

**Ohio Department of Mental Health and Addiction Services (OhioMHAS)  
SFY 18 Specialized Dockets Payroll Subsidy Project Application**

**Applicant Information**

Name of court:

Address (street, city and zip code):

Type of specialized docket (i.e., family drug court, adult mental health court):

Tax I.D. #:

O.A.K.S. I.D. #

Court's O.A.K.S. address I.D.:

Court's EFT #:

Contact person:

Title:

Email address:

Phone:

**Projects with final certification from The Supreme Court of Ohio**

Certification expiration date:

Month and year project became operational:

Number of clients served during the past twelve (12) months:

**Projects with initial certification from The Supreme Court of Ohio**

Date of initial certification:

Number of clients served since the project inception:

Documented project capacity:

**For all projects**

Application completed by (name and title)

**Attestation:** By signing this application, the authorized agent hereby agrees to:

1. Maintain the court's account with Ohio Shared Services to receive payments via electronic funds transfer.
2. Complete and submit the required fiscal and outcome reports by the stated deadline.
3. Correct and re-submit any report containing errors within 30 days of the report being returned to the project by OhioMHAS.

Any court that is operating with initial certification or lapsed certification from The Supreme Court of Ohio, or has not received certification for a new or different judge operating the specialized docket, will not receive the award funding until it submits a copy of final certification to the Department. The deadline for submission of final certification is October 31, 2017. Any awarded specialized docket that fails to submit a copy of its final certification to the Department by this deadline will receive a letter stating that the award has been nullified and is ineligible for funding.

**Printed name of authorized agent:**

**Signature of authorized agent:**

**Date:**