



Department of Alcohol &  
Drug Addiction Services

**SFY 2012**

**TREATMENT AND RECOVERY  
GUIDANCE FOR APPLICANTS**

**John R. Kasich, Governor**

**Orman Hall, Director**

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**Ohio Department of Alcohol and Drug Addiction Services (ODADAS)  
SFY 2012 Treatment and Recovery Guidance for Applicants**

**Mission Statement**

To provide statewide leadership in establishing a high-quality addiction prevention, treatment and recovery services system of care that is effective, accessible and valued by all Ohioans.

**Introduction**

The State Fiscal Year (SFY) 2012 Treatment and Recovery Guidance for Applicants provides applicants with the requirements for the SFY 2012 grant applications and sets forth the process by which each grant application will be reviewed. This current grant application will cover a one-year period (SFY 2012), from July 1, 2011 through June 30, 2012. ODADAS is moving towards an electronic grant application for Treatment grants over the next fiscal year. The SFY 2012 Treatment and Recovery Guidance for Applicants has been modified to align the paper application with the online system to ensure a smoother transition in subsequent years.

**Availability of funds**

Funding will depend on the availability of state and federal funds for State Fiscal Year 2012. Funds for these grants are based on an estimate of state and federal funds for SFY 2012 and will not be finalized until the approval of the SFY 2012/2013 biennial budget. Should funding be reduced below the estimated level, the amount of funds available for the grant may be reduced or terminated per written notice to the applicant by ODADAS. ***Applicants can apply for no more than the final amount awarded during SFY 2011.***

**Eligible Applicants**

***SFY 2011 one time grantees are not eligible for SFY 2012 funds.***

Applications will only be accepted from public and private non-profit organizations that provide alcohol and other drug treatment services that were awarded Treatment and Recovery GFA grants during SFY 2011. An email was sent to SFY 2011 grant recipients containing the estimated available funding amount for SFY 2012 and the SFY 2012 Guidance for Applicants (GFA) announcement letter.

**Location of GFA and Supporting Documents**

The GFA Application and Supporting Documents are posted on the ODADAS website at [www.odadas.ohio.gov](http://www.odadas.ohio.gov). Select "Services," "Fiscal", "Grant Guidance" and "SFY 2012 Guidance for Applicants and Documentation."

**Special Requirements**

Implementing agencies (i.e., treatment programs or other funded entities) are required to submit admission and discharge records via the web based Ohio Behavioral Health Module (OHBH) for all clients served with ODADAS grants. Both primary and secondary diagnoses will be reported for all clients whenever appropriate (see MACSIS Behavioral Health Data Form, Field 25). Implementing agencies are required to submit claims via MACSIS and be reimbursed by their respective ADAMHS/ADAS Board on a grant distribution basis, irrespective of unit cost.

## **ODADAS SFY 2012 Treatment and Recovery Guidance for Applicants**

The funded program will request the ADAMHS/ADAS Board to enroll clients into Multi-Agency Community Services Information System (MACSIS) and the program agrees to submit via the Behavioral Health Module admission and discharge records to the ADAMHS/ADAS Board on those clients within 60 days of the date of admission or discharge, respectively.

**ODADAS is accepting only grant applications for the following treatment grant program areas:**

*\*For SFY 2012, applicants must use the separate Women's Treatment Programs GFA \**

### **Outreach**

**Purpose:** The purpose of these funds is to provide outreach, education, and risk reduction strategies for individuals in high risk substance abusing groups who may be exposed to HIV/AIDS or other sexually transmitted diseases (STDs) through injectable drug use and other risky behaviors associated with the spread of STDs.

**Background:** ODADAS responded to the increased need for HIV/AIDS outreach, education, and treatment by funding three HIV/AIDS outreach projects for \$322,416. These programs offer an array of services including research, outreach, education, risk reduction, testing for HIV infection, Tuberculosis, Hepatitis C and STDs.

### **TASC**

**Purpose:** The purpose of these funds is to provide Treatment Alternatives to Street Crime (TASC) services to juveniles and adults who are currently under the supervision of courts or other criminal justice referral agencies.

**Background:** The Ohio TASC initiative began in 1991 with the inception of the Preble County TASC. Within one year, six additional TASC programs were established through a collaborative funding arrangement between the Office of Criminal Justice Services and ODADAS. The State implemented the TASC model to improve the delivery of alcohol and other drug treatment services for the offender population. On July 1, 1996, ODADAS became the sole funder of the original seven TASC programs. The Department now funds 14 TASC grants statewide.

### **Drug Courts**

**Purpose:** The purpose of these funds is to support adult, juvenile and family drug court programming statewide.

**Background:** The first Ohio drug court was implemented in Hamilton County in 1995 to serve adult felons. Since that time, a total of 80 drug courts are currently operational in Ohio. Drug courts now additionally serve misdemeanor offenders, OVI/DUI offenders, juveniles and adults charged with abuse, neglect or dependency of their minor children. ODADAS, the largest funder of these programs, provides monies to a total of 23 drug courts.

### **Therapeutic Community and Therapeutic Community Expansion**

**Purpose:** The purpose of these funds is to assist Therapeutic Communities with the rehabilitation of felons with alcohol and drug abuse/addiction problems.

**Background:** The Department began funding Therapeutic Communities (TC) in 1990 by awarding a grant to CompDrug to develop a Women's prison-based TC at the Ohio Reformatory for Women (ORW). In 1992 the Department funded a Men's TC at the Pickaway Correctional Institute. Both of these programs were funded with the intent of

assisting alcohol and drug addicted felons to become sober, tax paying citizens.

In 1995, the department awarded Diversified Community Services a grant to operate a Men's TC halfway house for inmates coming out of the prison based TC. This continuum of care has been proven, through research, to greatly enhance an individual's potential to succeed. Later, another TC halfway house was funded in the Cleveland area for inmates coming out of the prison-based TC at the Grafton Correctional Institute.

### **Circle for Recovery**

**Purpose:** The Circle for Recovery Programs are located in and administered by a total of nine Urban Minority Alcohol and Drug Addiction Outreach Programs (UMADAOPs) across the state of Ohio. The objective of the Circle for Recovery programs is to prevent relapse of chemical dependency and criminal recidivism among primarily African-American adult parolees. Relapse prevention services for the Circle of Recovery Programs include: employment/vocational training; GED/education; health education including AIDS/HIV/STD education; relationship education; peer support; violence prevention; and crisis intervention services.

**Background:** The original six Circle for Recovery Programs began operating in SFY 2002 and are administered by UMADAOPs in the following counties: Hamilton; Lorain; Lucas; Montgomery; Richland; and Trumbull. An additional three Circle for Recovery Programs, located in UMADAOPs in Allen, Franklin, and Summit Counties were funded for the first time in SFY 2006.

### **Problem Gambling**

**Purpose:** The purpose of these funds is to assist in developing a sound plan to address the treatment needs of those individuals experiencing problem/pathological gambling.

**Background:** In SFY 2001, a needs assessment was conducted by Wright State University that focused on alcohol and other drug abuse and compulsive gambling. This assessment was able to demonstrate the link between substance abuse and pathological gambling.

Five pilot programs were developed and are located in five Ohio cities: Athens, Cincinnati, Youngstown, Cleveland and Toledo. During the first year of the initiative, project staff was focused on staff training, integrating pathological gambling treatment interventions into alcohol and other drug programming and networking within their respective communities to build an infrastructure to support aftercare for recovering gamblers.

Problem Gambling programs must have the following elements: a trained gambling counselor on staff; submission of a Memorandum Of Understanding or signed contract with a financial advisor or debt counselor to assist clients with financial difficulties stemming from gambling losses; provide access to marital and family counseling; and increase public/community awareness through Public Service Announcements and other advertising in the community.

### **Restrictions**

Grant funds may not be used for: cash payments to recipients of services, vehicle purchase, capital improvement, construction, professional or credentialing fees, licenses, fines, penalties, or to supplant existing funds for staff or programs. Vehicle lease is permissible when pre-approval is received from ODADAS prior to signing the lease agreement.

**ODADAS SFY 2012 Treatment and Recovery Guidance for Applicants**

**Review and Receipt Schedule**

To be considered for funding, applicants must complete and submit one signed original and two identical copies (three total) of the completed grant application. **Applications must be received at ODADAS by the close of business (5:00 P.M.) March 25, 2011.** Any application received after 5:00 P.M. on March 25, 2011 will be considered late. No facsimile or electronic mail copies of applications will be accepted.

Date	Process
<b>February 11, 2011</b>	SFY 2012 Guidance for Applicants Available to Currently Funded Agencies on ODADAS Website
<b>March 25, 2011</b>	Grant Applications Due to ODADAS by 5:00 P.M.
<b>March 28, 2011- May 20, 2011</b>	Review and Feedback by ODADAS staff
<b>April 1, 2011</b>	ADAMHS/ADAS Board Review/Comment Form Due to ODADAS by 5:00 P.M.
<b>June 1, 2011</b>	Notice of Awards Mailed to Local ADAMHS/ADAS Boards; Copy to Implementing Agency
<b>July 1, 2011</b>	SFY 2012 Funding Period Begins

**ADAMHS/ADAS Board Comment**

Applicants must also send one copy of the completed grant application to the appropriate ADAMHS/ADAS Board by the close of business (5:00 P.M.) on March 25, 2011. Please contact the Board regarding the amount of time they will need to review your application and the date they expect to receive a copy. The Board will then submit Board Review/Comment Form with original signatures to ODADAS **by the close of business (5:00 P.M.) on April 1, 2011.** Submitting the ADAMHS/ADAS Board Review/Comment Form to ODADAS ensures the receipt of the grant application to the Board. Please see the enclosed Board Review/Comment Form on page 39.

The ADAMHS/ADAS Board should complete and submit the attached ADAMHS/ADAS Board Review/Comment Form by 5:00 P.M. April 1, 2011 to:

Ohio Department of Alcohol and Drug Addiction Services  
Grants Administration Unit, Division of Fiscal Services  
280 North High Street, 12<sup>th</sup> Floor  
Columbus, Ohio 43215-2550

**Questions and Technical Assistance**

Questions related to the application process and fiscal matters should be directed to the Grants Analyst and questions regarding the programmatic components should be directed to the Regional Treatment and Recovery Coordinator. Please refer to the ODADAS contact list on page 38.

**General Instructions for Completing Application**

The requested information must be submitted in the order given. Applications must be

**ODADAS SFY 2012 Treatment and Recovery Guidance for Applicants**

stapled or clipped in the upper left-hand corner. Do not permanently bind or put the application in a folder. Do not include organizational tabs, dividers or separation sheets. Applications should be no smaller than 12-point type font, single-spaced and single-sided. Number each page of the application in the top right hand corner.

**Send Application to:**

Ohio Department of Alcohol and Drug Addiction Services  
Grants Administration Unit, Division of Fiscal Services  
280 North High Street, 12<sup>th</sup> Floor  
Columbus, Ohio 43215-2550

**Grant Application Review**

All grant applications will be reviewed by ODADAS staff for format and guideline compliance. The grant will be reviewed for the following components: Face Sheet, Program Summary Data, Program Narratives, Staffing Descriptions, Collaboration, Target Population Profile, Implementation Plan, Future Project Plan, Budget, and Budget Narrative. The Budget and Budget Narrative must have correct math and accurately correspond with each other. The Budget Narrative must adequately justify and explain each line item. All required forms must be signed and dated as necessary.

**Reporting Requirements**

As authorized in Ohio Revised Code Section 3793.12, ODADAS will collect information and statistics from grantees. This information and data is outlined in the Reporting Requirements, which will be distributed with all of the Notice of Awards. These Reporting Requirements will be available on the ODADAS website. Reporting requirements, such as expenditure reports and progress reports, will be reviewed by ODADAS Staff. Failure to comply with reporting requirements shall result in further action by ODADAS.

**Non-Compliance/Accountability**

Ohio Administrative Code section 3793:6-1-01, authorizes ODADAS to withhold from a Board or an alcohol and drug addiction program all or part of the state and federal funds allocated or granted by the Department for a specific program for any of the following: (1) Failure of the program to comply with rules adopted by the Department, (2) Failure of the program to comply with provisions of state or federal law, including federal regulations.

The Department is required to identify the areas of the program's noncompliance and the action necessary to achieve compliance and shall offer technical assistance to the program and the Board to assist the program in achieving compliance. If compliance is still not achieved after technical assistance has been provided, the Department is required to give the program written notice by certified mail, return receipt requested, if it intends to withhold funds. The program is entitled to a hearing if it requests it within thirty days of the time of the mailing of the notice. Please see OAC 3793:6-1-01 for additional information.

## **Section 1 – ODADAS Program Grant Face Sheet**

***Complete one face sheet form with the requested information for each Treatment and Recovery grant program area.***

- Indicate the Face Sheet Type and Grant Program Area.
- Insert the total ODADAS funds requested for the grant program area. Applicants can apply for no more than the final amount awarded during SFY 2011. The available amount is listed on the SFY 2012 Guidance for Applicants (GFA) letter attachment sent to SFY 2011 grant recipients.
- The grant program period will be July 1, 2011 through June 30, 2012.
- For the grant program area, list the program title and the **current** ODADAS state grant number as identified in the State Fiscal Year 2011 Notice of Award.
- Complete Implementing Agency information.
- The face sheet must be signed and dated by the Authorized Implementing Agency Board Member and Implementing Agency Executive Director.
- *Note: A signed face sheet must accompany each budget revision and/or any revision to this application submitted to ODADAS. The face sheet **must** be signed and dated by the Authorized Implementing Agency Board Member and Implementing Agency Executive Director.*

**SFY 2012 ODADAS TREATMENT AND RECOVERY PROGRAM  
GRANT APPLICATION FACE SHEET**

FACE SHEET TYPE (check one)	TREATMENT GRANT PROGRAM AREAS (check one)
<input type="checkbox"/> Original <input type="checkbox"/> Revision* <input type="checkbox"/> Report**	<input type="checkbox"/> Drug Court <input type="checkbox"/> Circle for Recovery <input type="checkbox"/> Problem Gambling <input type="checkbox"/> Outreach <input type="checkbox"/> TASC <input type="checkbox"/> Therapeutic Community/Expansion <input type="checkbox"/> Other- Specify: _____

\*Check Revision when submitting a Face Sheet to ODADAS for an application, program, or budget revision.

\*\*Check Report when submitting semi-annual reports.

**Total ODADAS Funds Requested: \$** \_\_\_\_\_

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

**Program Title:** \_\_\_\_\_

**2011 Grant Number:** \_\_\_\_\_

IMPLEMENTING AGENCY INFORMATION	
<b>Implementing Agency Name</b>	
<b>Executive Director</b>	
<b>Mailing Address</b>	
<b>City, State Zip Code</b>	
<b>Telephone Number</b>	
<b>Fax Number</b>	
<b>Executive Director's Email Address</b>	
<b>Fiscal Officer's Name</b>	
<b>Fiscal Officer's Phone Number</b>	
<b>Fiscal Officer's Email</b>	
<b>Federal Tax ID Number</b>	
<b>ADAMHS/ADAS Board Name</b>	

\_\_\_\_\_  
Authorized Implementing Agency Board Member

\_\_\_\_\_  
Date

\_\_\_\_\_  
Implementing Agency Executive Director

\_\_\_\_\_  
Date

## **SECTION 2 – Program Summary Data**

**Below is the level of care to select that is appropriate for your application. Please choose the Level of Care that will be associated with this grant application.**

**Level of Care:** (Select one)

- Pre-Treatment
- Intensive Outpatient
- Non-Intensive Outpatient
- Day Treatment
- Medical Community Residential
- Non-Medical Community Residential
- Ambulatory Detoxification
- Acute Detoxification
- Sub-Acute detoxification

**Below are the available target areas for your grant application. Please select the appropriate target population(s) for this grant application:**

**Target Population:** (Select all that apply)

- Adults
- Youth
- Male
- Female
- Caucasian
- African American
- Hispanic/Latino
- Other
- Felony
- Misdemeanor
- Status

The Performance Target Outline has been removed from this grant application. The Department has selected goals that are consistent with the National Outcomes Measures (NOMS). These include: Abstinence, Employment, No New Arrests, Housing and Social Connectedness. These NOMS correspond with the “*Targets*” in the previous grant application. The selected goals and objective(s) will be utilized to monitor grant progress. **The applicant must choose the mandated NOM associated with the program and may select an additional NOM.**

**National Outcomes Measures (NOMS):**

- T1. Number of clients who are abstinent at the completion of the program.  
*(T1 is required for Family Drug Courts and Treatment Programs)*
- T2. Number of clients who are gainfully employed at the completion of the program.
- T3. Number of clients who incur no new arrests at the completion of the program.  
*(T3 is required for TASC programs and Adult Criminal and Juvenile Drug Courts.)*

- T4. Number of clients who live in safe, stable, permanent housing at the completion of the program.
- T5. Social Connectedness – Clients reporting positively about social connectedness and increased access to social support.

**SECTION 3 – Program Narratives**

The Program Abstract is a summary of the program. Information in this section should provide clear and concise information about the program: target population including number to be served; range of services/activities and change(s) in customer behaviors and/or conditions; names of collaborators and total program cost. A Program Abstract must be submitted for each grant program area. Use no more than one typed page for each Program Abstract. The Program Abstract(s) must be inserted in the text boxes below.

**Provide a Program Abstract Narrative**(limit of 750 characters)

**Describe the need and problem to be addressed in treatment.**  
(limit of 750 characters)

**SECTION 4 – Implementing Agency Information**

**Enter the agency’s philosophy**(limit of 750 characters)

**Enter the agency’s mission statement**(limit of 750 characters)

**Provide a brief history of the agency**(limit of 750 characters)



## **SECTION 7- Target Population Profile**

In one paragraph please describe your typical client for this grant program and the nature of their problem.

## **SECTION 8- Implementation Plan**

**For this grant application GOALS and OBJECTIVES will be used. Treatment Programs, including Certified TASC Programs and Family Drug Courts, are required to choose ABSTINENCE as a goal. Adult Criminal Drug Courts, Juvenile Drug Courts, and TASC Programs are required to choose NO NEW ARRESTS as a goal.**

### **DEFINITIONS:**

Engagement: Client acknowledges program has value and there is client participation in the treatment.

Active Treatment: Client shows movement towards established goals.

Completion: Client achieves established goals.

### **National Outcome Measures (NOMS) GOALS:**

Select the required NOMS and up to one other NOMS if needed.

***Please complete each section of NOMS required and chosen (i.e. 1a, 1b, 1c)***

#### **1.) Abstinence Goal**

Treatment Programs including Certified TASC Programs and Family Drug Court Programs are required to choose ABSTINENCE as a goal.

***Each Objective should indicate behavior changes.***

1a. Of the . clients enrolled in the program . will remain engaged in the program.

**Select at least one objective per goal or as many as applicable.**

- Customer participates in screening or assessment.
- Customer attends initial appointment.
- Customer enrolls in program and attends first session.
- Customer participates in treatment.
- Other \_\_\_\_\_

1b. Of the \_\_\_\_\_ clients enrolled in the program \_\_\_\_\_ will verbalize relapse triggers and behavior changes needed for abstinence.

**Select at least one objective per goal or as many as applicable.**

- Customer begins weekly counseling sessions.
- Client verbalizes and demonstrates understanding of addiction.
- Client verbalizes and demonstrates understanding of changes necessary to sustain recovery.
- Client initiates life style changes.
- Client initiates sober supports.
- Other \_\_\_\_\_

1c. Of the \_\_\_\_\_ clients enrolled in the program \_\_\_\_\_ will be abstinent at completion of treatment.

**Select at least one objective per goal or as many as applicable.**

- Client successfully completes program and is abstinent at discharge.
- Customer maintains abstinence \_\_\_\_\_ consecutive days.
- Customer participates in urine testing as requested.
- Customer attends support group meetings.
- Other \_\_\_\_\_

**2.) Employment Goal (i.e. 2a, 2b, 2c)**

***Each Objective should indicate behavior changes.***

2a. Of the \_\_\_\_\_ clients enrolled in the programs \_\_\_\_\_ will remain engaged in treatment

**Select at least one objective per goal or as many as applicable.**

- Customer participates in screening or assessment.
- Customer attends initial appointment.
- Customer enrolls in program and attends first session.
- Customer participates in identified program.
- Other \_\_\_\_\_

2b. Of the \_\_\_\_\_ clients enrolled in the program \_\_\_\_\_ will have made progress by completing readiness trainings

**Select at least one objective per goal or as many as applicable.**

- Customer attends school.
- Customer engages in productive case management activities.
- Customer actively seeks employment and/or vocational training.
- Customer successfully completes readiness training for employment. (résumé writing, interviewing skills)
- Other \_\_\_\_\_

2c. Of the \_\_\_\_ clients enrolled in the program \_\_\_\_\_ will be gainfully employed/ regular attendance to school at completion of treatment.

**Select at least one objective per goal or as many as applicable.**

- Customer attends vocation employment sessions.
- Customer is actively employed.
- Customer is gainfully employed at discharge from treatment.
- Other \_\_\_\_\_

**3.) No New Arrests Goal (i.e. 3a, 3b, 3c)**

Required for TASC Programs, Municipal Adult Criminal Drug Court Programs, and Juvenile Drug Court Programs.

**Each Objective should indicate behavior changes.**

3a. Of the \_\_\_\_\_ clients enrolled in the programs \_\_\_\_\_ will remain engaged in treatment /program.

**Select at least one objective per goal or as many as applicable.**

- Customer participates in screening or assessment.
  - Customer attends initial appointment.
  - Customer enrolls in program and attends first session.
  - Customer participates in identified treatment/program.
  - Other \_\_\_\_\_

3b. Of the \_\_\_\_\_ clients enrolled in the program \_\_\_\_\_ will comply with all court hearings.

**Select at least one objective per goal or as many as applicable.**

- Customer engages in productive case management activities.
- Customer attends all court hearings.
- Customer attends all Children Services hearings.
- Other \_\_\_\_\_

3c. Of the \_\_\_\_\_ clients enrolled in the program \_\_\_\_\_ will incur no new arrests at completion of treatment.

**Select at least one objective per goal or as many as applicable.**

- Customer successfully completes program with no new arrests.
- Customer attends all parole/probation appointments.
- Customer participates in urine testing as requested.
- Other \_\_\_\_\_

4.) **Housing Goal** (i.e. 4a, 4b, 4c)

***Each Objective should indicate behavior changes***

4a. Of the . clients enrolled in the program . will remain engaged in program.

**Select at least one objective per goal or as many as applicable.**

- Customer attends initial appointment.
- Customer enrolls in program and attends first session
- Customer participates in identified program.
- Customer attends school.
- Other \_\_\_\_\_

4b. Of the . clients enrolled in the program . will utilize resources to obtain housing (local housing authority, supportive transitional housing).

**Select at least one objective per goal or as many as applicable.**

- Customer engages in productive case management activities.
- Customer identifies barriers and strategies to obtain housing.
- Customer works with case manager and community resources to meet qualifications to obtain housing.
- Other \_\_\_\_\_

4c. Of the . clients enrolled in the program . will live in safe, stable, permanent housing at completion of treatment.

**Select at least one objective per goal or as many as applicable.**

- Customer maintains revenue source to secure housing.
- Customer successfully complete program and secures safe, stable, permanent housing.
- Other \_\_\_\_\_

5.) **Social Connectedness Goal** (i.e. 5a, 5b, 5c)

***Each Objective should indicate behavior changes***

5a. Of the . clients enrolled in the program . will remain engaged in program.

**Select at least one objective per goal or as many as applicable.**

- Customer attends initial appointment.
- Customer enrolls in program and attends first session.
- Customer participates in identified program.
- Other \_\_\_\_\_

5b. Of the . clients enrolled in the program . will identify people/places and things that interfere with recovery.

**Select at least one objective per goal or as many as applicable.**

- Customer attends recovery support groups.
- Customer obtains a sponsor.
- Customer identifies consequences in behaviors associated with usage.
- Customer identifies sober activities.
- Other \_\_\_\_\_

5c. Of the \_\_\_\_\_ clients enrolled in the program \_\_\_\_\_ will obtain social support and sober activities.

**Select at least one objective per goal or as many as applicable.**

- Customer demonstrates sober activities.
- Customer identifies people/places/things that interfere with recovery.
- Customer identifies people/places/things that interfere with recovery.
- Other \_\_\_\_\_

## **SECTION 9 - Budget/Expenditure Form Instructions**

**A separate SFY 2012 Budget/Expenditure Form must be completed for each grant program area.** For SFY 2012 (July 1, 2011 to June 30, 2012), applicants can apply for no more than the final amount awarded during SFY 2011. The available amounts were listed on the SFY 2011 Guidance for Applicants (GFA) letter attachments sent to SFY 2011 grant recipients.

The Budget/Expenditure form must include the grant program area (ex. TASC, Circle for Recovery) and list the Budget Period as July 1, 2011 to June 30, 2012. In-kind services should be reported at the prevailing wage rate. Please see the ODADAS Grant Budget by Line Item Definitions in the Enclosures for more information. The total of all the Budget/Expenditure Forms for all program areas should match the figure on the face sheet of the application. The form is designed for both preparing an initial budget, budget revisions and reporting actual expenditures. Leave the state grant number blank until a SFY 2012 ODADAS grant number is assigned on your Notice of Award. Once a grant number is assigned, then include the SFY 2012 grant number on expenditure reports and budget revisions. The following five areas pertain to the columns on the budget/expenditure form:

- A. Budget Categories –The line items for the grant program area’s planned budget. **Please refer to the Grant Budget by Line Item Definition in the Enclosures section of this GFA document.**
- B. ODADAS Funds – The ODADAS funds budgeted by budget category for the grant program area.
- C. Other Funds - All other fund sources (other than ODADAS) anticipated for the budget period, by budget category.
- D. Total Funds – This includes the total of both the ODADAS and Other Funds for the identified grant program area.
- E. Totals – These are the totals for ODADAS Funds, Other Funds, and Total Funds. Calculations are automatic in Microsoft Excel Budget/Expenditure Form.

An example of a budget form has been included for your reference. **The SFY 2012 Budget/Expenditure Form can be obtained from the ODADAS website at [www.odadas.ohio.gov](http://www.odadas.ohio.gov) and select “Services,” “Fiscal”, “Grant Guidance” and “SFY 2012 Guidance for Applicants and Documentation.” This form is available in Microsoft Excel and PDF format.**

**ODADAS SFY 2012 Treatment and Recovery Guidance for Applicants**

**Ohio Department of Alcohol & Drug Addiction Services  
SFY 2012 Budget/Expenditure Form**

**Implementing Agency:** Laurel County Common Pleas Court

**Grant Program Area:** Drug Court

**Budget Period:** July 1, 2011-June 30, 2012

**State Grant #:** \_\_\_\_\_

<small>For ODADAS Internal Use Only</small>	
APPROVED BY _____	DATE _____

- Initial Application**
- Budget Revision\***
- Expenditure Report**

<b>A. Budget Categories:</b>	<b>B. ODADAS Funds</b>	<b>C. Other Funds</b>	<b>D. Total Funds</b>
<b>Category I: Personnel Costs</b>			
A1. Personnel	\$43,614	\$25,000	\$68,614
A2. Fringe Benefits	18,387	5,363	23,750
<b>Category II: Non-Personnel Costs</b>			
A3. Consultants	5,253	2,500	7,753
A4. Subscriptions & Publications	906	0	906
A5. Supplies	962	0	962
A6. Printing/Copying	0	0	0
A7. Rent/Lease Expenses	0	0	0
A8. Phone/Utilities	128	0	128
A9. Maintenance/Repair	400	0	400
A10. Rentals	0	0	0
A11. Insurance	0	0	0
<b>Category III: Motor Vehicle/Travel/Food/Conference</b>			
A12. Motor Vehicle	0	0	0
A13. Travel	250	0	250
A14. Food	0	0	0
A15. Conference/Training/Registration	0	0	0
<b>Category IV: Equipment/Furniture</b>			
A16. Equipment/Computer	100	0	100
A17. Furniture	0	0	0
<b>E. Totals</b>	<b>\$70,000</b>	<b>\$32,863</b>	<b>\$102,863</b>

<p>When this form is completed as an expenditure report the person submitting must print or type name and sign the document.</p> <p><b>Prepared By:</b> _____</p> <p><b>Fiscal Signature:</b> _____</p> <p><b>Date:</b> _____</p>
---

\*Prior written approval must be obtained from ODADAS before incurring costs that exceed a 10% change between Budget Categories or any change to Category IV.

## **SECTION 10. – Budget Narrative Instructions**

**A separate budget narrative must be completed for each grant program area.** Identify the Implementing Agency name, grant program area (eg. TASC, Circle for Recovery), and program title. Ensure that the budget narrative begins with identification and explanation of all anticipated sources of income. For each identified funding source, explain funding time frames and any applicable restrictions, anticipated client fees and in-kind sources for each grant. If applicable, Medicaid reimbursement should be identified as “Other funds”.

The “Other Funds” category must be explained by line item on the budget narrative. Provide documentation on how each line item of “Other Funds” budgeted was calculated. **Please note: “Other funds” are required to be included in the Budget Form and Budget Narrative if other funding sources in addition to ODADAS funds are used to support the program.**

Any use of funds for equipment, furniture or computer software must be justified in terms of the relationship of the equipment, furniture or computer software to the program or activity. Justification to purchase equipment, furniture or computer software must be submitted to ODADAS and include consideration of how the equipment, furniture or computer software will be used, why the purchase is necessary, how the cost was determined and why the program considers the cost reasonable. Funds cannot be expended for equipment, furniture or computer software until approved by the Department. Once approved, programs must submit a list of equipment purchased with ODADAS grant funds during State Fiscal Year 2012 on the ODADAS Equipment/ Furniture Purchase Form. Please use this form to list the type of equipment/furniture, serial number, and cost for each item. Please submit this with the final expenditure report.

An example of a budget narrative has been included for your reference. A template of the Budget Narrative is available online at [www.odadas.ohio.gov](http://www.odadas.ohio.gov). **Select “Services,” “Fiscal,” “Grant Guidance” and “SFY 2012 Guidance for Applicants and Documentation.”** Please see the ODADAS Grant Budget by Line Item Definitions in the Enclosures for further information.

**Make sure you check for accuracy. Ensure the budget and budget narrative balance individually and to each other.**

**SECTION 10 – BUDGET NARRATIVE**

Agency Name: Laurel County Common Pleas Court

Program Title: Community Crime Alternatives

Program Area: Drug Court

**ANTICIPATED INCOME SOURCES DURING PROGRAM PERIOD:**

**A. ODADAS \$70,000**

This is the amount awarded under the ODADAS Drug Court Funds.

**B. Other Funds \$32,863**

This amount represents the funding from the United Way of Greater Laurel County.

<b>Total Funding</b>	<b>\$102,863</b>
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**LINE ITEM BUDGET JUSTIFICATION:**

**A1. Personnel**

<b>Position</b>	<b>Annual Salary</b>	<b>Level of Effort</b>	<b>ODADAS Funds</b>	<b>Other Funds</b>
Program Director	\$43,614	1 FTE	\$43,614	\$0
Admin. Asst.	\$25,000	1 FTE	\$0	\$25,000

The Program Director will spend 1.0 FTE coordinating program activities, providing comprehensive supervision and other treatment services.

The Administrative Assistant will spend 1.0 FTE performing secretarial support, scheduling urinalysis screening appointments and other duties, as assigned.

	<b>ODADAS Funds</b>	<b>Other Funds</b>
<b>Total Personnel</b>	<b>\$43,614</b>	<b>\$25,000</b>

**A2. Fringe Benefits**

Retirement @ 14% of wages \$6,106\$3,500  
 Medicare @ 1.45% of wages \$633\$363  
 Health Insurance \$10,698\$985  
 Worker's Compensation \$514\$279  
 Unemployment Insurance \$436\$236

	<b>ODADAS Funds</b>	<b>Other Funds</b>
<b>Total Fringe Benefits</b>	<b>\$18,387</b>	<b>\$5,363</b>

**A3. Consultants**

**Urinalysis Drug Testing**

The Drug Court program will perform random urinalysis drug screens for 10 participants per week using a contract with the Results Assured Company. Ten participants x 52 weeks x \$7.50 per test, \$3,900.

Licensed Independent Social Worker. The LISW will meet with and counsel drug court participants and families on an as needed basis. The rate of pay is \$30 per hour for approximately 2.5 hours per week. The Drug Court program has allotted \$3,853 for this service. ODADAS will pay \$1,353 while the remaining \$2,500 will be paid using other funds.

	<b>ODADAS Funds</b>	<b>Other Funds</b>
<b>Total Consultants</b>	<b>\$5,253</b>	<b>\$2,500</b>

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**A4. Subscriptions and Publications**

Educational materials will be provided for program participants and their families. In addition, professional development materials will be provided for program staff.

	<b>ODADAS Funds</b>	<b>Other Funds</b>
<b>Total Subscriptions and Publications</b>	<b>\$906</b>	<b>\$0</b>

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**A5. Supplies**

**Office Supplies**

Consumable office supplies will include pens, notepads and other general office supplies, \$300.

**Breathalyzer Supplies**

Consumable supplies for use with the breathalyzer machine include disposable straws, calibrating tanks and regulators, \$462.

Graduation Certificates and frames for program participants, \$200.

	<b>ODADAS Funds</b>	<b>Other Funds</b>
<b>Total Supplies</b>	<b>\$962</b>	<b>\$0</b>

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**A6. Printing/Copying**

No funds are assigned to this line item.

	<b>ODADAS Funds</b>	<b>Other Funds</b>
<b>Total Printing/Copying</b>	<b>\$0</b>	<b>\$0</b>

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**A7. Rent/Lease Expenses**

No funds are assigned to this line item.

	<b>ODADAS Funds</b>	<b>Other Funds</b>
<b>Total Rent/Lease</b>	<b>\$0</b>	<b>\$0</b>

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**A8. Phone/Utilities**

Voice Mail for Program Director and Administrative Assistant @ \$10.66 per month x 12 months, \$128.

	<b>ODADAS Funds</b>	<b>Other Funds</b>
<b>Total Phone/Utilities</b>	<b>\$128</b>	<b>\$0</b>

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**A9. Maintenance/Repair**

Monthly maintenance fees charged by the Common Pleas Court for shared office maintenance services, \$33.33 per month x 12 months, \$400.

	<b>ODADAS Funds</b>	<b>Other Funds</b>
<b>Total Maintenance/Repair</b>	<b>\$400</b>	<b>\$0</b>

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**A10. Rentals**

No funds are assigned to this line item.

	<b>ODADAS Funds</b>	<b>Other Funds</b>
<b>Total Rentals</b>	<b>\$0</b>	<b>\$0</b>

---

**A11. Insurance**

No funds are assigned to this line item.

	<b>ODADAS Funds</b>	<b>Other Funds</b>
<b>Total Insurance</b>	<b>\$0</b>	<b>\$0</b>

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**A12. Motor Vehicle**

No funds are assigned to this line item.

	<b>ODADAS Funds</b>	<b>Other Funds</b>
<b>Total Motor Vehicle</b>	<b>\$0</b>	<b>\$0</b>

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**A13. Travel**

Mileage reimbursement for Program Director when county vehicles are unavailable. Mileage reimbursement is paid at State of Ohio rate for SFY 2012, .45 per mile.

*ODADAS SFY 2012 Treatment and Recovery Guidance for Applicants*

	<b>ODADAS Funds \$250</b>	<b>Other Funds \$0</b>
<b>Total Travel</b>		

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**A14. Food**

No funds are assigned to this line item.

	<b>ODADAS Funds \$0</b>	<b>Other Funds \$0</b>
<b>Total Food</b>		

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**A15. Conference/Training/Registration**

No funds are assigned to this line item.

	<b>ODADAS Funds \$0</b>	<b>Other Funds \$0</b>
<b>Total Conference/Training/Registration</b>		

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**A16. Equipment/Computer**

Purchase of FAX machine for program office.

	<b>ODADAS Funds \$100</b>	<b>Other Funds \$0</b>
<b>Total Equipment/Computer</b>		

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**A17. Furniture**

No funds are assigned to this line item.

	<b>ODADAS Funds \$0</b>	<b>Other Funds \$0</b>
<b>Total Furniture</b>		

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	<b>ODADAS Funds \$70,000</b>	<b>Other Funds \$32,863</b>
<b>Grand Total</b>		

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## **Section 11. Future Project Plan**

Please record alternatives for continued sustainability beyond ODADAS grant funding for the program you are proposing, including any federal, state and/or local resources. Use no more than one typed page for the plan.

**1. Identify alternative funding sources.**

**2. Community/collaborative efforts that have been considered.**

**3. How staffing levels will be maintained when ODADAS funding has been exhausted.**

**4. How services will be maintained when ODADAS funding has been exhausted**

## **Section 12. Assurances**

The assurances are federal and/or state requirements that must be adhered to by the applicant. Implementing Agency Executive Directors must read, sign and date the following for each grant submitted:

1. ODADAS SFY 2012 Treatment and Recovery Grant-Funded Agency Conditions and Assurances
2. Age Discrimination Act of 1975
3. Title VI Civil Rights Assurance
4. Section 504 Rehabilitation Act of 1973 Assurance
5. Certification of Suspension and Debarment
6. Environmental Tobacco Smoke Certification

**ODADAS SFY 2012 Treatment and Recovery Guidance for Applicants**

**Ohio Department of Alcohol and Drug Addiction Services  
Grant-Funded Agency Conditions and Assurances - State Fiscal Year 2012  
Treatment and Recovery**

**General Requirements**

1. The governmental agency or nonprofit corporation applying hereunder possesses the legal authority to apply for and receive the grant; and in the case of a nonprofit corporation a resolution, motion or similar action has been duly adopted or passed by the board authorizing the submission of this application and directing and authorizing the person identified as Program Director as the representative of the applicant to act in connection and provide such additional information as may be required.
2. Funds granted as a result of this State Fiscal Year 2012 Guidance for Applicants are to be used for the purpose set forth herein, and will be administered in accordance with the reporting requirements accompanied by the ODADAS Notice of Award.
3. Fees or other income derived from the services will be credited as program income to the program. Grantees will follow Office of Management and Budget Circular A-110 for requirements concerning program income. In the event of termination of the program, unexpended grant funds are subject to recovery by ODADAS.
4. Availability of other funds budgeted for this program must be documented. The documentation must demonstrate any required in-kind or cash match.
5. Grant funds will not be used to: provide cash payments to recipients of services, purchase vehicles, supplant existing funds for staff or programs, cover capital improvement, construction, professional or credentialing fees, licenses or fines or penalties. Vehicle lease is permissible when pre-approval is received from ODADAS prior to signing the lease agreement.
6. Food purchases are permissible for program participants if the purchase is justified in relation to the program plan and outcomes in the applicant's budget narrative.
7. The purpose of these funds is to provide financial assistance to programs for the delivery of alcohol and other drug services/activities. Any use of funds for equipment, furniture or computer software must be justified in terms of the relationship of the equipment, furniture or computer software to the program or activity. Justification to purchase equipment, furniture, computer software must be submitted to ODADAS for prior approval and include consideration of how the equipment, furniture or computer software will be used, why the purchase is necessary, what alternatives were considered, how the cost was determined and why the program considers the cost reasonable. Funds cannot be expended for equipment, furniture or computer software until approved by the Department.
8. Equipment, furniture or computer software purchased under a grant are the property of ODADAS. A list of equipment, furniture and computer software, including serial numbers must be submitted to the Department's Grants Administration Unit and the local Alcohol, Drug Addiction and Mental Health Services (ADAMHS) Board or Alcohol and Drug Addiction Services (ADAS) Board. In the event the funds are terminated, the local ADAMHS/ADAS Board will inventory the purchased equipment, furniture or computer software and present a plan for its disposition to ODADAS. If the equipment, furniture or computer software has been purchased and used by a direct funded agency, the agency must submit a plan directly to ODADAS for disposition.
9. The board of the implementing agency of this grant will consist of individuals who are representative of the population(s) to be served.

## **ODADAS SFY 2012 Treatment and Recovery Guidance for Applicants**

10. Clinical services will be managed/supervised in accordance with the requirements as set forth in the Ohio Administrative Code section 3793:2-1-05(K) of the treatment certification standards.
11. Within any publication or public announcement each local recipient must identify the "Ohio Department of Alcohol and Drug Addiction Services" as a funder of the program. Materials may not be copyrighted.
12. For State Fiscal Year 2012, travel by privately owned automobiles for purposes related to the ODADAS grant will be reimbursed at no more than the State of Ohio travel rate of 45 cents per mile. Under the Travel Rule, OBM Director retains discretion to establish mileage reimbursement rate and review on a quarterly basis. Reimbursement rates for lodging within the Continental United States will be as set by the federal General Service Administration (GSA). Maximum rates available at [www.gsa.gov/perdiem](http://www.gsa.gov/perdiem). Overnight lodging may be reimbursed only when staff is for lodging and per diems for meals and incidentals are set by location. These rates are traveling on official business and is either: (a) At a location greater than forty-five miles of both the staff residence and headquarters, or (b) At a location greater than thirty miles of both the staff's residence and headquarters for conference purposes. If lodging is at the conference site or a hotel identified in the conference registration materials as one of the conference hotels, it may be reimbursed at actual cost, provided such cost is reasonable as determined by the head of the agency. Reimbursement for meals is authorized only when overnight lodging is required. If conference event includes or provides a meal, the staff shall not be reimbursed for that same meal in the per diem rate. The OBM Travel Rule 126-1-02 is available on the OBM website at <http://obm.ohio.gov/MiscPages/TravelRule/>. If rates change, ODADAS will provide notification to the Board and Provider.
13. The program agrees to comply in a timely manner with ADAMHS/ADAS Board and ODADAS administrative reporting requirements; for example, but not limited to: Ohio Behavioral Health Module, 837 Claims, progress reports, data collection, measurements, surveys or evaluation as requested by ODADAS. Failure to comply with these requirements will make the agency subject to OAC 3793:6-1-01, "Program Non-Compliance."
14. The funded program will request the ADAMHS/ADAS Board to enroll clients into Multi-Agency Community Services Information System (MACSIS), and program agrees to submit via the Behavioral Health Module admission and discharge records to the ADAMHS/ADAS Board on those clients within 60 days of the date of admission or discharge, respectively. ADAMHS/ADAS Boards will create an acceptable pseudo-unique client identifier for non-client specific services and programs will bill/report contracted non-client specific services through MACSIS.
15. The Implementing Agency is responsible for informing ODADAS when there is a change to the agency's contact information provided on the SFY 2012 ODADAS Treatment and Recovery Face Sheet. Future official communications from ODADAS may occur exclusively using email; therefore, it is imperative for the agency to ensure this information is accurate.
16. Programmatic and fiscal requirements issued with the ODADAS Notice of Award to be submitted to the Department must be accompanied by a face sheet signed by the Implementing Agency Executive Director and Implementing Agency Board Member. A copy of the reports must be sent to the ADAMHS/ADAS Board.
17. The Implementing Agency agrees to have an annual audit performed by an independent certified public accountant and Implementing Agency shall furnish such audit to the Board within 30 days after the receipt of the auditor's report. A separate audit for this grant is not necessary if the audit includes accountability and contract compliance as they relate to this grant. The Implementing Agency agrees that it will be subject to additional sub-recipient monitoring by ODADAS.
18. Failure to comply with the terms specified in this application will be regarded as basis for termination by the grantor upon a 30 day written notice.

**ODADAS SFY 2012 Treatment and Recovery Guidance for Applicants**

19. Ohio Administrative Code section 3793:6-1-01, authorizes ODADAS to withhold from a Board or an alcohol and drug addiction program all or part of the state and federal funds allocated or granted by the Department for a specific program for any of the following: (1) Failure of the program to comply with rules adopted by the department, (2) Failure of the program to comply with provisions of state or federal law, including federal regulations.
20. The Department is required to identify the areas of the program's noncompliance and the action necessary to achieve compliance and shall offer technical assistance to the program and the Board to assist the program in achieving compliance. If compliance is still not achieved after technical assistance has been provided, the Department is required to give the program written notice by certified mail, return receipt requested, if it intends to withhold funds. The program is entitled to a hearing if it requests it within thirty days of the time of the mailing of the notice. Please see OAC 3793:6-1-01 for additional information.
21. Programs and services should be culturally and linguistically appropriate for the population served.
22. Programs must use the SAPT Block Grant as the "payment of last resort" for services for pregnant women and women with dependent children, TB services, and HIV services shall make every reasonable effort, including the establishment of systems for eligibility determination, billing, and collection, to: (1) Collect reimbursement for the costs of providing such services to persons who are entitled to insurance benefits under the Social Security Act, including programs under title XVIII and title XIX, any State compensation program, any other public assistance program for medical expenses, any grant program, any private health insurance, or any other benefit program; and (2) Secure from patients or clients payments for services in accordance with their ability to pay.

**Specific Requirements**

Programs funded with Federal Substance Abuse Prevention and Treatment (SAPT) Block Grant Funds will follow and adhere to the Code of Federal Regulations Part 96, Sections 1-137. In addition, programs funded with the SAPT Block Grant Funds must adhere to the following:

- a. No part of any appropriation contained in this Act shall be used, other than for formal and recognized executive-legislative relationships, for publicity or propaganda purposes, for the separation, distribution, or use of any kit, pamphlet, booklet, publication, radio, television, or video presentation designed to support or defeat legislation pending before the Congress, except in presentation to the Congress itself or any State legislature.
- b. No part of any appropriation contained in this Act shall be used to pay the salary or expenses of any grant or contract recipient, or agent acting for such recipient, related to any activity designed to influence legislation or appropriations pending before the Congress or any State legislature.

**By signing below, we are certifying that we have read these Conditions and Assurances and agree to comply with the terms herein.**

---

Implementing Agency Executive Director

(date)

**ASSURANCE OF COMPLIANCE WITH THE DEPARTMENT OF  
HEALTH AND HUMAN SERVICES REGULATION UNDER  
THE AGE DISCRIMINATION ACT OF 1975**

\_\_\_\_\_ (hereinafter called the "Recipient") Name and Recipient (type or print) (HEREBY AGREES THAT) it will comply with the Age Discrimination Act of 1975 (42 U.S. 61010 et seq.), and all requirements imposed by or pursuant to the Regulation of the Department of Health and Human Services (45 C.F.R. Part 91) issued pursuant to that Act, to the end that, in accordance with the Age Discrimination Act and the Regulation, no person in the United States shall, on the basis of age, be denied the benefits of, be excluded from participation in, or be subjected to discrimination under, any program or activity for which the Recipient receives Federal financial assistance from the Department; and (HEREBY GIVES ASSURANCE THAT) it will immediately take any measure necessary to effectuate this agreement.

If any real property or structure thereon is provided or improved with the aid of Federal financial assistance extended to the Recipient by the Department, this Assurance shall obligate the Recipient, or in the case of any transfer of such property, any transferee, for the period during which the real property or structure is used for a purpose for which the Federal financial assistance is extended or for another purpose involving the provision of similar services or benefits. If any personal property is so provided, this Assurance shall obligate the Recipient for the period during which it retains ownership or possession of the property. In all cases, this Assurance shall obligate the Recipient for the period during which the Federal financial assistance is extended to it by the Department.

(THIS ASSURANCE) is given in consideration of and for the purpose of obtaining any and all Federal grants, loans, contracts, property, discounts or other Federal financial assistance extended after the date hereof to the Recipient by the Department, including installment payments after such date on account of applications for Federal financial assistance which were approved before such date. The Recipient recognizes and agrees that such Federal financial assistance will be extended in reliance on the representations and agreements made in this Assurance and that the United States will have the right to enforce this Assurance through lawful means. This Assurance is binding on the Recipient, its successors, transferees, and assignees, and the person or persons whose signatures appear below are authorized to sign this Assurance on behalf of the Recipient.

Date \_\_\_\_\_  
\_\_\_\_\_ Recipient (type or print)

By \_\_\_\_\_  
\_\_\_\_\_ Signature and Title of Authorized Official

\_\_\_\_\_  
Recipient's mailing address  
HHS-6802/96

**ASSURANCE OF COMPLIANCE WITH THE DEPARTMENT OF  
HEALTH AND HUMAN SERVICES REGULATION UNDER  
TITLE VI OF THE CIVIL RIGHTS ACT OF 1964**

\_\_\_\_\_  
Name of Applicant (type or print) (hereinafter called the "Applicant")

HEREBY AGREES THAT it will comply with Title VI of the Civil Rights Act of 1964 (P.L. 88-352) and all requirements imposed by or pursuant to the Regulation of the Department of Health and Human Services (45 C.F.R. Part 80) issued pursuant to that title, to the end that, in accordance with Title VI of that Act and the Regulation, no person in the United States shall, on the ground of race, color, or national origin, be excluded from participation in, be denied the benefits of, or be otherwise subjected to discrimination under any program or activity for which the Applicant receives Federal financial assistance from the Department; and HEREBY GIVES ASSURANCE THAT it will immediately take any measures necessary to effectuate this agreement.

If any real property or structure thereon is provided or improved with the aid of Federal financial assistance extended to the Applicant by the Department, this Assurance shall obligate the Applicant, or in the case of any transfer of such property, and transferee, for the period during which the real property or structure is used for a purpose for which the Federal financial assistance is extended or for another purpose involving the provision of similar services or benefits. If any personal property is so provided, this Assurance shall obligate the Applicant for the period during which it retains ownership or possession of the property. In all other cases, this Assurance shall obligate the Applicant for the period during which the Federal financial assistance is extended to it by the Department.

THIS ASSURANCE is given in consideration of and for the purpose of obtaining any and all Federal grants, loans, contracts, property, discounts or other Federal financial assistance extended after the date hereof to the Applicant by the Department, including installment payments after such date on account of applications for Federal financial assistance which were approved before such date. The Applicant recognizes and agrees that such Federal financial assistance will be extended in reliance on the representations and agreements made in this Assurance, and that the United States shall have the right to seek judicial enforcement of this Assurance. This Assurance is binding on the Applicant, its successors, transferees, and assignees, and the person or persons whose signatures appear below are authorized to sign this Assurance on behalf of the Applicant.

Date \_\_\_\_\_  
Applicant (type or print)

By \_\_\_\_\_  
Signature and Title of Authorized Official

\_\_\_\_\_  
Applicant's mailing address

**ODADAS SFY 2012 Treatment and Recovery Guidance for Applicants**

**DEPARTMENT OF HEALTH AND HUMAN SERVICES  
ASSURANCE OF COMPLIANCE WITH SECTION 504 OF THE  
REHABILITATION ACT OF 1973, AS AMENDED**

The undersigned (hereinafter called the "recipient") HEREBY AGREES THAT it will comply with Section 504 of the Rehabilitation Act of 1973, as amended (29 U.S.C. 794), all requirements imposed by the applicable HHS regulation (45 C.F.R. Part 84), and all guidelines and interpretations issued pursuant thereto.

Pursuant to §84.5(a) of the regulation [45 C.F.R. 85.5(a)], the recipient gives this Assurance in consideration of and for the purpose of obtaining any and all Federal grants, loans, contracts (except procurement contracts and contracts of insurance or guaranty), property, discounts, or other Federal financial assistance extended by the Department of Health and Human Services after the date of this Assurance, including payments or other assistance made after such date on applications for Federal financial assistance that were approved before such date. The recipient recognizes and agrees that such Federal financial assistance will be extended in reliance on the representations and agreements made in this Assurance and that the United States will have the right to enforce this Assurance through lawful means. This Assurance is binding on the recipient, its successors, transferees, and assignees, and the person or persons whose signatures appear below are authorized to sign this Assurance on behalf of the recipient.

This Assurance obligates the recipient for the period during which Federal financial assistance is extended to it by the Department of Health and Human Services or, where the assistance is in the form of real or personal property, for the period provided for in §84.5(b) of the regulation [45 C.F.R. 84.5(b)].

The recipient: [Check (a) or (b)]

- a. (    )    employs fewer than fifteen persons;
- b. (    )    employs fifteen or more persons and, pursuant to §85.7(a) of the regulation [45 C.F.R. 84.7(a)], has designated the following person(s) to coordinate its efforts to comply with the HHS regulations: \_\_\_\_\_

Name of Designee(s) (Type or Print)

\_\_\_\_\_  
Name of Recipient (Type or Print)

\_\_\_\_\_  
Street Address or P.O. Box

\_\_\_\_\_  
(IRS) Employer Identification Number City, State Zip

I certify that the above information is complete and correct to the best of my knowledge.

\_\_\_\_\_  
Date Signature and Title of Authorized Official

If there has been a change in name or ownership within the last year, please PRINT the former name below:

**1. CERTIFICATION REGARDING DEBARMENT AND SUSPENSION**

The undersigned (authorized official signing for the applicant organization) certifies to the best of his or her knowledge and belief, that the applicant, defined as the primary participant in accordance with 45 CFR Part 76, and its principals:

(a) are not presently debarred, suspended, proposed for debarment, declared ineligible, or voluntarily excluded from covered transactions by any Federal Department or agency; (b) have not within a 3-year period preceding this proposal been convicted of or had a civil judgment rendered against them for commission of fraud or a criminal offense in connection with obtaining, attempting to obtain, or performing a public (Federal, State, or local) transaction or contract under a public transaction; violation of Federal or State antitrust statutes or commission of embezzlement, theft, forgery, bribery, falsification or destruction of records, making false statements, or receiving stolen property; (c) are not presently indicted or otherwise criminally or civilly charged by a governmental entity (Federal, State, or local) with commission of any of the offenses enumerated in paragraph (b) of this certification; and (d) have not within a 3-year period preceding this application/proposal had one or more public transactions (Federal, State, or local) terminated for cause or default. Should the applicant not be able to provide this certification, an explanation as to why should be placed after this page in the application package. The applicant agrees by submitting this proposal that it will include, without modification, the clause titled "Certification Regarding Debarment and Suspension", in all lower tier covered transactions (i.e., transactions with sub-grantees and/or contractors) and in all solicitations for lower tier covered transactions in accordance with 45 CFR Part 76.

**2. CERTIFICATION REGARDING ENVIRONMENTAL TOBACCO SMOKE**

Public Law 103-227, also known as the Pro-Children Act of 1994 (Act), requires that smoking not be permitted in any portion of any indoor facility owned or leased or contracted for by an entity and used routinely or regularly for the provision of health, daycare, early childhood development services, education or library services to children under the age of 18, if the services are funded by Federal programs either directly or through State or local governments, by Federal grant, contract, loan, or loan guarantee. The law also applies to children's services that are provided in indoor facilities that are constructed, operated, or maintained with such Federal funds. The law does not apply to children's services provided in private residence, portions of facilities used for inpatient drug or alcohol treatment, service providers whose sole source of applicable Federal funds is Medicare or Medicaid, or facilities where WIC coupons are redeemed.

Failure to comply with the provisions of the law may result in the imposition of a civil monetary penalty of up to \$1,000 for each violation and/or the imposition of an administrative compliance order on the responsible entity. By signing the certification, the undersigned certifies that the applicant organization will comply with the requirements of the Act and will not allow smoking within any portion of any indoor facility used for the provision of services for children as defined by the Act.

The applicant organization agrees that it will require that the language of this certification be included in any sub-awards which contain provisions for children's services and that all sub-recipients shall certify accordingly.

SIGNATURE OF AGENCY EXECUTIVE DIRECTOR	TITLE
APPLICANT ORGANIZATION	DATE

## **Section 13 - Enclosures**

The following are Section 13 enclosure forms. These forms do not need to be returned with the grant application:

- ODADAS Contacts
- Application Checklist
- ODADAS Grant Budget by Line Item Definitions
- Board Review/Comment Form (This is to be completed and submitted by the ADAMHS/ADAS Board to ODADAS by **5:00 P.M. on April 1, 2011.**)

**TREATMENT AND RECOVERY SERVICES GRANT CONTACTS**

<b>Northeast Region</b>	Jackie Doodley	<a href="mailto:jdoodley@ada.ohio.gov">jdoodley@ada.ohio.gov</a>	(614) 752-6456
<b>Southwest Region</b>	Drew Palmiter	<a href="mailto:palmiter@ada.ohio.gov">palmiter@ada.ohio.gov</a>	(614) 752-8851
<b>Central Region</b>	Adreana Tartt	<a href="mailto:atartt@ada.ohio.gov">atartt@ada.ohio.gov</a>	(614) 466-9006
<b>Southeast Region</b>	Scott Anderson	<a href="mailto:sanderson@ada.ohio.gov">sanderson@ada.ohio.gov</a>	(614) 466-8562
<b>Northwest Region</b>	Barbara Pavichevich	<a href="mailto:pavichevich@ada.ohio.gov">pavichevich@ada.ohio.gov</a>	(614) 644-9102

**FISCAL SERVICES CONTACT FOR TREATMENT AND RECOVERY GRANTS**

<b>Grants Analyst</b>	Dayna McCrary	<a href="mailto:dmccrary@ada.ohio.gov">dmccrary@ada.ohio.gov</a>	(614) 728-8230
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## **APPLICATION CHECK LIST**

**Include the following application components in the same order. The checklist has been provided for your convenience to assist in ensuring all of the components are completed and in order. It is not necessary to attach the checklist with the submitted application.**

- Section 1. ODADAS Treatment and Recovery Grant Face Sheet
- Section 2. Program Summary Data
- Section 3. Program Narratives
- Section 4. Implementing Agency Information
- Section 5. Staffing Descriptions
- Section 6. Collaboration
- Section 7. Target Populations
- Section 8. Implementation Plan
- Section 9. Budget/Expenditure Form
- Section 10. Budget Narrative
- Section 11. Future Project Plan
- Section 12. Conditions and Assurances
  - ODADAS Treatment and Recovery Conditions and Assurances for SFY 2012
  - Age Discrimination Act of 1975
  - Title VI Civil Rights Assurance
  - Section 504 Rehabilitation Act of 1973 Assurance
  - Debarment and Suspension Certification
  - Environmental Tobacco Smoke Certification

**Ohio Department of Alcohol and Drug Addiction Services  
Grant Budget by Line Item Definitions**

\*Effective February 1, 2011

<b>A. Budget Categories</b>	Specific categories containing budget line items that make up the total budget
<b>A1. Personnel</b>	Payments of salaries and wages, payroll and personnel charges made to or for employees on staff at the implementing agency. Must include the level of effort (FTE) for each position.
<b>A2. Fringe Benefits</b>	Fringe benefits, medical/dental/vision benefits, supplements, retirement match, etc. for employees on staff at the implementing agency. Must provide rate as percentage of Personnel salaries or the specific cost for each benefit.
<b>A3. Consultants</b>	Payments for personal services rendered by companies and individuals not on payroll including professional fees, consultant fees, other purchased personal services and payments for temporary work furnished by private companies.
<b>A4. Subscriptions &amp; Publications</b>	Purchases of or subscriptions to published materials for trainings/meetings, program participants, and staff.
<b>A5. Supplies</b>	All purchases of supplies and materials regardless of amount with the exception of food (see A14), fuel and motor vehicle supplies (see A12). This includes office supplies.
<b>A6. Printing/Copying</b>	Payments for printing or copying materials for general office use or for the distribution to clients/consumers.
<b>A7. Rent/Lease Expenses</b>	Payments associated with renting or leasing a facility for office space and/or space to hold regular grant related activities.
<b>A8. Phone/Utilities</b>	Payments for all utility services such as phones, cell phones, voicemail services, gas, electric and water for offices or facilities used for grant related activities (Payments for motor vehicle fuel must be listed under Motor Vehicle).
<b>A9. Maintenance/Repair</b>	Payments associated with the upkeep and maintenance of facilities, repairing office equipment, furniture, etc.
<b>A10. Rentals</b>	Costs for renting equipment and furniture, such as a copier or overhead projector.
<b>A11. Insurance</b>	Payments for car, office and /or business insurance. Health insurance must be listed under fringe benefits.
<b>A12. Motor Vehicle</b>	<p>Payments for a leased vehicle, fuel for motor vehicles, and the maintenance and repair of motor vehicles. (Payments to purchase a motor vehicle are <i>not</i> allowed.)</p> <p>The following information regarding the proposed vehicle leases must be provided to and approved by ODADAS prior to signing the lease agreement:</p> <ol style="list-style-type: none"> <li>1. Justification for the lease in relation to the program outcomes.</li> <li>2. Lease details <ul style="list-style-type: none"> <li>• Name of dealership</li> <li>• Year, make and model of vehicle(s)</li> <li>• Length/term of lease agreement</li> <li>• Monthly lease payment</li> </ul> </li> </ol> <p>Annual mileage included in the lease agreement, and cost per mile for overage.</p>
<b>A13. Travel</b>	Grantees are permitted to use funds for travel; however, the following rules apply:

**ODADAS SFY 2012 Treatment and Recovery Guidance for Applicants**

	<ul style="list-style-type: none"> <li>•The agency will provide sufficient detail about the travel and associated costs.</li> <li>•Justification for the travel in relation to the grant program.</li> <li>•Travel reimbursed with ODADAS funds should only be used for staff directly assigned to the grant funded program.</li> <li>•Mileage reimbursement must include the rate per mile and anticipated number of miles. The rate shall not exceed State of Ohio travel rates.</li> <li>•Maximum rates for lodging and per diems for meals and incidentals are set by location. These rates are available at <a href="http://www.gsa.gov/perdiem">www.gsa.gov/perdiem</a>.</li> <li>•Provide a breakdown of the meal costs. Reimbursement for meals is authorized only when overnight lodging is required. If conference event includes or provides a meal, the staff shall not be reimbursed for that same meal in the per diem rate.</li> <li>• Overnight lodging may be reimbursed only when staff is traveling on official business and is either: (a) At a location greater than forty-five miles of both the staff residence and headquarters, or (b) At a location greater than thirty miles of both the staff's residence and headquarters for conference purposes. If lodging is at the conference site or a hotel identified in the conference registration materials as one of the conference hotels, it may be reimbursed at actual cost, provided such cost is reasonable as determined by the head of the agency.</li> </ul> <p><u>Attending a Conference/Training</u></p> <ul style="list-style-type: none"> <li>•Permissible conference related travel expenditures shall include mileage, lodging, conference registration, and per diem, and shall not exceed State of Ohio travel rates.</li> <li>•Conference should be directly applicable to the grant, i.e., UMADAOP, TASC, etc.</li> <li>•Conference/Training and related Travel expenses should include a detailed explanation of the conference/training that will be attended including:             <ul style="list-style-type: none"> <li>-content as it relates to the grant funded program.</li> <li>-conference/workshop speakers and their credentials</li> <li>-conference location</li> <li>-information regarding whether any meals are included with the registration fees</li> <li>-length of conference, etc.</li> </ul> </li> </ul> <p><u>Providing a Conference/Training</u></p> <ul style="list-style-type: none"> <li>•Conference/Training related Travel expense charges should include a detailed explanation of the conference/training that will be provided including:             <ul style="list-style-type: none"> <li>-content as it relates to the grant funded program</li> <li>-conference location</li> <li>-length of conference, etc.</li> </ul> </li> </ul> <p>If rates change, ODADAS will provide notification to the Board and Agency.</p>
<p><b>A14. Food</b></p>	<p>Payments made for any food to be provided by grantee to the program participants at grant related meetings or events. Food</p>

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	<p>purchases are permissible for program participants if the purchase is justified in relation to the program plan and outcomes in the applicant’s budget narrative.</p> <ul style="list-style-type: none"> <li>•Residential treatment facilities may charge for the cost to provide meals to clients.</li> <li>•Meal reimbursement while in travel status must be listed under the Travel line item.</li> </ul> <p><u>Providing a Conference/Training</u></p> <ul style="list-style-type: none"> <li>•Agencies holding a conference/training may not exceed the State Travel Meal rate for the meals provided.</li> <li>•Conference/Training related Travel expense charges should include a detailed explanation of the conference/training that will be provided including:             <ul style="list-style-type: none"> <li>-content as it relates to the grant funded program</li> <li>-conference location</li> <li>-information regarding whether any meals are included with the registration fees</li> <li>-length of conference, etc.</li> </ul> </li> </ul>
<p><b>A15. Conference/ Training/Registration</b></p>	<p>Grantees are permitted to use funds for Conference/ Training/Registration; however, the following rules apply:</p> <ul style="list-style-type: none"> <li>•Conference should be directly applicable to the grant program area, i.e., UMADAOP, TASC, etc.</li> <li>•Permissible conference related travel expenditures shall include mileage, lodging, conference registration, and per diem and shall not exceed State of Ohio travel rates. These expenses must be listed in the Travel line item.</li> </ul> <p><u>Attending a Conference/Training</u></p> <ul style="list-style-type: none"> <li>• Conference/Training fees reimbursed with ODADAS funds should only be used for staff directly assigned to the grant funded program.</li> <li>•Conference/Training/Registration line item must include a detailed explanation of the conference that will be attended including:             <ul style="list-style-type: none"> <li>-content as it relates to the program</li> <li>-availability of continuing education credits for attendees</li> <li>-conference location</li> <li>-registration fees</li> <li>-information regarding whether any meals are included with the registration fees</li> <li>-length of conference, etc.</li> </ul> </li> </ul> <p><u>Providing a Conference/Training</u></p> <ul style="list-style-type: none"> <li>•Conference/Training/Registration expenses should include a detailed explanation of the conference/training that will be provided including:             <ul style="list-style-type: none"> <li>-content as it relates to the program</li> <li>-conference/workshop speakers and their credentials</li> <li>-availability of continuing education credits for attendees</li> <li>-conference location</li> <li>-registration fees</li> <li>-information regarding whether any meals are included with the</li> </ul> </li> </ul>

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	registration fees -length of conference, etc.
<b>A16. Equipment/ Computer</b>	Payments for the purchase of any new or used equipment and computers. Any use of funds for equipment, computers, or computer software must be justified in terms of the relationship of the purchase to the program or activity. Funds cannot be expended for equipment, computers or computer software until approved by the Department.
<b>A17. Furniture</b>	Payments for the purchase of any new or used furniture. Any use of funds for furniture must be justified in terms of the relationship of the purchase to the program or activity. Funds cannot be expended for furniture until approved by the Department.
<b>B. ODADAS Funds</b>	ODADAS grant funds that are utilized for the grant program.
<b>C. Other Funds</b>	Includes all funding sources (Board funds, other grant funds, fees, etc.) that contribute to the total budget for the grant program.
<b>D. Total Funds</b>	The total of ODADAS funds and Other funds that are utilized to support the grant program.
<b>Narrative</b>	Other funds used to support the grant funded program must be included in the Budget and Narrative. ODADAS does not have a required level of match or in kind services, unless otherwise stated in the GFA. Availability of other funds demonstrates broader community and financial support of program.

**SFY 2012 ADAMHS/ADAS Board Review/Comment Form  
Treatment and Recovery Services**

<b>ADAMHS/ADAS Board</b>	
<b>Implementing Agency</b>	
<b>Program Title</b>	
<b>Grant Number</b>	

These questions were designed to take into consideration Boards' community plans and future needs. Please use as much space as necessary to complete the form. The Board review and comments are required to be submitted to ODADAS **by April 1, 2011**.

1. Are the customer(s) identified in the application the priority population(s) in your Community Plan, i.e., your Board area? (Check yes or no.)  
  
 Yes                       No
  
2. How are the proposed results closely connected to the Board's priorities/Board's Investor targets?
  
3. Taking into consideration the customer(s) to be served and total budget, how likely is it that the proposed results can be achieved within the grant funding period?
  
4. Other ADAMHS/ADAS Board comments on the ability to integrate the Implementing Agency's services/programs into the local system-of-care and how services are consistent with priorities identified in the Board's Community Plan:

**No ADAMHS/ADAS Board Comment**

\_\_\_\_\_  
Name of Person Completing Board Review      Date      Telephone      E-mail

\_\_\_\_\_  
ADAMHS/ADAS Board Executive Director or Designee      Date      (Print name)

C: Implementing Agency Executive Director