

OhioMHAS Funding Opportunity Face Sheet

Funding Opportunity Title

Funding Opportunity Number

Name of Organization

Street Address of Organization

County

Type of Organization (behavioral health provider, advocacy organization, peer run organization, community behavioral health authority, university/college, recovery housing provider, other, first responder, local or state government agency)

Phone Number of Organization

CEO Name

CEO E-mail

CEO Phone Number

9 Digit Employer Identification Number

Governing Structure (non-profit, for profit, not for profit, government, advocacy)

Application includes:

Face-sheet

Abstract

Project description

Goal and objective timeline

Disparities Impact Statement

Data collection plan

Budget narrative

Requirements for meeting eligible applicant requirements such as proof of 501(3)c documentation, certifications etc.

OhioMHAS Budget Checklist