



**SFY 2014
Conference and Training
Grant Application**

John R. Kasich, Governor

Tracy Plouck, Director

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**Ohio Department of Mental Health and Addiction Services (OhioMHAS)
SFY 2014 Conference/Training/Seminar/Event Grant Application**

Mission Statement

To provide statewide leadership in establishing 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) 2014 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 Mental Health and Addiction Services
Budget and Subsidy Unit
30 E. Broad St., 11th 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 Coordinator and programmatic questions should be directed to your Regional Coordinator. Please see the OhioMHAS Contacts list in the Enclosures to select the appropriate contact or refer to the contacts in the OhioMHAS Response to Request for Funding Letter.

Grant Application Review

All grant applications will be reviewed by OhioMHAS 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, OHIOMHAS 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 OHIOMHAS website. Reporting requirements, such as expenditure reports and progress reports, will be reviewed by OHIOMHAS Staff. Failure to comply with reporting requirements shall result in further action by OHIOMHAS.

Non-Compliance/Accountability

Ohio Administrative Code section 3793:6-1-01, authorizes OHIOMHAS 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 – OHIOMHAS Program Grant Face Sheet

Accurately complete a face sheet form for the grant application.

- Indicate the Face Sheet Type.
- Insert the total OHIOMHAS funds requested for the grant application. Applicants can apply for no more than the final amount awarded in SFY 2013 if applicable.
- Identify the length of time to plan, coordinate, conduct and close-out the Conference Training, e.g. July 1, 2013 through June 30, 2014.
- 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 OHIOMHAS.

GRANT FACE SHEET

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

Total OHIOMHAS Funds Requested: \$ _____ Grant Period: _____ to _____

Grant Number: _____ Program Title: _____

IMPLEMENTING AGENCY INFORMATION	
Implementing Agency Name	
Executive Director	
Mailing Address	
City, State Zip Code	
Telephone Number	
Fax Number	
Executive Director's Email Address	
Fiscal Officer's Name	
Fiscal Officer's Phone Number	
Fiscal Officer's Email	
Federal Tax ID Number	

Authorized Implementing Agency Board Member Date

Implementing Agency Executive Director Date

*Check Revision when submitting a Face Sheet to OHIOMHAS 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 and describe how the events will advance the dissemination of knowledge and or skills in the alcohol and other drug field.

Provide the planned title of the conferences, training, seminars, events, locations, dates, 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 proposed. Please include a description of how this will meet OhioMHAS' 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, and event. Please describe how the event will assure cultural competence for the target audience. Limit your response to a maximum of **two** paragraphs.

2D. Marketing

Describe the methods for publicizing the conference, training, seminar, and event. Include any brochures, programs or pamphlets describing the conference, training, seminar, and 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 final amount awarded in SFY 2013, if applicable. 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 OhioMHAS 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. OhioMHAS Funds – The OhioMHAS funds budgeted by budget category for the grant program area.
- C. Other Funds - All other fund sources (other than OhioMHAS) anticipated for the budget period, by budget category.
- D. Total Funds – This includes the total of both the OhioMHAS and Other Funds for the identified grant program area.
- E. Totals – These are the totals for OhioMHAS 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 2014 Budget/Expenditure Form is available in Microsoft Excel and PDF format.

OhioMHAS SFY 2014 Conference and Training Grant Application

Ohio Department of Mental Health and Addiction Services
SFY 2014 Budget/Expenditure Form

Implementing Agency: Prevention Services, Inc.
 Grant Program Area: ATOD Training
 Budget Period: _____
 State Grant #: _____

<i>For OhioMHAS 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
Category I: Personnel Costs			
A1. Personnel	\$0	\$2,000	\$2,000
A2. Fringe Benefits	0	700	700
Category II: Non-Personnel Costs			
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
Category III: Motor Vehicle/Travel/Food/Conference			
A12. Motor Vehicle	0	0	0
A13. Travel	0	0	0
A14. Food	0	0	0
A15. Conference/Training/Registration	0	0	0
Category IV: Equipment/Furniture			
A16. Equipment/Computer	0	0	0
A17. Furniture	0	0	0
E. Totals	\$2,000	\$3,700	\$5,700

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

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

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 attached.

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. **OhioMHAS** – 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**

Total Funding	\$5,700
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LINE ITEM BUDGET JUSTIFICATION:

A1. Personnel Position	Annual Salary	Level of Effort	OhioMHAS 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.

	OhioMHAS Funds	Other Funds
Total Personnel	\$0	\$2,000

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.

	OhioMHAS Funds	Other Funds
Total Fringe Benefits	\$0	\$700

A3. Consultants

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

	OhioMHAS Funds	Other Funds
Total Consultants	\$500	\$500

A4. Subscriptions and Publications

No funds are assigned to this line item.

	OhioMHAS Funds	Other Funds
Total Subscriptions and Publications	\$0	\$0

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. OhioMHAS funds will provide \$1,000 towards the cost of these supplies. Local ADAMHS Board funds will cover \$500.

	OhioMHAS Funds	Other Funds
Total Supplies	\$1,000	\$500

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. OhioMHAS funds will provide \$500 towards the cost.

	OhioMHAS Funds	Other Funds
Total Printing/Copying	\$500	\$0

A7. Rent/Lease Expenses

No funds are assigned to this line item.

	OhioMHAS Funds	Other Funds
Total Rent/Lease	\$0	\$0

A8. Phone/Utilities

No funds are assigned to this line item.

	OhioMHAS Funds	Other Funds
Total Phone/Utilities	\$0	\$0

A9. Maintenance/Repair

No funds are assigned to this line item.

	OhioMHAS Funds	Other Funds
Total Maintenance/Repair	\$0	\$0

A10. Rentals

No funds are assigned to this line item.

	OhioMHAS Funds	Other Funds
Total Rentals	\$0	\$0

A11. Insurance

No funds are assigned to this line item.

	OhioMHAS Funds	Other Funds
Total Insurance	\$0	\$0

A12. Motor Vehicle

No funds are assigned to this line item.

	OhioMHAS Funds	Other Funds
Total Motor Vehicle	\$0	\$0

A13. Travel

No funds are assigned to this line item.

	OhioMHAS Funds	Other Funds
Total Travel	\$0	\$0

A14. Food

No funds are assigned to this line item.

	OhioMHAS Funds	Other Funds
Total Food	\$0	\$0

A15. Conference/Training/Registration

No funds are assigned to this line item.

	OhioMHAS Funds	Other Funds
Total Conference/Training/Registration	\$0	\$0

A16. Equipment/Computer

No funds are assigned to this line item.

	OhioMHAS Funds	Other Funds
Total Equipment/Computer	\$0	\$0

A17. Furniture

No funds are assigned to this line item.

	OhioMHAS Funds	Other Funds
Total Furniture	\$0	\$0

	OhioMHAS Funds	Other Funds
Grand Total	\$2,000	\$3,700

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. OhioMHAS SFY 2014 Direct Funded Conference, Seminar, Training, and 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 Mental Health and Addiction Services
Direct Funded Conference/Seminar/Training/Event Grant
State Fiscal Year 2014 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 2014 Application are to be used for the purpose set forth herein, and will be administered in accordance with the reporting requirements accompanied with the OhioMHAS 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 OhioMHAS.
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 Mental Health and Addiction Services" as a funder of the program. Materials may not be copyrighted without prior written approval from OhioMHAS.
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 2014, 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. 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

OhioMHAS SFY 2014 Conference and Training Grant Application

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. If rates change, OhioMHAS will provide notification to the Board and Agency.

10. The Implementing Agency is responsible for informing OhioMHAS when there is a change to the agency's contact information provided on the SFY 2014 Face Sheet. Future official communications from OhioMHAS 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 OhioMHAS 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 OhioMHAS 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 OhioMHAS. 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.

OhioMHAS SFY 2014 Conference and Training 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**

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

**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:

OhioMHAS SFY 2014 Conference and Training Grant Application

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:

- OhioMHAS Contacts
- Application Checklist

OhioMHAS GRANT CONTACTS

COMMUNITY FUNDING UNIT - DIVISION OF FISCAL SERVICES

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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. OhioMHAS Grant Face Sheet
- Section 2. Event Plan
- Section 3. Budget Form
- Section 4. Budget Narrative
- Section 5. Assurances
 - OhioMHAS Direct Funded Grant Conditions and Assurances for SFY 2014
 - 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