SFY 2019 OhioMHAS \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Grant Application

FACE SHEET

|  |  |
| --- | --- |
| FACE SHEET TYPE  (check one) | SERVICE TYPE  (check one) |
| [ ] Original  [ ] Revision  [ ] Report | [ ] Treatment and Recovery  [ ] Prevention  [ ] Other |

Total OhioMHAS Funds Requested: $ \_\_\_\_\_\_\_\_\_\_\_\_\_

Grant Period: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ to \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

|  |  |
| --- | --- |
| Implementing Provider Information | |
| Implementing Provider Name |  |
| Executive Director |  |
| Mailing Address |  |
| City, State, Zip Code |  |
| Telephone Number |  |
| Fax Number |  |
| Executive Director |  |
| Executive Director’s Email |  |
| Fiscal Officer’s Name |  |
| Fiscal Officer’s Email |  |
| Federal Tax ID Number |  |
| ADAMHS/ADAS Board (if applicable) |  |

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Executive Director Signature Date