



Department of Alcohol &  
Drug Addiction Services

**SFY 2013  
Conference/Training/Seminar/Event  
Grant Application**

**John R. Kasich, Governor**

**Orman Hall, Director**

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**Ohio Department of Alcohol and Drug Addiction Services (ODADAS)  
SFY 2013 Conference/Training/Seminar/Event Grant Application**

**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) 2013 Conference/Training/Seminar/Event Grant Application provides applicants with the requirements for the application and sets forth the process by which the grant application will be reviewed. This grant application only covers a limited period of time.

**General Instructions for Completing Application**

The requested information must be submitted in the order given. Applications are to be 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  
30 E. Broad Street, 11<sup>th</sup> Floor  
Columbus, Ohio 43215-2550

**Restrictions**

Grant funds may not be used for: the purchase of vehicles, cash payments to recipients of services, capital improvement, construction, professional or credentialing fees, licenses, fines, penalties or to supplant existing funds for staff or programs.

**Questions and Technical Assistance**

Questions related to the application process and fiscal requirements should be directed to your Grants Analyst/Coordinator and programmatic questions should be directed to your Regional Coordinator. Please see the ODADAS Contacts list in the Enclosures to select the appropriate contact or refer to the contacts in the ODADAS Response to Request for Funding Letter.

**Grant Application Review**

All grant applications will be reviewed by ODADAS staff for format and guideline compliance. 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.

### **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**

Accurately complete a face sheet form for the grant application.

- Indicate the Face Sheet Type.
- Insert the total ODADAS funds requested for the grant application. Applicants can apply for no more than the amount listed on the ODADAS Response to Request for Funding Letter.
- Identify the length of time to plan, coordinate, conduct and close-out the Conference/Training, e.g. December 1, 2012 through March 30, 2013.
- Indicate the pending grant number provided on the ODADAS Response to Request for Funding Letter.
- Please provide the training/event title.
- 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.*

**SFY 2013 ODADAS CONFERENCE/SEMINAR/TRAINING/EVENT  
GRANT FACE SHEET**

<b>FACE SHEET TYPE</b> (check one)
<input type="checkbox"/> Original <input type="checkbox"/> Revision* <input type="checkbox"/> Report**

Total ODADAS Funds Requested: \$ \_\_\_\_\_ Grant Period: \_\_\_\_\_ to \_\_\_\_\_

Pending Grant Number: \_\_\_\_\_ Program Title: \_\_\_\_\_

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>	

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

\_\_\_\_\_  
Date

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

\_\_\_\_\_  
Date

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

\*\*Check Report when submitting annual reports.

## **Section 2 – Event Plan**

### **2A. Event Purpose and Objectives**

Identify the conference/training/seminar/event purpose and objectives. Indicate how the conference/training/seminar/event will advance the dissemination of knowledge and or skills in the alcohol and other drug field.

Provide the planned title of the conference/training/seminar/event, location, date, list of major sponsors (who are committed as of the date of this submission) organizers/agencies and affiliates involved. Limit your responses to a maximum of **two** pages.

### **2B. Documentation of Need**

State clearly why a conference/training/seminar/event is being proposed. Please include a description of how this will meet ODADAS' need to improve efforts in Workforce Development. Limit your response to a maximum of **two** paragraphs.

### **2C. Target Audience**

Describe the target audience/attendance groups (geographic, age, gender, population, race and or ethnicity, etc.) for the conference/training/seminar/event. Please include a description of how the event will be culturally competent for the target audience. Limit your response to a maximum of **two** paragraphs.

### **2D. Marketing**

Describe the methods for publicizing the conference/training/seminar/event. Include any brochures, programs or pamphlets describing the conference/training/seminar/event and provide the website address (if available). Limit your response to a maximum of **two** paragraphs.

### **Section 3 - Budget/Expenditure Form Instructions**

An accurate Budget/Expenditure Form must be completed with the grant application. Applicants can apply for no more than the amount listed on the ODADAS Response to Request for Funding Letter. The form is designed for both preparing an initial budget and reporting actual expenditures. Volunteer services should be reported at the prevailing wage rate. Leave the state grant number blank until an ODADAS grant program area and number is assigned on your Notice of Award. Once a grant number is assigned, include the 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.
- 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 the Microsoft Excel Budget/Expenditure Form.

An example of a budget form has been included for your reference. **The SFY 2013 Budget/Expenditure Form can be obtained from the ODADAS website [www.odadas.ohio.gov](http://www.odadas.ohio.gov) at “Services,” “Fiscal,” “Grant Guidance,” and “SFY 2013 One Time Grant Applications.” This form is available in Microsoft Excel and PDF format.**

**Ohio Department of Alcohol & Drug Addiction Services  
SFY 2011 Budget/Expenditure Form**

**Implementing Agency:** Prevention Services, Inc.

**Grant Program Area:** ATOD Training

**Budget Period:** September 15, 2010 to December 15, 2010

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

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

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

A. Budget Categories:	B. ODADAS Funds	C. Other Funds	D. Total Funds
<b>Category I: Personnel Costs</b>			
A1. Personnel	\$0	\$2,000	\$2,000
A2. Fringe Benefits	0	700	700
<b>Category II: Non-Personnel Costs</b>			
A3. Consultants	500	500	1,000
A4. Subscriptions & Publications	0	0	0
A5. Supplies	1,000	500	1,500
A6. Printing/Copying	500	0	500
A7. Rent/Lease Expenses	0	0	0
A8. Phone/Utilities	0	0	0
A9. Maintenance/Repair	0	0	0
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	0	0	0
A14. Food	0	0	0
A15. Conference/Training/Registration	0	0	0
<b>Category IV: Equipment/Furniture</b>			
A16. Equipment/Computer	0	0	0
A17. Furniture	0	0	0
<b>E. Totals</b>	<b>\$2,000</b>	<b>\$3,700</b>	<b>\$5,700</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>Prepared By: _____</p> <p>Fiscal Signature: _____</p> <p>Date: _____</p>
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\*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 4. – Budget Narrative Instructions**

Identify the agency name and program title at the beginning of the Budget Narrative. 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.

The “Other Funds” category must be explained by line item on the budget narrative. Provide justification on how each line item of “Other Funds” budgeted was calculated. **Please note: “Other funds” are required to be included on the Budget Form and Budget Narrative.**

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 2013 One Time Grant Applications.”**

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

**Section 4 – BUDGET NARRATIVE EXAMPLE**

Agency Name: Prevention Services, Inc.

Program Title: ATOD Training

**ANTICIPATED INCOME SOURCES DURING PROGRAM PERIOD:**

- A. **ODADAS** – This is the amount awarded under Community Prevention funds for prevention education services and activities under the project. **\$2,000**
- B. **Local ADAMHS Board** – This amount represents the funding from the local ADAMHS Board to fund prevention education services under the project. **\$3,200**
- C. **Registration Fees** – This represents funding received from the \$10 Registration Fee for each training participant. **\$500**

<b>Total Funding</b>	<b>\$5,700</b>
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**LINE ITEM BUDGET JUSTIFICATION:**

A1. Personnel Position	Annual Salary	Level of Effort	ODADAS Funds	Other Funds
Administrative Assistant	\$32,000	.0625 FTE	\$0	\$2,000

The Administrative Assistant will spent 6.25 percent of her time planning and organizing the training over a 2 month period. Duties include creating and mailing the training registration materials, copying training materials, and arranging the location and meals. The local ADAMHS Board Funds will cover this cost.

	<b>ODADAS Funds</b>	<b>Other Funds</b>
<b>Total Personnel</b>	<b>\$0</b>	<b>\$2,000</b>

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**A2. Fringe Benefits**

Fringe Benefits will include FICA, Medicare, Workers Compensation, Unemployment Compensation, Health Insurance and Retirement at a rate of 35 percent of salary. Local ADAMHS Board funds will pay the fringe benefits.

	<b>ODADAS Funds</b>	<b>Other Funds</b>
<b>Total Fringe Benefits</b>	<b>\$0</b>	<b>\$700</b>

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**A3. Consultants**

Consultants will include a \$500 fee for each of the two presenters at the training. ODADAS funds will provide \$500 and the Registration Fees will cover \$500.

	<b>ODADAS Funds</b>	<b>Other Funds</b>
<b>Total Consultants</b>	<b>\$500</b>	<b>\$500</b>

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**A4. Subscriptions and Publications**

No funds are assigned to this line item.

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

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**A5. Supplies**

Supplies will include all the necessary supplies needed in order to conduct the training. This includes alcohol and drug prevention training workbooks for each participant, alcohol and drug prevention training DVD, easel paper, markers, name tags, folders, postage for training registration materials, etc. ODADAS funds will provide \$1,000 towards the cost of these supplies. Local ADAMHS Board funds will cover \$500.

	<b>ODADAS Funds</b>	<b>Other Funds</b>
<b>Total Supplies</b>	<b>\$1,000</b>	<b>\$500</b>

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**A6. Printing/Copying**

Registration and program materials for the training will be designed and printed on high quality glossy paper by a professional printing company. ODADAS funds will provide \$500 towards the cost.

	<b>ODADAS Funds</b>	<b>Other Funds</b>
<b>Total Printing/Copying</b>	<b>\$500</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**

No funds are assigned to this line item.

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

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**A9. Maintenance/Repair**

No funds are assigned to this line item.

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

No funds are assigned to this line item.

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

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**A14. Food**

No funds are assigned to this line item.

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

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**A15. Conference/Training/Registration**

No funds are assigned to this line item.

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

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**A16. Equipment/Computer**

No funds are assigned to this line item.

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

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**A17. Furniture**

No funds are assigned to this line item.

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

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	<b>ODADAS Funds</b>	<b>Other Funds</b>
<b>Grand Total</b>	<b>\$2,000</b>	<b>\$3,700</b>

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## **Section 5. 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:

1. ODADAS SFY 2012 Direct Funded Conference/Seminar/Training/Event Grant 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

**Ohio Department of Alcohol and Drug Addiction Services  
Direct Funded Conference/Seminar/Training/Event Grant  
State Fiscal Year 2013 Conditions and Assurances**

**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 Application are to be used for the purpose set forth herein, and will be administered in accordance with the reporting requirements accompanied with 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 OMB 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 cover: vehicle purchase, cash payments to recipients of services, supplanting existing funds for staff or programs, capital improvement, construction, professional or credentialing fees, licenses or fines or penalties.
6. 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.
7. The board of the implementing agency of this grant will consist of individuals representative of the population(s) to be served.
8. 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 without prior written approval from ODADAS.
9. Travel, meals and lodging rates can not exceed the state of Ohio rates as set forth by the Ohio Office of Budget and Management in the Ohio Administrative Rule 126-1-02. For State Fiscal Year 2012, personal automobile mileage is \$.45 cents per mile. Reimbursement rates for lodging within the Continental United States will be as set by the federal General Service Administration (GSA). Maximum rates for lodging and per diems for meals and incidentals are set by location. These rates are available at [www.gsa.gov/perdiem](http://www.gsa.gov/perdiem). 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. Reimbursement for meals is authorized only when overnight lodging is required. If conference event includes or provides a meal, the

*ODADAS SFY 2013 Conference/Training/Seminar/Event Grant Application*

staff shall not be reimbursed for that same meal in the per diem rate. If rates change, ODADAS will provide notification to the Board and Agency.

10. The Implementing Agency is responsible for informing ODADAS when there is a change to the agency's contact information provided on the SFY 2012 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.
11. 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.
12. 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.

13. Programs and services should be culturally and linguistically appropriate for the population served.
14. 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 SAPT Block Grant-funded contract assurances issued through the contract between the agency and ODADAS. 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.

*ODADAS SFY 2013 Conference/Training/Seminar/Event Grant Application*

- 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 of 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**

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

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

**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 6 - Tax Status**

Include a copy of the implementing agency's tax exemption letter indicating current non-profit private 501 C-3 status.

## **Section 7 - Enclosures**

The following are Section 7 enclosure forms. These forms do not need to be returned with the grant application:

- ODADAS Contacts
- Application Checklist

## **ODADAS GRANTS CONTACTS**

### **DIVISION OF TREATMENT AND RECOVERY SERVICES**

**Northeast Region** Jackie Doodley [jackie.doodley@ada.ohio.gov](mailto:jackie.doodley@ada.ohio.gov) (614) 752-6456  
**Southwest Region** Drew Palmiter [drew.palmiter@ada.ohio.gov](mailto:drew.palmiter@ada.ohio.gov) (614) 752-8851  
**Central Region** Adreana Tartt [andreana.tartt@ada.ohio.gov](mailto:andreana.tartt@ada.ohio.gov) (614) 466-9006  
**Southeast Region** Scott Anderson [scott.anderson@ada.ohio.gov](mailto:scott.anderson@ada.ohio.gov) (614) 466-8562  
**Northwest Region** Tony Johnson [tony.johnson@ada.ohio.gov](mailto:tony.johnson@ada.ohio.gov) (614) 644-9102

### **DIVISION OF PREVENTION SERVICES**

**Northeast Region** Karen Kimbrough [karen.kimbrough@ada.ohio.gov](mailto:karen.kimbrough@ada.ohio.gov)(614) 752-8355  
**Southeast Region** Melinda Norman [melinda.norman@ada.ohio.gov](mailto:melinda.norman@ada.ohio.gov) (614) 644-8318  
**Northwest Region** Shemane Marsh [shemane.marsh@ada.ohio.gov](mailto:shemane.marsh@ada.ohio.gov) (614) 466-9021  
**Southwest Region** Valerie Connolly [valerie.connolly@ada.ohio.gov](mailto:valerie.connolly@ada.ohio.gov) (614) 466-0124

### **DIVISION OF FISCAL SERVICES**

**Grants Coordinator** Johanna Burgess-Pickett [johanna.pickett@ada.ohio.gov](mailto:johanna.pickett@ada.ohio.gov) (614) 644-8448

## 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 Grant Face Sheet
- Section 2. Event Plan
- Section 3. Budget Form
- Section 4. Budget Narrative
- Section 5. Assurances
  - ODADAS Direct Funded Grant Conditions and Assurances for SFY 2013
  - 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
- Section 6. Tax Status