



**State Opioid Response 2.0**  
**Use of Innovation for**  
**Integrated Behavioral Health System of Care**  
**Request for Applications**  
**(MHA-FY21-SOR2.0-UseInnovation-40 )**

**Funding Period: October 1, 2020 through September 29, 2021**

**Mike DeWine, Governor**

**Lori Criss, Director**

## **OVERVIEW**

**(MHA-FY21-SOR2.0-UseInnovation-40 )**

**Request for Proposal Number:**

**Request for Proposal Issue Date: January 29<sup>th</sup>, 2021**

**Request for Proposal Due Date: February 26<sup>th</sup>, 2021 by 11:59 p.m.**

**Eligible applicants - Community Partners including UMADAOPS, Faith Based, Minority and Community Based Providers, ADAMH Boards, Recovery Housing, Peer or Family Support Providers, and other Recovery Oriented Support Profit and Non-Profit Entities.**

**Overview** – The Ohio State Opioid Response (SOR) 2.0 Project is funded by a grant from the Substance Abuse and Mental Health Services Administration and provides support for an Integrated Behavioral Health System of Care for adolescent and adult Ohioans with opioid misuse and use disorder (OUD), and stimulant misuse and use disorders, including for cocaine and methamphetamine. The SOR Project will afford individuals with OUD, stimulant and other co-occurring substance use disorders, with an array of services and initiatives, including: prevention services, family supports, primary care, recovery supports, treatment, Medication Assisted Treatment (MAT), faith-based and community-based interventions, workforce innovations, and harm reduction. The geographic area for this initiative is the State of Ohio.

**Problem statement** - The Ohio Department of Health's (ODH, August 2018) published annual drug overdose report revealed Ohio experienced a 22.5% percent decrease in overdose deaths from 2017 to 2018, making it the lowest overdose death rate since 2015. The number of fentanyl related overdose deaths also decreased in 2018; however, the percentage of the total unintentional overdose deaths involving fentanyl increased with fentanyl contributing 72.6% of unintentional overdose deaths. The number of deaths involving carfentanil also decreased by 92.6% from 2017 to 2018. In 2018, 15% of unintentional overdose deaths involved psychostimulants. From 2017 to 2018, the number deaths increased for psychostimulants, while deaths related to all other drug categories decreased.

Preliminary 2019 drug overdose death rates for black non-Hispanic females and white non-Hispanic females were equal (24 deaths per 100,000). However, from 2018 to 2019, the overdose death rate for black non-Hispanic females increased 24%, while the rate for white non-Hispanic females decreased by 4%. In 2019 preliminary data, fentanyl was involved in 78% of unintentional drug overdose deaths among black non-Hispanics. A combination of fentanyl and cocaine was involved in 43% of drug overdose deaths among black non-Hispanics. Persons with co-occurring mental health issues also use substances, such as stimulants, nicotine, and opioids at higher rates than the general population, suggesting a need for prevention, treatment, and recovery supports for this vulnerable special population.

## Scope of Work

**Purpose of RFA**—The purpose of this RFA is to solicit a comprehensive proposal from organizations including community-based organizations, ADAMH Boards, profit and nonprofit organizations to provide innovative approaches to integrated care for individuals with opioid or stimulant use/misuse disorder. OhioMHAS seeks applications from organizations to expand the utilization of technology to manage co-occurring SUD and mental health conditions. This will include the use of web applications, medical devices, and technology that assists with coordinating activities of state agencies and local county systems through an integrated approach to multi-system needs. Innovative technology will especially assist those with co-occurring disorders through partnerships with community behavioral health agencies and ongoing connection to telehealth and recovery support services including housing, MAT, peer recovery supports and vocational programs. Attention to services and supports which address improving the social determinants of health are important areas of focus for community partners.

**Goals of the RFA** – The goals of the Innovation RFA response should, in part, mirror those of the State’s SOR 2.0 award. The State’s SOR goals are:

- 1) Develop and implement integrated behavioral health care services and supports that include evidence-based prevention, access to treatment, and recovery support services to address opioid use disorder and/or stimulant misuse and use disorders. Clinical treatment may include outpatient, intensive outpatient, day treatment, partial hospitalization, or inpatient hospitalization;
- 2) Expand prevention efforts related to naloxone distribution, provide training across systems for professionals to improve system responses to the opioid epidemic, and deploy targeted awareness messaging for communities;
- 3) Expand access to medication-assisted treatment and a clinical workforce with the expertise to provide MAT and psychosocial treatment to individuals with an opioid use disorder;
- 4) Develop and implement tobacco/nicotine product (e.g.: vaping) cessation programs, activities, and/or strategies as they occur in conjunction with opioid use disorder and/or stimulant use disorder;
- 5) Demonstrate how applicants are engaged in their local Recovery Oriented System of Care (ROSC); specifically identify the components of community support.
- 6)The social determinants of health should be addressed in the applications demonstrating capacity to implement measurable, actionable strategies which reduce, mitigate and intervene on specific causal factors that may trigger and exacerbate the disease cycle of addiction;

7) The proposals must show evidence of community level partnerships which may include partnerships with diverse partners including local ADAMH, local treatment providers and the local community providers and representatives; providing services for families impacted by OUD/SUD and individuals with lived experience;

8) Applications should include strategies that address adults and/or children with more complex needs who may require services from multiple systems. Meeting the needs of multi-systems youth and adults requires broadening members of the care team beyond traditional health care givers to better support diverse clients and their families in their unique community.

9) Support innovative telehealth strategies in rural and underserved areas to increase the capacity of communities to support OUD/stimulant use disorder prevention, treatment, and recovery;

10) Expand the use of certified peer supporters and access to recovery housing, including recovery housing for families;

11) Increase employment opportunities for persons in recovery from opiate or stimulant use disorders;

12) Sustain the goal of 80% GPRA compliance of the evaluative services provided by an independently selected college or university. OhioMHAS will provide additional details once the evaluator is selected; and

13) Demonstrate how incorporating evidence based innovation will improve client outcomes for those with opioid use disorder or stimulant use disorder.

### **Funding Request Amounts and Periods**

Funding request amount will be dependent upon the project goals, number to be served and type of service to be provided. It is anticipated that awards will not exceed \$600,000 per year.

**Use of Funds** – Appendix A and B contain a list of Allowable and Not Allowable Expenses. Please consider these lists when developing the response to this RFA.

**Disparities Impact Statement** – In developing a description of the services and supports to be provided with this funding, applicants should describe the population(s) to be served and consider:

- a. The proposed number of individuals to be served by subpopulations in the grant service area (e.g. demographics of race/ethnicity, gender identity, and sexual orientation). The services and activities should be designed and implemented in accordance with the cultural and linguistic needs of individuals in the community.
- b. Quality improvement planning using disparity impact data
- c. Adherence to the National CLAS Standards

1. Link to National CLAS Standards  
<https://minorityhealth.hhs.gov/omh/browse.aspx?lvl=2&lvlid=53>
2. How diverse cultural health beliefs and practices will be implemented in a culturally competent and trauma informed manner
3. How preferred languages will be honored
4. How to meet health literacy and other communication needs of all sub-populations identified in the proposal

## **I. Application Guidelines**

- a. The page limit for this application is 10 pages, single space, one-inch margins, 12-point Times New Roman
- b. Each submission is REQUIRED to contain the following components:
  - i. Face-sheet
  - ii. Abstract - Summary of services and supports to be provided, the target population(s), number of individuals projected to be served in the first and second funding period, the goal(s) and object(s) of the proposed services and supports, and the total amount of funding requested for the first and second funding period. (400 words or less)
  - iii. Project Description – Describe each service and support to be provided, the target population and projected number to be served during each project period.
  - iv. Goals and Objectives - Describe the goals and objectives of each service/support and provide citations if an evidence based or best practice model/s is used.
  - v. Provide the name, position title, qualifications and experience of key staff and description of the applicants' and service providers' level of subject matter expertise implementing the proposed services and supports.
  - vi. Provide a timeline for implementing the services and supports described.
  - vii. Disparities Impact Statement – Referencing section II., describe the proposed number of individuals to be served and any subpopulations (e.g. demographics including race/ethnicity, gender identity, and sexual orientation), describe how services and activities will be designed and implemented in accordance with the cultural and linguistic needs of individuals, and how the framework of the National Standards for Culturally and Linguistically Appropriate Services in Health and Health Care (The National CLAS Standards) will inform the delivery of services and supports. Describe how preferred languages will be honored.
  - viii. Describe the impact of the opioid/stimulant use crisis in their community.
  - ix. Describe the data collection plan for GPRA and other evaluation data.
    - x. Budget Expenditure Form and Budget Narrative projecting costs the funding period. Applications must include a budget and budget narrative that identifies all costs to complete the project as described in the application.
    - xi. Provide Requirements for meeting eligible applicant requirements such as certifications etc.

1. Copy of 501(3)c

**II. RFA Questions and Updates**

- a. The RFA, accompanying documents and all questions and answers will be posted on the OhioMHAS website at: <https://mha.ohio.gov/Schools-and-Communities/Funding-Opportunities>
- b. All questions must be submitted electronically no later than **by 11:59 p.m. EDT February 22<sup>nd</sup>, 2021**, to OhioMHAS at: [SORTreatment@mha.ohio.gov](mailto:SORTreatment@mha.ohio.gov)
- c. An information webinar series will be scheduled and announced at <https://mha.ohio.gov/Schools-and-Communities/Funding-Opportunities>
- d. No questions will be answered after the deadline. Please do **NOT** contact any OhioMHAS staff member directly with questions regarding this RFA. Contacting staff directly with questions could result in disqualification of an application.
- e. Responses to all questions (FAQ) will be posted to the OhioMHAS website at <https://mha.ohio.gov/Schools-and-Communities/Funding-Opportunities> and will be updated frequently.

**III. Award**

- a. Awards are expected to be announced for project implementation **March 15<sup>th</sup>, 2021**.
- b. The total amount available for this RFA is **\$3,600,000**.
- c. Grants awards will not exceed **\$600,000** per applicant per year. Applicants may seek less than **\$600,000** per year.

**IV. Applicant Review Criteria**

- a. Mandatory review criteria:

| <b>In order for an application to be reviewed, all below requirements must be met. Requirements are determined by the OhioMHAS Subject Matter Expert.</b> |                          |                                  |
|---|--------------------------|----------------------------------|
| <b>Mandatory Review Criteria</b>  | <b>Meets Requirement</b> | <b>Does Not Meet Requirement</b> |
| 1. Applicant demonstrated they meet eligibility requirements for the funding.   |                          |                                  |
| 2. Applicant submitted all required documents listed in the application guidelines.   |                          |                                  |
| 3. Applicant submission was prior to stated deadline  |                          |                                  |

| <b>Application Review Criterion</b>   | <b>Possible Points</b> | <b>Points</b> |
|---|------------------------|---------------|
| 1. Application contains appropriate face sheet  | 5                      |               |
| 2. Abstract of project  | 5                      |               |
| 3. Project Description – Describe the innovation and anticipated outcomes, the target population and projected number to be served during each project period.  | 15                     |               |
| 4. Goals and Objectives - Describe the goals and objectives of the innovation and provide citations if an evidence based or best practice model/s is used.  | 15                     |               |
| 5. Provide the name, position title, qualifications and experience of key staff and description of the applicants' and service providers' level of subject matter expertise implementing the proposed services and supports.  | 10                     |               |
| 6. Provide a timeline for implementing the innovation, services and supports described.   | 10                     |               |
| 7. Disparities Impact Statement:  | 5                      |               |
| 8. Description of high-risk opioid or stimulant use disorder or overdose in the community.  | 5                      |               |
| 9. Inclusion of how this innovation demonstrates improving client outcomes in treatment and long-term community recovery support.   | 15                     |               |
| 10. Describe the data collection plan for GPRA and other evaluation data.   | 5                      |               |
| 11. Budget Expenditure Form and Budget Narrative projecting costs for each funding period. Applications must include a budget and budget narrative that identifies all costs to complete the project as described in the application, as well as how OhioMHAS funds, and other resources will be used.                                | 10                     |               |
| <b>Total Weight</b>   | <b>100</b>             |               |
| <b>Rating Explanation</b><br>0 Is Not Addressed. Application does not comply with the requirement and/or does not address expectations.<br>1-2 Weak. Application does not substantially meet the requirement and/or does not substantially meet expectations.<br>3-4 Meets. Application meets the requirement and meets expectations. |                        |               |

5 Exceeds. Application exceeds the requirement and exceeds expectations.

### Conditions of Award

- Awardee will work with OhioMHAS and other stakeholders on all aspects of the state Opiate Response project throughout the duration of this project.
- Awardee will attend required training, technical assistance and/or meetings as per SAMHSA and/or OhioMHAS request including monthly status meetings with the project director.
- OhioMHAS will collect information and data from awardee. Awardee will provide required information and data electronically, through online reporting systems. All information and data will be reviewed by project staff. Failure to comply with reporting requirements shall result in action by OhioMHAS, which may include withholding of funds.
- The Department reserves the right to make no award, make an award for a lesser amount, make an alternative award for the specified project or make an award for a shorter duration. The Department reserves the right to ask clarifying questions, issue conditional awards, and negotiate a best and final application with one or more applicants(s). The Department reserves the right to waive errors and omissions that do not materially affect the application. Errors and omissions may result in lower evaluation scores or rejection of the application.
- Awardee will be solely responsible for reporting, withholding, and paying all employment/vocational related taxes, payments, and withholdings for his/her self and any personnel, including but not limited to: Federal, State, and local income taxes, social security, unemployment/vocational or disability deductions, withholdings, and payments.
- Awardee must execute OhioMHAS Agreement and Assurances upon notice of award. (For reference, a copy of the Agreement and Assurances can be found in the Funding Opportunity).

**Deadline for submission of all applications is by 11:59 p.m. Eastern Daylight Savings Time  
February 26<sup>h</sup>, 2021 to:**  
[SORTreatment@mha.ohio.gov](mailto:SORTreatment@mha.ohio.gov)



## **Appendix A Funding Restrictions**

- Only U.S. Food and Drug Administration (FDA) – approved products that address opioid use disorder and/or opioid overdose can be purchased with Opioid SOR grant funds.
- Funds may not be expended through the grant or a subaward by any agency which would deny any eligible client, patient or individual access to their program because of their use of FDA-approved medications for the treatment of substance use disorders (e.g., methadone, buprenorphine products including buprenorphine/naloxone combination formulations and buprenorphine monoproprietary formulations, naltrexone products including extended-release and oral formulations or long acting products such as extended release injectable or implantable buprenorphine.) Specifically, patients must be allowed to participate in methadone treatment rendered in accordance with current federal and state methadone dispensing regulations from an Opioid Treatment Program and ordered by a physician who has evaluated the client and determined that methadone is an appropriate medication treatment for the individual’s opioid use disorder. Similarly, medications available by prescription or office-based implantation must be permitted if it is appropriately authorized through prescription by a licensed prescriber or provider. In all cases, MAT must be permitted to be continued for as long as the prescriber or treatment provider determines that the medication is clinically beneficial. Recipients must assure that clients will not be compelled to no longer use MAT as part of the conditions of any programming if stopping is inconsistent with a licensed prescriber’s recommendation or valid prescription.
- No funding may be used to procure DATA waiver training by recipients or subrecipients of this funding.

SAMHSA grant funds may not be used to:

- Directly or indirectly, purchase, prescribe, or provide marijuana or treatment using marijuana. Treatment in this context includes the treatment of opioid use disorder. Grant funds also cannot be provided to any individual who or organization that provides or permits marijuana use for the purposes of treating substance use or mental disorders. See, e.g., 45 C.F.R. § 75.300(a) (requiring HHS to “ensure that Federal funding is expended . . . in full accordance with U.S. statutory . . . requirements.”); 21 U.S.C. §§ 812(c)(10) and 841 (prohibiting the possession, manufacture, sale, purchase or distribution of marijuana). This prohibition does not apply to those providing such treatment in the context of clinical research permitted by the DEA and under an FDA-approved investigational new drug application where the article being evaluated is marijuana or a constituent thereof that is otherwise a banned controlled substance under federal law.

- Pay for promotional items including, but not limited to, clothing and commemorative items such as pens, mugs/cups, folders/folios, lanyards, and conference bags.
- Provide residential or outpatient treatment services when the facility has not yet been acquired, sited, approved, and met all requirements for human habitation and services provision. (Expansion or enhancement of existing residential services is permissible.)
- Provide inpatient treatment or hospital-based detoxification services. Residential services are not considered to be inpatient or hospital-based services.
- Make direct payments to individuals to enter treatment or continue to participate in prevention or treatment services.

Note: A recipient or treatment or prevention provider may provide up to \$30 non-cash incentive to individuals to participate in required data collection follow up. This amount may be paid for participation in each required follow-up interview.

- Meals are generally unallowable unless they are an integral part of a conference grant or specifically stated as an allowable expense in the FOA. Grant funds may be used for light snacks, not to exceed \$3.00 per person per day.
- Consolidated Appropriations Act, 2017 (Public Law 115-31) Division H, Section 520, notwithstanding any other provision of this Act, no funds appropriated in this Act shall be used to purchase sterile needles or syringes for the hypodermic injection of any illegal drug. Provided, That such limitation does not apply to the use of funds for elements of a program other than making such purchases if the relevant State or local health department, in consultation with the Centers for Disease Control and Prevention, determines that the State or local jurisdiction, as applicable, is experiencing, or is at risk for, a significant increase in hepatitis infections or an HIV outbreak due to injection drug use, and such program is operating in accordance with state and local law.

## **Appendix B General Funding Allowable/Not Allowable Costs**

SAMHSA grant funds must be used for purposes supported by the program and may not be used to:

- Please do not request to purchase Naloxone at this time. The Ohio Department of Health received SOR funding to purchase Naloxone. Please work with ODH or your local Project DAWN site.
- Exceed Salary Limitation: The Consolidated Appropriations Act, 2016 (Pub. L.113-76) signed into law on January 10, 2016, limits the salary amount that may be awarded and charged to SAMHSA grants and cooperative agreements. Award funds may not be used to pay the salary of an individual at a rate in excess of Executive Level II. The Executive Level II salary can be found in SAMHSA's standard terms and conditions for all awards at <https://www.samhsa.gov/grants/grants-management/notice-award-noa/standard-terms-conditions>. This amount reflects an individual's base salary exclusive of fringe and any income that an individual may be permitted to earn outside of the duties to the applicant organization. This salary limitation also applies to sub awards/subcontracts under a SAMHSA grant or cooperative agreement.
- Pay for any lease beyond the project period.
- Pay for the purchase or construction of any building or structure to house any part of the program.
- Provide residential or outpatient treatment services when the facility has not yet been acquired, sited, approved, and met all requirements for human habitation and services provision. (Expansion or enhancement of existing residential services is permissible.)
- Provide detoxification services unless as a part of the transition the individual is offered the opportunity to participate in MAT with extended release naltrexone.
- Make direct payments to individuals to enter treatment or continue to participate in prevention, treatment or recovery supports services including the use of other items to serve as payments for participation in programming such as clothing, furnishings, or vehicle repairs.
- Meals and snacks are unallowable.
- Support non-evidence-based treatment approaches
- Cover unallowable costs associated with the use of federal funds to fund evidence-based practices (EBPs). Other sources of funds may be used for unallowable costs (e.g., meals, sporting events, entertainment) associated with the EBP. Other support is defined as funds or resources, whether federal, non-federal or institutional, in direct support of activities through fellowships, gifts, prizes, or in-kind contributions.
- Pay for travel to a conference, lodging or associated costs (meals, incidentals, etc.) for conference attendance or registration for a conference.
- Pay for costs (including travel) associated with training.
- Pay for equipment (items that exceed \$5,000 in cost) without prior approval.
- All treatment services must be identified by an ASAM level of care classification. Non-clinical support services are allowable if they are associated with services that are identified with an ASAM level of care classification – i.e. transportation, etc.

Ohio Dept. of Mental Health and Addiction Services  
Office/Bureau Name

- Pay for software enhancements.
- Pay for marketing of programs or groups.
- Funds may not be used for travel expenses of any kind unless travel is to provide direct client services. Travel mileage must be at the Ohio OBM rate of \$.42.
- Funding may not be used to support housing that is not habitable at the time of the application for funds.

**Appendix C  
Budget Narrative**

**BUDGET NARRATIVE – Template – one for each organization or agency receiving SOR funds**

**\* Creating additional lines to this budget form is prohibited. Please refer to the Grant Budget Line Item Policies document for assistance when developing your budget. Indirect Cost percentages will not be allowable. These costs must be built into your standard budget.**

Agency Name:

Program Title:

Program Area:

**ANTICIPATED INCOME SOURCES DURING PROGRAM PERIOD:**

- A. **OHIOMHAS** – This is the amount awarded under... **\$0**
- B. **Non-OhioMHAS Funds** – This amount represents the funding from .... **\$0**
- C. **Other Non-OhioMHAS Funds** – This represents funding received from... **\$0**

|                      |            |
|----------------------|------------|
| <b>Total Funding</b> | <b>\$0</b> |
|----------------------|------------|

**LINE ITEM BUDGET JUSTIFICATION:**

| A1. Personnel<br>Position | Annual<br>Salary of Effort | Level<br>Funds | OHIOMHAS<br>Funds | Other<br>Funds |
|---------------------------|----------------------------|----------------|-------------------|----------------|
|                           | \$0                        | 0 FTE          | \$0               | \$0            |
|                           | \$0                        | 0 FTE          | \$0               | \$0            |
|                           | \$0                        | 0 FTE          | \$0               | \$0            |

|                  | OHIOMHAS<br>Funds | Other<br>Funds |
|------------------|-------------------|----------------|
| <b>Personnel</b> | <b>\$0</b>        | <b>\$0</b>     |

**A2. Fringe Benefits**

|   | OHIOMHAS | Other |
|---|----------|-------|
| . |          |       |

|                              |                      |                      |
|------------------------------|----------------------|----------------------|
| <b>Total Fringe Benefits</b> | <b>Funds<br/>\$0</b> | <b>Funds<br/>\$0</b> |
|------------------------------|----------------------|----------------------|

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**A3. Consultants - number of hours and hourly rate**

|                          |                           |                        |
|--------------------------|---------------------------|------------------------|
|                          | <b>OHIOMHAS<br/>Funds</b> | <b>Other<br/>Funds</b> |
| <b>Total Consultants</b> | <b>\$0</b>                | <b>\$0</b>             |

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**A4. Subscriptions and Publications**

|   |                           |                        |
|---|---------------------------|------------------------|
|   | <b>OHIOMHAS<br/>Funds</b> | <b>Other<br/>Funds</b> |
| <b>Total Subscriptions and Publications</b> | <b>\$0</b>                | <b>\$0</b>             |

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**A5. Supplies – number of items and cost per item**

|                       |                           |                        |
|-----------------------|---------------------------|------------------------|
|                       | <b>OHIOMHAS<br/>Funds</b> | <b>Other<br/>Funds</b> |
| <b>Total Supplies</b> | <b>\$0</b>                | <b>\$0</b>             |

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**A6. Printing/Copying – number of items and cost per item**

|                               |                           |                        |
|-------------------------------|---------------------------|------------------------|
|                               | <b>OHIOMHAS<br/>Funds</b> | <b>Other<br/>Funds</b> |
| <b>Total Printing/Copying</b> | <b>\$0</b>                | <b>\$0</b>             |

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**A7. Rent/Lease Expenses – number of units, number of day/months, and cost per day/month**

|                         |                           |                        |
|-------------------------|---------------------------|------------------------|
|                         | <b>OHIOMHAS<br/>Funds</b> | <b>Other<br/>Funds</b> |
| <b>Total Rent/Lease</b> | <b>\$0</b>                | <b>\$0</b>             |

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**A8. Phone/Utilities – type of utility, number of days/months, cost per month**

|                              | <b>OHIOMHAS<br/>Funds</b> | <b>Other<br/>Funds</b> |
|------------------------------|---------------------------|------------------------|
| <b>Total Phone/Utilities</b> | <b>\$0</b>                | <b>\$0</b>             |

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**A9. Maintenance/Repair – identify if an indirect cost rate will be used in this space**

|                                 | <b>OHIOMHAS<br/>Funds</b> | <b>Other<br/>Funds</b> |
|---------------------------------|---------------------------|------------------------|
| <b>Total Maintenance/Repair</b> | <b>\$0</b>                | <b>\$0</b>             |

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**A10. Rentals**

|                      | <b>OHIOMHAS<br/>Funds</b> | <b>Other<br/>Funds</b> |
|----------------------|---------------------------|------------------------|
| <b>Total Rentals</b> | <b>\$0</b>                | <b>\$0</b>             |

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**A11. Insurance**

|                        | <b>OHIOMHAS<br/>Funds</b> | <b>Other<br/>Funds</b> |
|------------------------|---------------------------|------------------------|
| <b>Total Insurance</b> | <b>\$0</b>                | <b>\$0</b>             |

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**A12. Motor Vehicle**

|                            | <b>OHIOMHAS<br/>Funds</b> | <b>Other<br/>Funds</b> |
|----------------------------|---------------------------|------------------------|
| <b>Total Motor Vehicle</b> | <b>\$0</b>                | <b>\$0</b>             |

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**A13. Travel – for direct services only, number of miles and rate**

|                     | <b>OHIOMHAS<br/>Funds</b> | <b>Other<br/>Funds</b> |
|---------------------|---------------------------|------------------------|
| <b>Total Travel</b> | <b>\$0</b>                | <b>\$0</b>             |

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**A14. Food – no food is allowable**

|                   |                           |                        |
|-------------------|---------------------------|------------------------|
|                   | <b>OHIOMHAS<br/>Funds</b> | <b>Other<br/>Funds</b> |
| <b>Total Food</b> | <b>\$0</b>                | <b>\$0</b>             |

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**A15. Conference/Training/Registration – not allowable**

|   |                           |                        |
|---|---------------------------|------------------------|
|   | <b>OHIOMHAS<br/>Funds</b> | <b>Other<br/>Funds</b> |
| <b>Total Conference/Training/Registration</b> | <b>\$0</b>                | <b>\$0</b>             |

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**A16. Equipment/Computer – number of items and cost per item**

|                                 |                           |                        |
|---------------------------------|---------------------------|------------------------|
|                                 | <b>OHIOMHAS<br/>Funds</b> | <b>Other<br/>Funds</b> |
| <b>Total Equipment/Computer</b> | <b>\$0</b>                | <b>\$0</b>             |

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**A17. Furniture - number of items and cost per item**

|                        |                           |                        |
|------------------------|---------------------------|------------------------|
|                        | <b>OHIOMHAS<br/>Funds</b> | <b>Other<br/>Funds</b> |
| <b>Total Furniture</b> | <b>\$0</b>                | <b>\$0</b>             |

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|                    |                           |                        |
|--------------------|---------------------------|------------------------|
|                    | <b>OHIOMHAS<br/>Funds</b> | <b>Other<br/>Funds</b> |
| <b>Grand Total</b> | <b>\$0</b>                | <b>\$0</b>             |

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**\*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.**