0

Prepared By: _____

Fiscal Signature: _____

Date: _____

*Prior written approval must be obtained from OhioMHAS before incurring costs that exceed a 10% change between Budget Categories or any change to Category IV.

Ohio Department of Mental Health and Addiction Services SFY 2017 Line Item Budget Form

Personnel:

Direct Costs	Annual Salary	Level of Effort	MHAS	Narrative	Other	Narrative
Name, Title	\$0	0 FTE	\$0	Insert explanation of how expenditures were calculated and the justification for the expended funds for the devoted project	\$0	Insert explanation
Name, Title	\$0	0 FTE	\$0	Insert explanation	\$0	Insert explanation
Total Personnel			\$0		\$0	

Fringe Benefits:

Direct Costs	MHAS	Narrative	Other	Narrative
Name, Title	\$0	Insert explanation of how expenditures were calculated and the justification for the expended funds for the devoted project	\$0	Insert explanation
Name, Title	\$0	Insert explanation	\$0	Insert explanation
Total Fringe	\$0		\$0	

Travel:

Direct Costs	MHAS	Narrative	Other	Narrative
Mileage	\$0	Insert explanation of how expenditures were calculated and the justification for the expended funds for the devoted project	\$0	Insert explanation
Airfare	\$0	Insert explanation	\$0	Insert explanation
Lodging	\$0	Insert explanation	\$0	Insert explanation
Meal Per Diem	\$0	Insert explanation	\$0	Insert explanation
Total Travel	\$0		\$0	

Equipment:

Direct Costs	MHAS	Narrative	Other	Narrative
Computer/ Equipment	\$0	Insert explanation of how expenditures were calculated and the justification for the expended funds for the devoted project	\$0	Insert explanation
Furniture	\$0	Insert explanation	\$0	Insert explanation
Total Equipment	\$0		\$0	

Supplies:

Direct Costs	MHAS	Narrative	Other	Narrative
Printing/ Copying	\$0	Insert explanation of how expenditures were calculated and the justification for the expended funds for the devoted project	\$0	Insert explanation
Subscription/ Publication	\$0	Insert explanation	\$0	Insert explanation
Total Supplies	\$0		\$0	

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 OhioMHAS).

Direct Costs	MHAS	Narrative	Other	Narrative
Personal Service Contracts	\$0	Insert explanation of how expenditures were calculated and the justification for the expended funds for the devoted project	\$0	Insert explanation
Honorarium	\$0	Insert explanation	\$0	Insert explanation
Total Contractual	\$0		\$0	

Other:

Direct Costs	MHAS	Narrative	Other	Narrative
Conference/ Training	\$0	Insert explanation of how expenditures were calculated and the justification for the expended funds for the devoted project	\$0	Insert explanation
Registration	\$0	Insert explanation	\$0	Insert explanation
Food	\$0	Insert explanation	\$0	Insert explanation
Total Other	\$0		\$0	

TOTAL DIRECT COSTS:

Direct Costs	MHAS		Other	
Total Direct	\$0		\$0	

Indirect Costs:

Indirect Costs	MHAS	Narrative	Other	Narrative
Rent/Lease	\$0	Insert explanation of how expenditures were calculated and the justification for the expended funds for the devoted project	\$0	Insert explanation
Fleet	\$0	Insert explanation	\$0	Insert explanation
Maintenance/ Repair	\$0	Insert explanation	\$0	Insert explanation
Insurance	\$0	Insert explanation	\$0	Insert explanation
Phone Bill/ Utilities	\$0	Insert explanation	\$0	Insert explanation
TOTAL INDIRECT COSTS	\$0		\$0	

Costs	MHAS		Other	
GRAND TOTAL	\$0		\$0	

*Prior written approval must be obtained from OhioMHAS before incurring costs that exceed a 10% change between Budget Categories or any change to Category.

Attach Letters of Commitment here

