

OhioMHAS SFY 2015 Board Review and Comment Form

ADAMH/ADAS/CMH Board	
Implementing Agency	
Program Title	
Grant Number	

These questions are intended to give boards an opportunity to comment on the contribution funded projects make towards your community plan goals and local needs. Completion and submission of these forms is optional. Please use as much space to complete the form as you wish and submit comments by 5:00 PM June 20, 2014 to: fundingapplication15@mha.ohio.gov

1. Are the customers/groups identified in the application the priority population(s) in your Community Plan, i.e., your Board area? Yes No

2. Are the proposed results closely connected to the Board’s priorities and/or Investor targets?

3. Considering the customers to be served and total budget, how likely is it that the proposed results can be achieved within the grant funding period?

4. Please provide other comments on the ability to integrate the Implementing Agency’s services and programs into the local system-of-care including whether services are or are not consistent with priorities identified in the Board’s Community Plan.

No ADAMH/ADAS/CMH Board Comment

Name of Person Completing Form Date Telephone E-mail

Executive Director or Designee (Print name) Date Telephone E-mail