



# Ohio Commission On Minority Health

## **Minority Health Grants Management System Applicant User Guide**



# Ohio Commission On Minority Health

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## 1. OCMH PORTAL WELCOME SITE – EXTERNAL and Organization USER REGISTRATION

Users: Applicant, External Reviewer, Organization

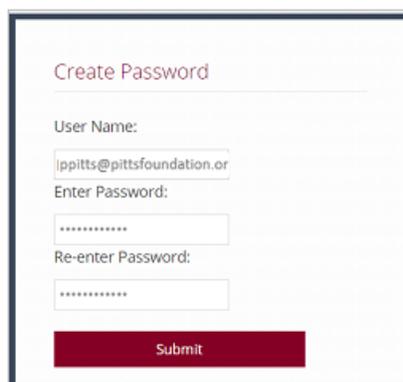
### a. General Information

- i. First time External users must visit the Commission’s website at [www.mih.ohio.gov](http://www.mih.ohio.gov) to register new external users. A new user is a person who has never had access to the system. Please follow the following procedure to register new users:
  1. Visit [www.mih.ohio.gov](http://www.mih.ohio.gov) Grant Opportunities
  2. Click Here to Access and Register User Form
  3. Down and complete the form and fill out all fields
  4. Save the document
  5. Email the document to [minhealth@mih.ohio.gov](mailto:minhealth@mih.ohio.gov)
- ii. Once the user has been registered in the system the user will receive a password creation email from the system and will ask the user to create a password.
  - Password must be 8-20 characters long.
  - Password must contain at least one character from each of the following categories:
    - Case sensitive
    - Include at least one capital letter
    - Include at least one special character
    - Include at least one number

To provide additional security:

- Passwords must have at least three different characters from the previous password
- Passwords cannot be reused
- Passwords must be changed at least every 90 days

Click the Submit button.



Create Password

User Name:

Enter Password:

Re-enter Password:

- b. Create Organization- If an agency has never used the MHGM system before the agency must complete a registration form prior to gaining access to the system.
  1. Visit [www.mih.ohio.gov](http://www.mih.ohio.gov) Grant Opportunities
  2. Click Here to Access and New Organization and User Registration Form
  3. Down and complete the form and fill out all fields
    - a. Information that will be needed for the document
      - i. Organization Name
      - ii. Organization Location Address
      - iii. Organization Mailing Address- If different from location address
      - iv. Organization Billing Address- If different from location address
      - v. Organization Phone Number
      - vi. Organization EIN or Tax ID Number
  4. Save the document
  5. Email the document to [minhealth@mih.ohio.gov](mailto:minhealth@mih.ohio.gov)

- iv. An information message 'Your password is successfully updated' will be displayed and providing the user an option to login.
- v. Enter your login credentials, and click on Login button to move forward in the OCMH Portal.

 Ohio Commission On  
Minority Health

OCMH Portal

Your Password was successfully created/changed.  
Please commit your new password to memory.

Please Enter Your Information

User Name:

Non State User will use the email address and  
State User will use State of Ohio ID for user  
name.

Password:

[Login](#)

[← I forgot my password](#)

d. OCMH Portal Login

- i. Enter your User Name and Password then click 'Login'. External users will enter their email address and password.

OHIO COMMISSION ON  
MINORITY HEALTH  
Since 1987

Ohio Commission On  
Minority Health

OCMH Portal

Please Enter Your Information

User Name:  
justin.watkins@gmail.com

Non State User will use the email address and  
State User will use State of Ohio ID for user  
name.

Password:  
.....

Login

← I forgot my password

e. Quick Tips- Application Time Out

- Please gather all materials needed to complete and submit this application.
- Please be aware that your application session will expire after 30 minutes if you are not actively working in the system. There will be a countdown clock at the top of the webpage and when the clock reaches under 5 minutes a pop up will occur. The popup will ask if you would like to continue your session. If yes, the clock will reset to another 30 minutes. If you press no or are not at your computer the system will log you out. Once signed back in there will be the option for you to retrieve your lost data.

f. Quick Tips- Character Count

- Character (not word) Counts for each section are as follows:
  - i. Project Abstract- 5,000 characters
  - ii. Proposal Narrative- 3,000 characters per question
  - iii. Method of Implementation- 3,000 characters per question
  - iv. Budget Narrative- 3,000 characters per line item.

## 1. OCMH PORTAL

### Users: Applicant

#### a. Technical Assistance

- i. If you need any technical assistance while using the MHGM System, please email OCMH at [minhealth@mih.ohio.gov](mailto:minhealth@mih.ohio.gov) . **Please be advised that the submission of a Technical Assistance request or question will not change the established application due date.**

1. To better assist you please provide the following information in your email:

#### a. Contact information

- i. First & Last Name
- ii. Organization name
- iii. Grant number you are having issue with. (This can be found on the face sheet)
- iv. Brief description of your issue with a screen shot of any errors your seeing.
  1. Not sure how to create a screen shot please click on the following [Link](#).

#### b. General Information

- i. All users both internal and external, will access the Minority Health Grants Management System through the [Ohio Commission on Minority Health \(OCMH\) Portal](#). OCMH Portal provides secure access to the Minority Health Grants Management System.

#### c. Login

- i. Click the [Ohio Commission on Minority Health \(OCMH\) Portal](#) link. The OCMH Portal page will open.
- ii. Enter your User Name and Password then click 'Login'. Internal users will use their My Ohio login credentials. External users will enter their email address and password. The OCMH Portal Dashboard page will open.

The screenshot shows the login interface for the OCMH Portal. At the top left is the OCMH logo, which includes the text 'OHIO COMMISSION ON MINORITY HEALTH' and 'Since 1997'. To the right of the logo, the text 'Ohio Commission On Minority Health' is displayed in a large, dark font. Below this, 'OCMH Portal' is written in a smaller font. The main content area is a white box with a dark border containing the following elements:

- A heading: 'Please Enter Your Information'
- A 'User Name:' label followed by a text input field containing '10161908' and a user icon.
- Instructions: 'Non State User will use the email address and State User will use State of Ohio ID for user name.'
- A 'Password:' label followed by a password input field with masked characters and a lock icon.
- A red 'Login' button with a magnifying glass icon.
- A red link: 'I forgot my password' with a left-pointing arrow.

At the bottom of the page, the word 'Welcome' is displayed in a large font, followed by a smaller line of text: 'The Ohio Commission on Minority Health (OCMH) welcomes you to OCMH Portal. If you have any questions related to this application, please contact :'

d. Dashboard

- i. The OCMH Portal Dashboard appears after successful login.



e. Navigation Menu Options

**Note:** The menu items available in each OCMH Portal menu option will differ depending on the user's roles and permissions.

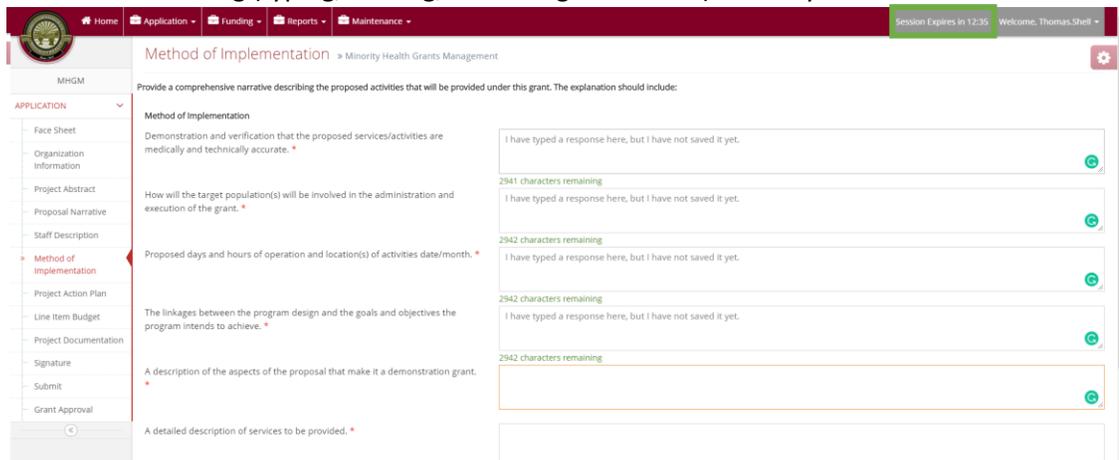
- i. *Home* – Click this link from any page in the application to navigate back to the OCMH Portal dashboard.
- ii. *My Applications* – Click this menu option to select applications which you have been granted access.
- iii. *Admin* – Click this menu option to select admin items which you have been granted access.

f. Session Expiration and Recovered Data



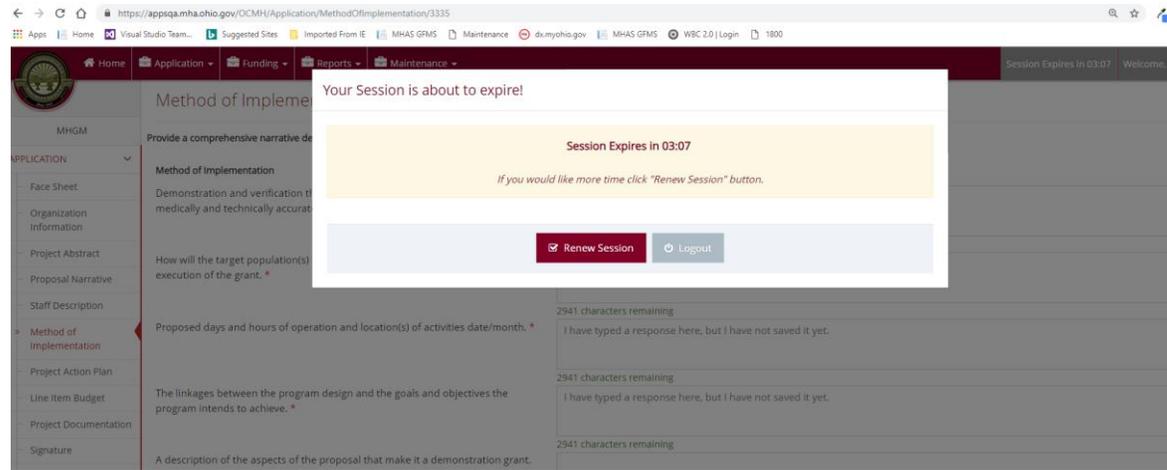
**Description:** The Session Expiration timer shows a logged in user the time they have remaining before the system logs them out of the system. Note: If the system logs the user out, all information on the page the user was working will be recoverable.

- 1. Session Expiration – The timer will continue to refresh as long as the user is currently working (typing, clicking, or moving the mouse) in the system.



- 2. Session Expiration Warning Message– If a user has stepped working (typing, clicking, or moving the mouse) in the system and the timer counts down to 5 minutes, then the

user will see the following warning message.

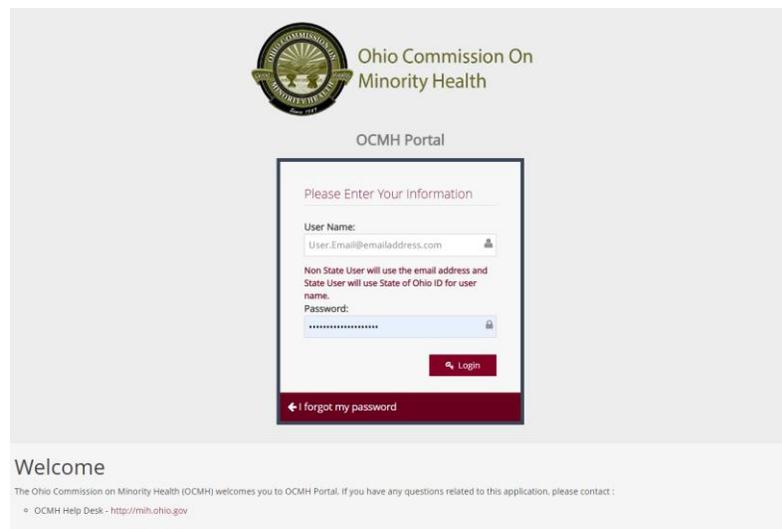


- a. Renew Session – If the warning message is showing the user can click on the 'Renew Session' button to continue working in system.
- b. Logout – If the warning message is showing the user can click on the 'Logout' button to log themselves out of the system and will be redirected to the Login screen.

3. Session Expired- If the warning message timer goes to zero then the users will be logged out and will see this message on their screen.



- a. Close – When the user clicks on the 'Close' button they will be redirected to the Login screen



4. Recovering Data- If the user's session had expired, they can recover the information they were working on. By doing the following steps.

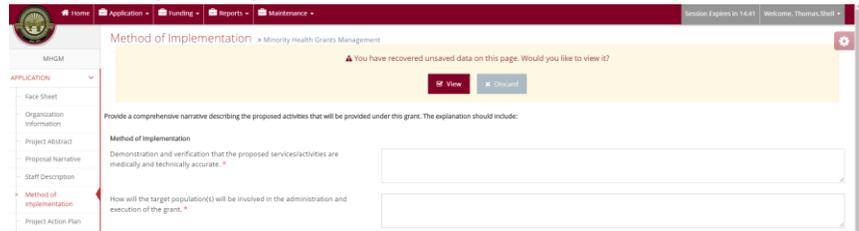
a. When the user logs back into Minority Health Grants Management System they will see the 'Unsaved Data Recovery' message.



b. They click on the hyperlink listing of the page they were on.

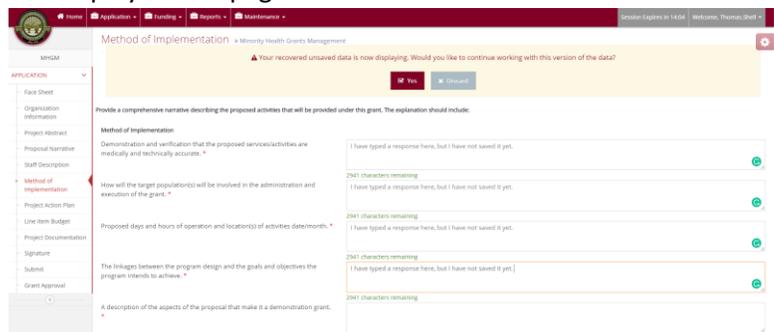


c. The system will then take user to the page they were working and display the following message.



d. The user can then choice to view or discard their recovered data.

i. View- If the user wishes to see the data that was recovered on the page they can click on the 'View' button and the information will display on the page.



1. The user then needs to decide if they wish to continue working with this data or not by choosing Yes or Discard

ii. Discard- If the user wants to remove their recovered data from the page, they will click the 'Discard' button.

1. The system shows the following secondary message to confirm they wish to 'Discard' the information.

Warning - Discarding Of Unsaved Recovered Data!

⚠ By discarding your unsaved recovered data it will be lost forever. Are you sure you want to discard this?

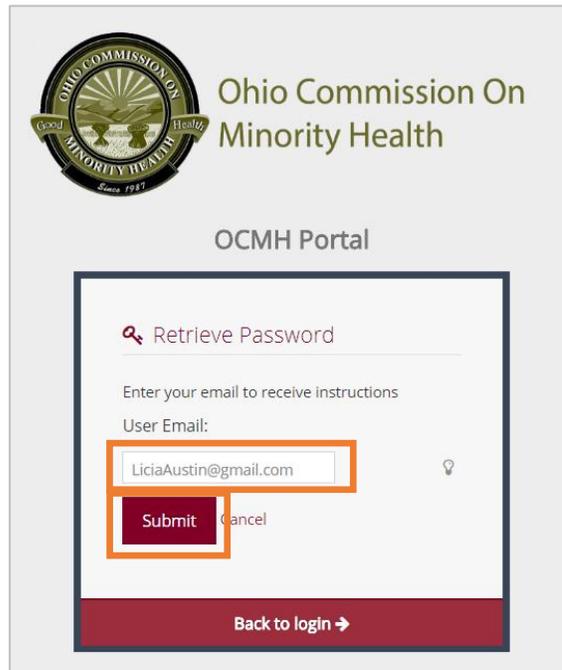
Discard

Cancel

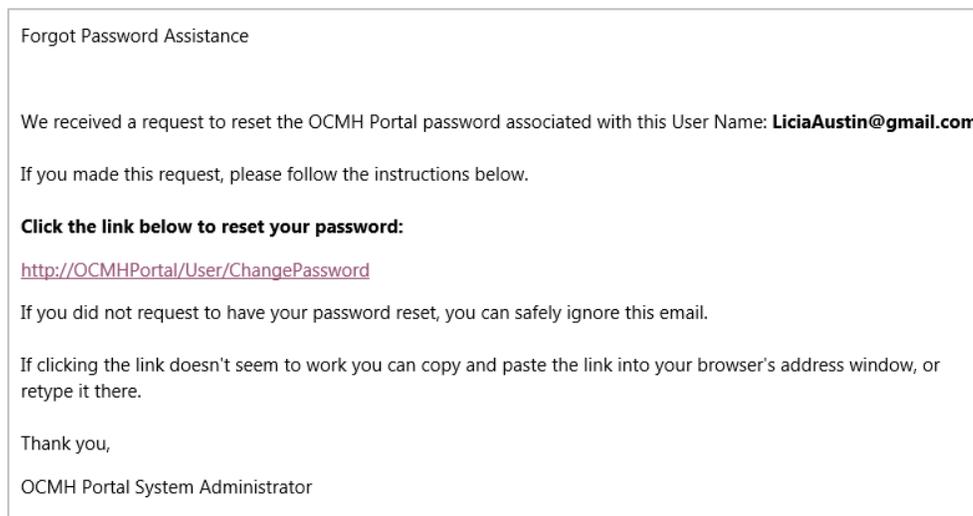
8.

i. External User – Forgot Password

1. Click the 'I forgot my password' link on the OCMH Portal login page. If you change your mind and want to go back to OCMH Portal login page, click on "Back to Login" link displayed on "Retrieve Password" page.
2. Enter your user email address and click the Submit button.



3. This information message will appear: "If the user email you entered is associated with an account in our records, you will receive an email from us with instructions to reset your password" will be displayed on the OCMH Portal login page.
4. The user will receive a 'Forgot Password Email Notification' from OCMH Portal Administrator, providing a link to reset a password.
5. Click on the link to reset user password.



6. Change user password following these defined Standard Password Requirements:
  - Password must be 8-20 characters long.
  - Password must contain at least one character from each of the following categories:
  - Password must be minimum of 8 characters long.
  - Password must contain at least one character from each of the following categories:
    - Case sensitive
    - Include at least one capital letter
    - Include at least one special character
    - Include at least one number
7. To provide additional security:
  - Passwords must have at least three different characters from the previous password
  - Passwords cannot be reused
  - Passwords must be changed at least every 90 days
8. Click the Submit button.

 Ohio Commission On  
Minority Health

OCMH Portal

Create Password

User Name:

Enter Password:

Re-enter Password:

Welcome

The Ohio Commission on Minority Health (OCMH) welcomes you to OCMH Portal. If you have any questions related to this application, please contact :

- o OCMH Help Desk - <http://mih.ohio.gov>

9. An information message 'Your password is successfully updated' will be displayed and providing the user an option to login.
10. Enter your login credentials, and click on Login button to move forward in the OCMH Portal.

OHIO COMMISSION ON  
GOOD HEALTH  
MINORITY HEALTH  
Since 1987

## Ohio Commission On Minority Health

### OCMH Portal

Your Password was successfully created/changed.  
Please commit your new password to memory.

Please Enter Your Information

User Name:  
LiciaAustin@gmail.com

Non State User will use the email address and  
State User will use State of Ohio ID for user  
name.

Password:  
\*\*\*\*\*

Login

← I forgot my password

ii. External User – Password Expiration

1. All External Users must change their password every 90 days. The user will receive an email 14 days prior to the password expiration.
2. Select the Click Here link and follow the instructions to create a new password.
3. If the User's password expires, they will get a second email notification. Select the Click Here link to reset your password.
4. Once the Click Here link is selected, the user will be taken to the change password page. Enter the information and select the Submit button.
5. The User will be taken back to the OCMH Portal login page to enter their ID and Password.

- h. Access MHGM from OCMH Portal
  - i. Click the [Ohio Commission on Minority Health \(OCMH\) Portal](#) link. The OCMH Portal page will open.
  - ii. Enter your User Name and Password then click 'Login'. Internal users will use their My Ohio login credentials. External users will enter their email address and password. The OCMH Portal Dashboard page will open.

Please Enter Your Information

User Name:  
10161908

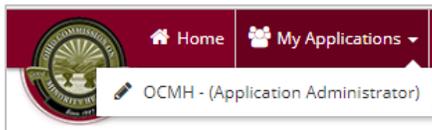
Non State User will use the email address and State User will use State of Ohio ID for user name.

Password:  
\*\*\*\*\*

Login

I forgot my password

- ii. Click the arrow next to 'My Applications' on the OCMH Portal Navigation bar.
- iii. Click the MHGM application link. **Note: The user's role will appear in parentheses. The MHGM Dashboard page will open.**



### 3. MHGM APPLICATION MENU

#### a. New Grant Application

Users: Applicant: Before Getting Started

- The Implementing Organization associated with the application must be set up in the OCMH Portal. This can be created by an external user on the Welcome page. If the Organization has been created and needs to be updated, contact the OCMH staff.

Description: Use this section to create a new grant application. The New Grant Application section contains a left navigation panel that contains links to the different pages in the application. Access to these pages depends on the user's permissions. Fields with red asterisks \* are required fields. The Face Sheet needs to be completed before moving to any other section of the application. The following grant application sections appear after clicking the 'Next' button on the Face Sheet. The menu items depend on the Grant Type selected on the Face Sheet.

- **IMPORTANT: These sections do not have a save button. Please gather all materials needed to complete and submit this application.**
- **Please be aware that your application session will expire after 30 minutes if you are not actively working in the system. There will be a countdown clock at the top of the webpage and when the clock reaches under 5 minutes a pop up will occur. The popup will ask if you would like to continue your session. If yes, the clock will reset to another 30 minutes. If you press no or are not at your computer the system will log you out. Once signed back in there will be the option for you to retrieve your lost data.**
- Organization Information -
- Project Abstract
- Proposal Narrative
- Staff Description
- Method of Implementation
- Project Action Plan
- Line Item Budget
- Project Documentation
- Signature
- Submit
- Grant Approval

Grant Application Page Access

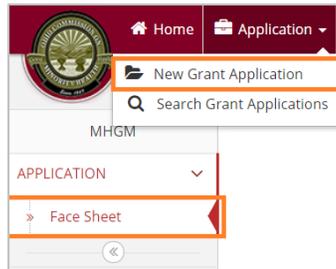
The table below shows the grant application page access depending on the Grant Type selected on the Face Sheet. For example, if the Minority Health Month (MHM) Grant Type is selected on the Face Sheet, the Project Abstract application page will not be accessible.

| Grant Application Page<br>(Navigation Menu Item) ▾ | Grant Type (Y=Yes)       |               |  |   |                                  |  |
|--|--------------------------|---------------|--|---|----------------------------------|--|
|  | Demonstration<br>(MIH) ▾ | HUB (IM)<br>▾ | Local Office of<br>Minority Health<br>(MIHL) ▾ | Miscellaneous<br>Grants/Supplemental<br>(MGS) ▾ | Minority Health<br>Month (MHM) ▾ | Systemic Lupus<br>Erythematosus<br>(SLE) |
| Face Sheet   | Y                        | Y             | Y  | Y   | Y                                | Y  |
| Organization Information                           | Y                        | Y             | Y  | Y   | Y                                | Y  |
| Project Abstract                                   | Y                        | Y             | Y  |   |                                  | Y  |
| Proposal Narrative                                 | Y                        | Y             | Y  | Y   | Y                                | Y  |
| Staff Description                                  | Y                        | Y             | Y  |   |                                  | Y  |
| Method of Implementation                           | Y                        | Y             | Y  |   |                                  | Y  |
| Project Action Plan                                | Y                        | Y             | Y  | Y   | Y                                | Y  |
| Line Item Budget                                   | Y                        | Y             | Y  | Y   | Y                                | Y  |
| Project Documentation                              | Y                        | Y             | Y  | Y   | Y                                | Y  |
| Signature  | Y                        | Y             | Y  | Y   | Y                                | Y  |
| Submit   | Y                        | Y             | Y  | Y   | Y                                | Y  |
| Grant Approval                                     | Y                        | Y             | Y  | Y   | Y                                | Y  |

i. Face Sheet

**Note:** The Face Sheet contains general information pertaining to the grant application.

1. Select the Application menu option
2. Select the New Grant Application menu item. The Face Sheet page will open. A left navigation panel menu will also appear. This menu will display additional items after the Face Sheet is saved.



3. Select Organization. **Note:** Organizations are created in the OCMH Portal.
4. Select Organization Address.
5. The 'Who are you applying to for this grant' drop-down box will display a default value.
6. Select State Fiscal Year.
7. Select a Grant Type.
8. Select a Project Area.
9. Application Number – This number is automatically generated when the Next button is clicked. It will be visible as read-only when Users navigate back to the Face Sheet.
10. Enter the total amount of OCMH grant funds requested in the Requested Amount box.
11. Select an option from the 'How many years has the service provider been in existence?' drop-down box. **Note:** This question is hidden for the Minority Health Month (MHM) Grant Type.
12. Program Title – Enter a title for the program.

A screenshot of the 'Face Sheet' form in the Minority Health Grants Management system. The form is displayed in a web browser with a dark red header containing navigation links: Home, Application, Funding, Reports, and Maintenance. The page title is 'Face Sheet » Minority Health Grants Management'. The form contains several fields with red asterisks indicating required information: Organization (Ohio Commission on Minority Health), Organization Address (77 S High St.), Who are you applying to for this grant (Ohio Commission on Minority Health), State Fiscal Year (2018), Grant Type (Systemic Lupus Erythematosus ()), Project Area (A Generic Project Area), Application Number (empty), Requested Amount (\$ 21088), How many years has the service provider been in Existence? (1-5 years), and Program Title (A Generic Program Title). A note at the bottom indicates '52 characters remaining'.

13. Enter contact information for the Executive Director, Project Director, and Fiscal Officer
14. The Project Lead contact information will automatically populate based on the Grant Type and Project Area selected.
15. Click the Next button to save and continue entering application information. The left navigation panel will display the remaining pages of the application. The Organization Information page will open.

The screenshot shows a web application interface with a dark red navigation bar at the top containing a logo and menu items: Home, Application, Funding, Reports, and Maintenance. The main content area is white and contains contact information forms for three roles: Executive Director, Project Director, and Fiscal Officer. Each role has fields for First Name, Last Name, Phone Number, and Email Address. The Project Lead section has fields for First Name, Last Name, and Email Address. A 'Next' button is located at the bottom right of the form area.

| Role               | Field           | Value                     |
|--------------------|-----------------|---------------------------|
| Executive Director | First Name *    | Avery                     |
|                    | Last Name *     | Austin                    |
|                    | Phone Number *  | (614) 501-5010            |
|                    | Email Address * | aaustin@test.com          |
| Project Director   | First Name *    | Drew                      |
|                    | Last Name *     | Tucker                    |
|                    | Phone Number *  | (614) 501-5010            |
|                    | Email Address * | dtucker@test.com          |
| Fiscal Officer     | First Name *    | Jeremy                    |
|                    | Last Name *     | Sullivan                  |
|                    | Phone Number *  | (614) 501-5010            |
|                    | Email Address * | jsullivan@test.com        |
| Project Lead       | First Name      | Licia                     |
|                    | Last Name       | Austin                    |
|                    | Email Address   | Licia.Austin@mha.ohio.gov |

Next

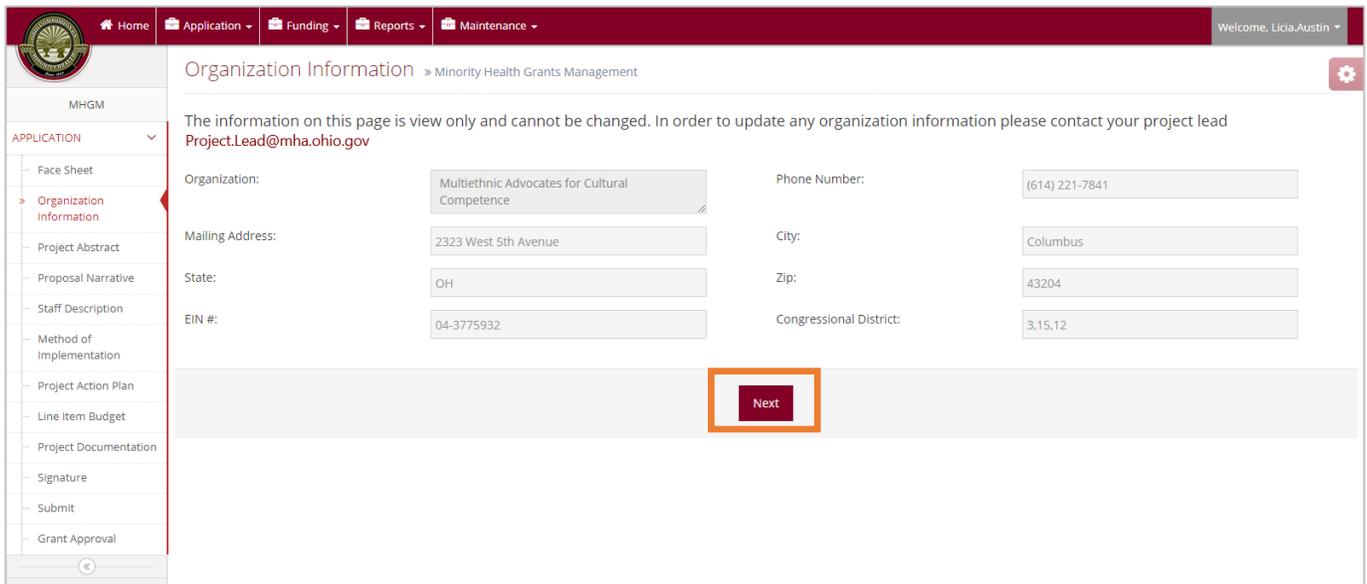
## ii. Organization Information

**Note:** The Face Sheet must be completed before this section of the application is visible. This page provides more detail about the Organization selected on the Face Sheet. This information is read-only and is pre-populated from the OCMH Portal.

1. Click the Organization Information link on the left navigation panel, if User is not already on this page. The Organization Information page will open.



2. Review the Organization Information. The information on this page is read-only and can't be edited. Contact the OCMH staff to update Organization information.
3. Click the Next button to save the Organization Information and move to the next screen. The Project Abstract page will open.



Organization Information > Minority Health Grants Management

The information on this page is view only and cannot be changed. In order to update any organization information please contact your project lead [Project.Lead@mha.ohio.gov](mailto:Project.Lead@mha.ohio.gov)

|                  |   |                         |                |
|------------------|---|-------------------------|----------------|
| Organization:    | Multiethnic Advocates for Cultural Competence | Phone Number:           | (614) 221-7841 |
| Mailing Address: | 2323 West 5th Avenue                          | City:                   | Columbus       |
| State:           | OH  | Zip:                    | 43204          |
| EIN #:           | 04-3775932                                    | Congressional District: | 3,15,12        |

**Next**

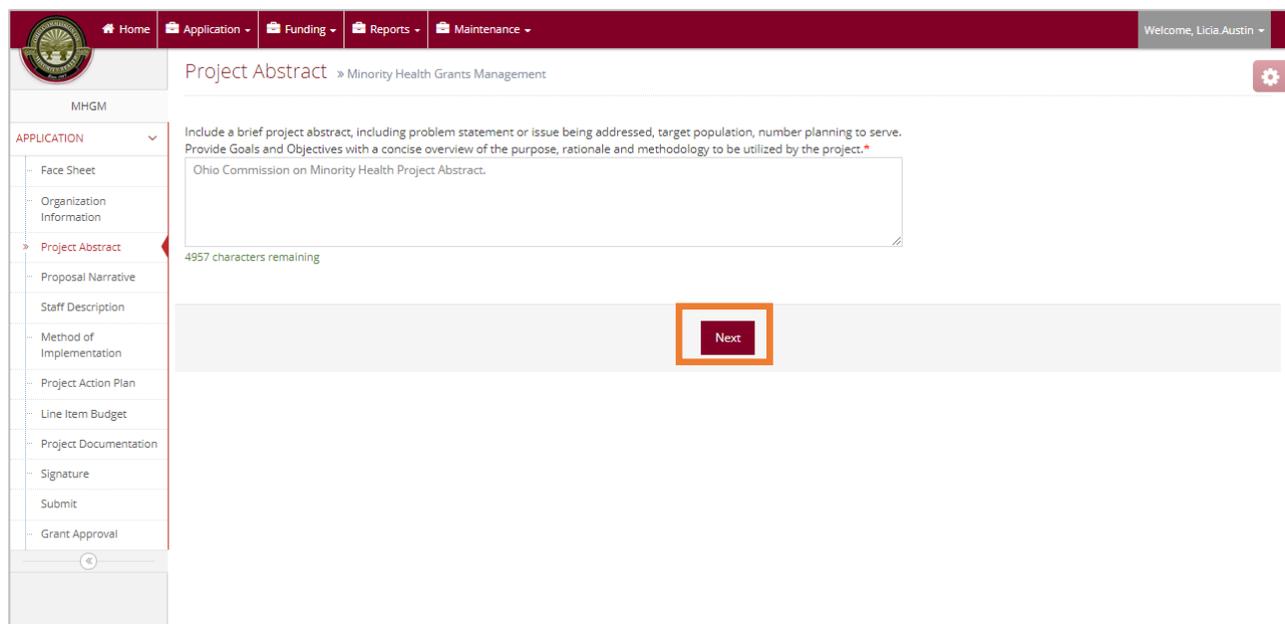
### iii. Project Abstract

**Note:** The Face Sheet must be completed before this section of the application is visible. The Project Abstract page provides more detailed information about the project.

1. Click the Project Abstract link on the left navigation panel, if User is not already on this page. The Project Abstract page will open.



2. Enter the information the Project Abstract box. A character counter will appear as User is typing.
3. Click the Next button to save the Project Abstract and move to the next screen. The Project Narrative page will open.



iv. Proposal Narrative

**Note:** The Face Sheet must be completed before this section of the application is visible. The Proposal Narrative page provides more detailed information about the project.

- Please gather all materials needed to complete and submit this application.
- Please be aware that your application session will expire after 30 minutes if you are not actively working in the system. There will be a countdown clock at the top of the webpage and when the clock reaches under 5 minutes a pop up will occur. The popup will ask if you would like to continue your session. If yes, the clock will reset to another 30 minutes. If you press no or are not at your computer the system will log you out. Once signed back in there will be the option for you to retrieve your lost data.

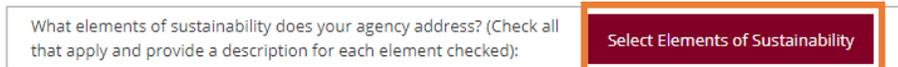
1. Click the Proposal Narrative link on the left navigation panel, if User is not already on this page. The Proposal Narrative page will open.



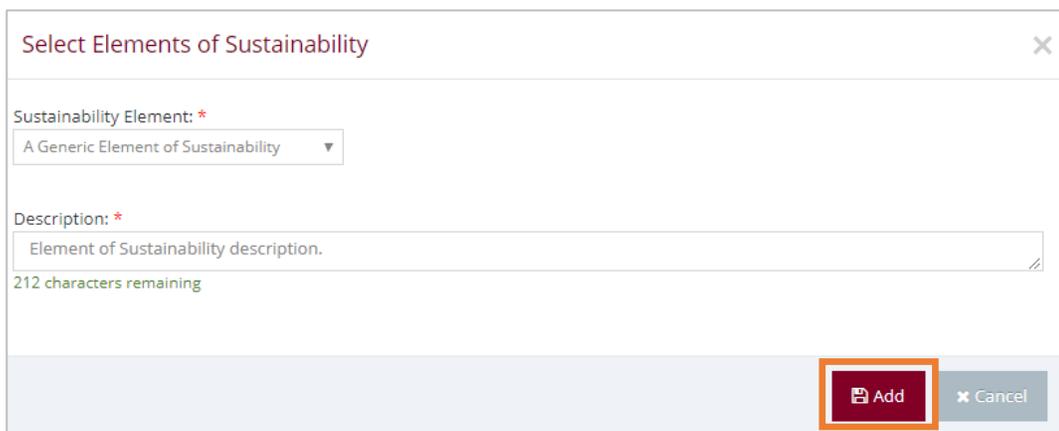
2. Select the applicable Health Area(s).
3. Select the applicable Demographic(s).
4. Select the applicable Gender(s).
5. Select the applicable Age Group(s).

The screenshot shows the 'Proposal Narrative' page in the Minority Health Grants Management system. The page is titled 'Proposal Narrative > Minority Health Grants Management'. On the left is a navigation menu with the following items: Home, Application, Funding, Reports, Maintenance, and a user profile 'Welcome, Licia Austin'. Below the navigation menu is a list of application sections: Face Sheet, Organization Information, Project Abstract, Proposal Narrative (highlighted), Staff Description, Method of Implementation, Project Action Plan, Line Item Budget, Project Documentation, Signature, Submit, and Grant Approval. The main content area is divided into four sections: Health Areas, Demographics, Genders, and Age Groups. Each section contains a list of checkboxes for selection. The 'Health Areas' section includes Cancers (checked), Diabetes, Substance Abuse, Cardiovascular, Infant Mortality, and Violence. The 'Demographics' section includes A Generic Demographic (checked), Black or African American, Cuban, Guamanian or Chamorro, Korean, Mexican American, Native Hawaiian, Other Pacific Islander, Samoan, White, Asian Indian, Chinese, Filipino, Japanese, Mexican, Native American or Alaska Native, Other Asian, Puerto Rican, Vietnamese, and Other. The 'Genders' section includes Female (checked) and Male (checked). The 'Age Groups' section includes <1 year, 6-10 years, 15-19 years, 25-34 years, 45-54 years, 65-74 years (checked), 1-5 years, 11-14 years, 20-24 years, 35-44 years, 55-64 years (checked), and 75+ years (checked). There is also a text input field for 'If Other, please specify: \*'.

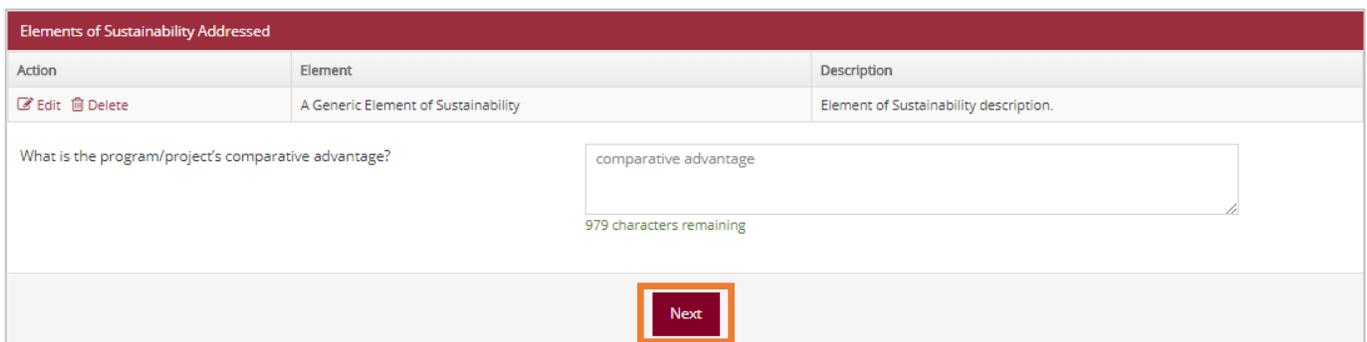
6. Answer the required Proposal Narrative questions. A character counter will appear as the User is typing. The Proposal Narrative questions vary depending on the Grant Type and will be included in the RFP
7. Click the Select Elements of Sustainability button. The Select Elements of Sustainability pop-up window will open



8. Select a Sustainability Element.
9. Enter a Description for the Sustainability Element.
10. Click the Cancel button to exit the window without saving.
11. Click the Add button to save the record.



12. The Elements of Sustainability Addressed table will appear on the Proposal Narrative page.
  - a. Repeat steps 7 – 11 to add additional Elements of Sustainability.
  - b. Click the Delete button to delete an Element.
13. Click the Next button to save the Proposal Narrative and move to the next screen. The Staff Description page will open.



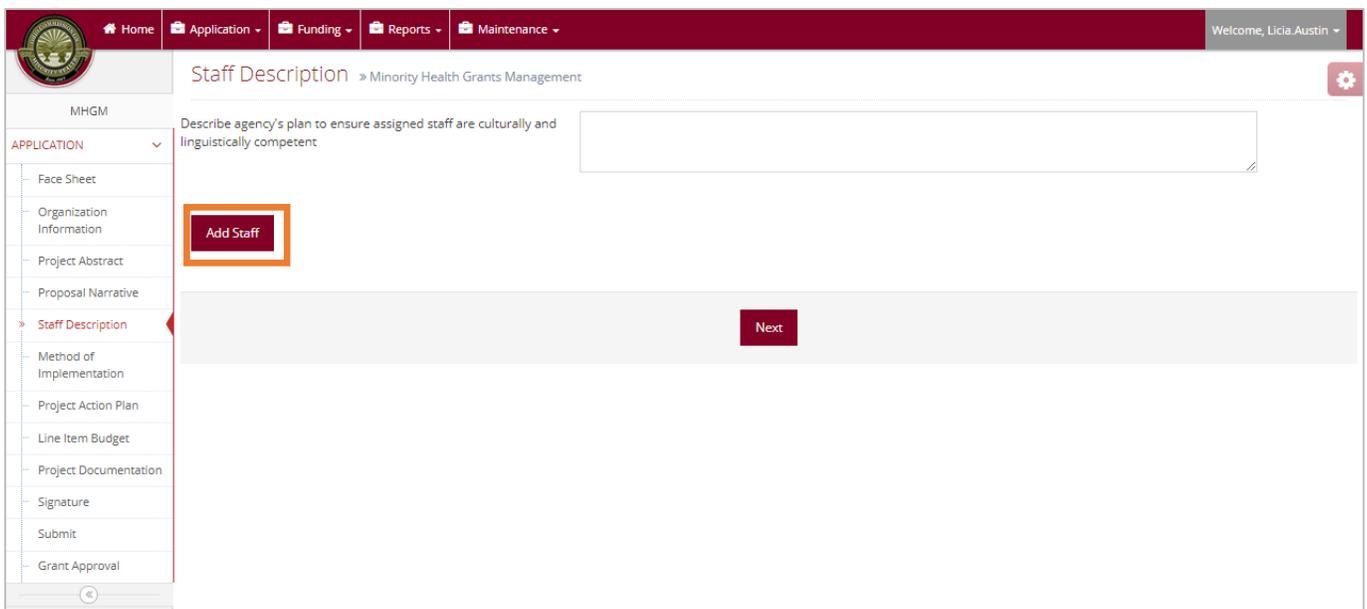
v. Staff Description

**Note:** The Face Sheet must be completed before this section of the application is visible. The Staff Description page allows users to enter Staff information and their qualifications.

1. Click the Staff Description link on the left navigation panel, if User is not already on this page. The Staff Description page will open.



2. Enter a description in the box for 'Describe agency's plan to ensure assigned staff are culturally and linguistically competent'. **Note:** This page is not available for the following Grant Types: MGS and MHM.
3. Click the Add Staff button. The Add Staff pop-up window will open.



4. Enter the First Name and Last name for the Staff member.
5. Enter the Title of the Staff member.
6. Enter the Email address of the Staff member.
7. Select the Age Group of the Staff member:
8. Select the Ethnicity of the Staff member.
9. Select the Gender of the Staff member.
10. Select the Composition of the Staff member:
  - Advisory Committee
  - Board
  - Employee
11. Enter Staff Qualifications.
12. Click the Cancel button to navigate to the Staff Description page without saving.
13. Click the Save button. The Staff Description page will open.

**Add Staff** ✕

First Name: \*

Last Name: \*

Title:

Email:

Age Group: \*

Ethnicity: \*

Gender: \*

Composition: \*

Staff Qualifications: \*   
997 characters remaining

14. The Staff information will appear in the List of Staff table on the Staff Description page. The List of Staff table will be divided by Staff Composition.
15. Click the Edit link to edit Staff member's information.
16. Click the Delete link to delete Staff.
17. Repeat the above steps 2 – 12 to add additional staff. **Note: Once the grant application is submitted, the staff information is no longer editable.**
18. **Click the Next button to save** and move to the next section of the application. The Method of Implementation page will open.

Staff Description > Minority Health Grants Management

Describe agency's plan to ensure assigned staff are culturally and linguistically competent

Agency staffing plan

980 characters remaining

**Add Staff**

**List of Staff**

| Advisory Committee  |            |           |         |                |             |        |                                   |                      |                    |
|---|------------|-----------|---------|----------------|-------------|--------|-----------------------------------|----------------------|--------------------|
| Action  | First Name | Last Name | Title   | Email          | Age Group   | Gender | Ethnicity                         | Staff Qualifications | Composition        |
| <input type="checkbox"/> Edit <input type="checkbox"/> Delete | Garey      | Ward      | Advisor | gward@test.com | 45-54 years | Male   | American Indian or Alaskan Native | Advisory             | Advisory Committee |

| Board   |            |           |            |                  |             |        |                                   |                      |             |
|---|------------|-----------|------------|------------------|-------------|--------|-----------------------------------|----------------------|-------------|
| Action  | First Name | Last Name | Title      | Email            | Age Group   | Gender | Ethnicity                         | Staff Qualifications | Composition |
| <input type="checkbox"/> Edit <input type="checkbox"/> Delete | Jordan     | Hurley    | Supervisor | jhurley@test.com | 35-44 years | Male   | American Indian or Alaskan Native | Board                | Board       |

| Employee  |            |           |          |                  |             |        |                                   |                      |             |
|---|------------|-----------|----------|------------------|-------------|--------|-----------------------------------|----------------------|-------------|
| Action  | First Name | Last Name | Title    | Email            | Age Group   | Gender | Ethnicity                         | Staff Qualifications | Composition |
| <input type="checkbox"/> Edit <input type="checkbox"/> Delete | Hayden     | Austin    | Director | haustin@test.com | 35-44 years | Female | American Indian or Alaskan Native | Employee             | Employee    |

**Next**

## vi. Method of Implementation

**Note:** The Face Sheet must be completed before this section of the application is visible. Users can describe proposed activities that will be provided through this grant.

1. Click the Method of Implementation link on the left navigation panel, if User is not already on this page. The Method of Implementation page will open.



2. Answer the required questions for Method of Implementation. A character counter will appear as the User is typing. These questions vary depending on the Grant Type and are located in the RFP. (see below).
3. Click the Next button to save Method of Implementation and move to the next section of the application. The Project Action Plan page will open.
  - **NOTE/REMINDER: Please gather all materials needed to complete and submit this application.**
  - **Please be aware that your application session will expire after 30 minutes if you are not actively working in the system. There will be a countdown clock at the top of the webpage and when the clock reaches under 5 minutes a pop up will occur. The popup will ask if you would like to continue your session. If yes, the clock will reset to another 30 minutes. If you press no or are not at your computer the system will log you out. Once signed back in there will be the option for you to retrieve your lost data.**

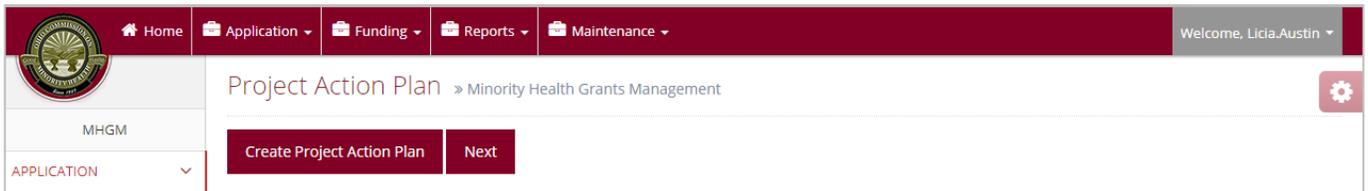
vii. Project Action Plan

**Note:** The Face Sheet must be completed before this section of the application is visible. The Project Action Plan lists goals, objectives, and the projected number of individuals to be served for the year of the project. Fields with red asterisks \* are required fields.

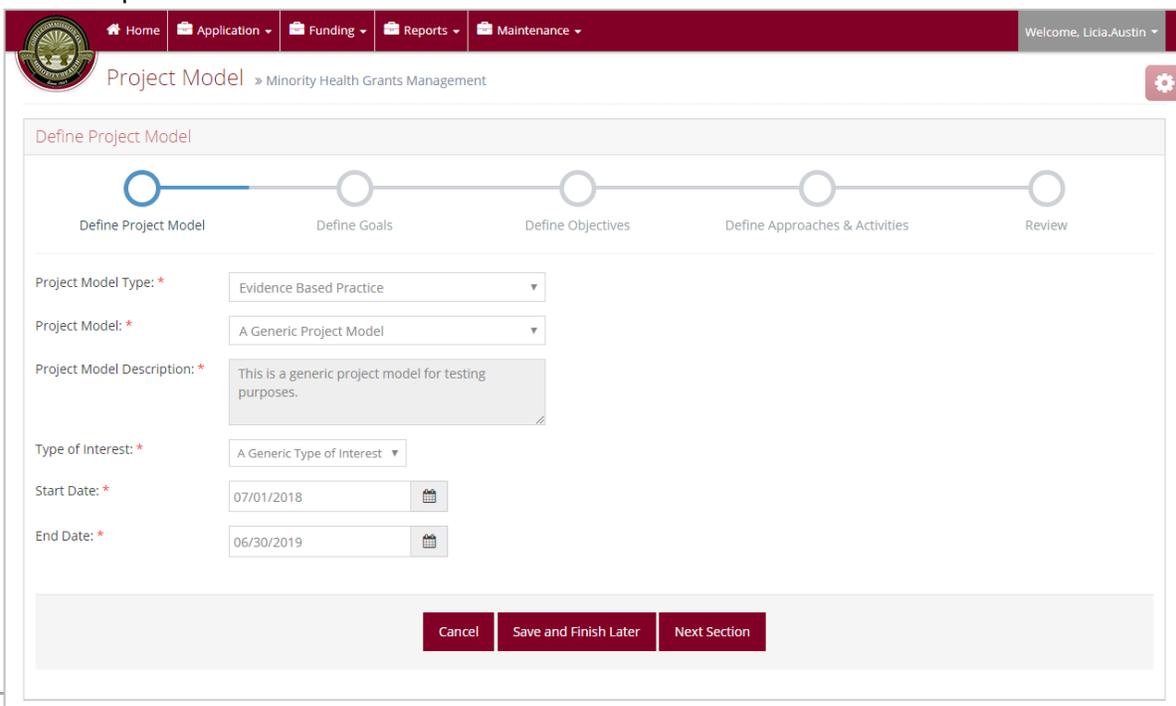
1. Click the Project Action Plan link on the left navigation panel, if User is not already on this page. The Project Action Plan page will open.



2. Click the Create New Project Action Plan button. The Project Model wizard will open.



3. The first page of the wizard is *Define Project Model*.
  - a. Select the Project Model Type.
  - b. Select the Project Model.
  - c. Enter the Project Model Description.
  - d. Select the Type of Interest.
  - e. Enter the Start Date
  - f. Enter the End Date
4. Click the Cancel button to exit the wizard without saving.
5. Click the Save and Finish Later button to save and exit the wizard.
6. Click the Next Section button to move to the next page of the wizard. The *Define Goals* page will open.



7. Choose at least one Goal(s) for the Project Model selected.
8. Click the Previous Section button to go back to the Define Project Model page.
9. Click the Save and Finish Later button to exit and save.
10. Click the Next Section button to move to the next page of the wizard. The *Define Objectives* page will open.

The screenshot shows the 'Define Goals' page within the 'Goals' section of the 'Minority Health Grants Management' system. The top navigation bar includes 'Home', 'Application', 'Funding', 'Reports', and 'Maintenance', along with a user greeting 'Welcome, Licia.Austin'. The breadcrumb trail is 'Goals > Minority Health Grants Management'. A progress indicator at the top shows five steps: 'Define Project Model', 'Define Goals' (current step), 'Define Objectives', 'Define Approaches & Activities', and 'Review'. Below the progress bar, a message states: 'Choose desired Goal(s) for this Project Model (at least 1): \*'. A checkbox labeled 'A Generic Goal' is checked. At the bottom, there are three buttons: 'Previous Section', 'Save and Finish Later', and 'Next Section'.

11. Choose at least one Objective for the goal(s) provided.
12. Click the Previous Section button to go back to the Define Goals page.
13. Click the Save and Finish Later button to exit and save.
14. Click the Next Section button to move to the next page of the wizard. The *Define Objectives Summary* page will open.

The screenshot shows the 'Objective Selection' page within the 'Minority Health Grants Management' system. The top navigation bar is identical to the previous page. The breadcrumb trail is 'Objective Selection > Minority Health Grants Management'. The progress indicator shows five steps: 'Define Project Model', 'Define Goals', 'Define Objectives' (current step), 'Define Approaches & Activities', and 'Review'. Below the progress bar, a message states: 'Your current Goal is A Generic Goal. Choose Your Objective(s) (at least 1): \*'. A checkbox labeled 'A Generic Objective' is checked. At the bottom, there are three buttons: 'Previous Section', 'Save and Finish Later', and 'Next Section'.

15. Enter evaluation information for the Objective.
16. Choose the Level of Change.
17. Click the Previous Section button to go back to the Define Goals page.
18. Click the Save and Finish Later button to exit and save.
19. Click the Next Section button to move to the next page of the wizard. The *Define Approaches & Activities* page will open.

Objective Summary » Minority Health Grants Management

Define Objectives

Define Project Model   Define Goals   **Define Objectives**   Define Approaches & Activities   Review

Your Current Objective is A Generic Objective . The Goal for the Current Objective is A Generic Goal

Evaluation for the objective:

In this grant fiscal year, of the  people served by this intervention,  will achieve this objective.

Choose your level of change:

The linkages between the program design and the goals and objectives the program intends to achieve:

20. Select at least one Activity:
  - a. Enter the Number of Participants.
  - b. Enter the Date Range; Start Date and End Date.
  - c. Enter the 'Proposed days and hours of operation and location(s) of care coordination date/month'.
21. Enter answers to the required questions below. **Note: The example below and questions are only required for the Demonstration (MH) Grant Type.**
  - A detailed description of approach to be provided
  - Demonstration and verification that the proposed services/activities are medically and technically accurate
22. Click the Previous Section button to go back to the Define Objectives page.
23. Click the Save and Finish Later button to exit and save.
24. Click the Next Section button to move to the last page of the wizard. The *Review* page will open.

Define Approaches/Activities

Define Project Model    Define Goals    Define Objectives    **Define Approaches & Activities**    Review

Your Current Objective is A Generic Objective . The Goal for the Current Objective is A Generic Goal. You must select at least 1 Approach and Activity: \*

**Approach: A Generic Approach**

A detailed description of approach to be provided \*

| Activity(s)  | Please fill in the information  |   |
|--|---|---|
| A Generic Activity <input checked="" type="checkbox"/> | Number of Participants:*  | <input type="text" value="10"/>   |
|  | Date Range:*  | Start Date: <input type="text" value="07/01/2018"/> <input type="calendar"/> End Date: <input type="text" value="06/30/2019"/> <input type="calendar"/> |
|  | Proposed days and hours of operation and location(s) of care coordination date/month*                         | <input type="text" value="M-F, 8-5"/>   |
|  | Demonstration and verification that the proposed services/activities are medically and technically accurate * | <input type="text" value="test"/>   |

Previous Section    Save and Finish Later    Next Section

25. Collapse and Review the sections of the Project Action Plan.
26. Click the Done button. The Project Action Plan page will open. The new Project Action Plan will be visible in the List of Project Action Plans table.
  - a. Click the Review link in the Action column to review the Project Action Plan.
  - b. Click the Edit link in the Action column to edit the Project Action plan.
  - c. Click the Delete link in the Action column to delete the Project Action Plan.
28. Click the Next button. The Line Item Budget page will open.

The screenshot displays the 'Project Action Plan' page within the 'Minority Health Grants Management' system. The top navigation bar includes 'Home', 'Application', 'Funding', 'Reports', and 'Maintenance'. The user is identified as 'Welcome, Licia.Austin'. The left sidebar shows the 'APPLICATION' menu with options like 'Face Sheet', 'Organization Information', 'Project Abstract', 'Proposal Narrative', 'Staff Description', 'Method of Implementation', 'Project Action Plan' (selected), and 'Line Item Budget'. The main content area features a 'Create Project Action Plan' button and a 'Next' button. Below this is a 'List of Project Action Plans' table with the following data:

| Action   | Project Model           | Type                    | Modified By          | Last Modified |
|--|-------------------------|-------------------------|----------------------|---------------|
| <a href="#">Review</a> <a href="#">Edit</a> <a href="#">Delete</a> | A Generic Project Model | Evidence Based Practice | 5/24/2018 1:00:22 PM | Licia.Austin  |

Below the table, a paragraph explains the requirements for the Project Action Plan: 'The Project Action Plan must list goals and objectives with the projected number of participants to be served for the year of the project that are clearly defined and measurable in process and client behavior outcomes. Project time frames must conform to the funding period. Although certain tasks such as advertising for positions, hiring staff or identifying dates when advisory committees meet, are important steps in the project's evolution, these items need not appear as goals and objectives. Major tasks and activities should be indicated for each objective.'

viii. Line Item Budget

**Note:** The Face Sheet must be completed before this section of the application is visible. Users enter Direct and Indirect project costs in the Line Item Budget table. The total of amounts entered in the ‘Other Funding’ column should be at least 20% of the amounts entered in the Ohio Commission on Minority Health Q1 to Q4 columns. Dollar amounts entered must be greater than zero. Narratives are required if dollar amounts are entered. The amounts entered in the OCMH columns should equal the Requested Amount on the Face Sheet.

1. Click the Line Item Budget link on the left navigation panel, if User is not already on this page. The Line Item Budget page will open.



**Direct Costs**

2. Enter the quarterly OCMH and Other Funding costs for Personnel, Fringe Benefits, and Other.
3. Enter the required Narrative for the costs entered.

| Line Item Budget |                                    |      |      |      |           |               |           |       |
|------------------|------------------------------------|------|------|------|-----------|---------------|-----------|-------|
| Direct Costs     | Ohio Commission on Minority Health |      |      |      | Narrative | Other Funding |           | Total |
|                  | Q1                                 | Q2   | Q3   | Q4   |           | Other         | Narrative |       |
| Personnel        | 3000                               | 3000 | 3000 | 3000 | narrative | 2400.00       | narrative | 14400 |
| Fringe Benefits  |                                    |      |      |      |           |               |           | 0     |
| Other            |                                    |      |      |      |           |               |           | 0     |

4. Enter the quarterly OCMH and Other Funding costs for Travel. The total of the line items will appear at the top of the section.
5. Enter the required Narrative for the costs entered. (This table section is condensed for illustration purposes.)

| Direct Costs        | Ohio Commission on Minority Health |     |     |     | Narrative | Other Funding |           | Total |
|---------------------|------------------------------------|-----|-----|-----|-----------|---------------|-----------|-------|
|                     | Q1                                 | Q2  | Q3  | Q4  |           | Other         | Narrative |       |
| <b>Travel</b>       | 864                                |     |     |     |           |               |           |       |
| Mileage             | 80                                 | 80  | 80  | 80  | narrative | 64.00         | narrative | 384   |
| Registration        |                                    |     |     |     |           |               |           | 0     |
| Hotel               |                                    |     |     |     |           |               |           | 0     |
| Food                |                                    |     |     |     |           |               |           | 0     |
| Conference Training | 100                                | 100 | 100 | 100 | narrative | 80.00         | narrative | 480   |
| Other               |                                    |     |     |     |           |               |           | 0     |

6. Enter the quarterly OCMH and Other Funding costs for Equipment. The total of the line items will appear at the top of the section.
7. Enter the required Narrative for the costs entered. **(This table section is condensed for illustration purposes.)**

| Direct Costs     | Ohio Commission on Minority Health |     |     |     |           | Other Funding |           | Total |
|------------------|------------------------------------|-----|-----|-----|-----------|---------------|-----------|-------|
|                  | Q1                                 | Q2  | Q3  | Q4  | Narrative | Other         | Narrative |       |
| <b>Equipment</b> | 2400                               |     |     |     |           |               |           |       |
| Rental Equipment | 500                                | 500 | 500 | 500 | narrative | 400.00        | narrative | 2400  |
| Other            |                                    |     |     |     |           |               |           | 0     |

8. Enter the quarterly OCMH and Other Funding costs for Supplies. The total of the line items will appear at the top of the section.
9. Enter the required Narrative for the costs entered. **(This table section is condensed for illustration purposes.)**

| Direct Costs       | Ohio Commission on Minority Health |     |     |     |           | Other Funding |           | Total |
|--------------------|------------------------------------|-----|-----|-----|-----------|---------------|-----------|-------|
|                    | Q1                                 | Q2  | Q3  | Q4  | Narrative | Other         | Narrative |       |
| <b>Supplies</b>    | 960                                |     |     |     |           |               |           |       |
| Printing/Copying   |                                    |     |     |     |           |               |           | 0     |
| Education Material |                                    |     |     |     |           |               |           | 0     |
| Program Supplies   |                                    |     |     |     |           |               |           | 0     |
| Office Supplies    | 200                                | 200 | 200 | 200 | narrative | 160.00        | narrative | 960   |
| Other              |                                    |     |     |     |           |               |           | 0     |

10. Enter the quarterly OCMH and Other Funding costs for Contractual. The total of the line items will appear at the top of the section.
11. Enter the required Narrative for the costs entered. (This table section is condensed for illustration purposes.)

| Direct Costs               | Ohio Commission on Minority Health |     |     |     |           | Other Funding |           | Total |
|----------------------------|------------------------------------|-----|-----|-----|-----------|---------------|-----------|-------|
|                            | Q1                                 | Q2  | Q3  | Q4  | Narrative | Other         | Narrative |       |
| <b>Contractual</b>         | 1680                               |     |     |     |           |               |           |       |
| Audit Charges              |                                    |     |     |     |           |               |           | 0     |
| REEP                       | 150                                | 150 | 150 | 150 | narrative | 120.00        | narrative | 720   |
| Personal Service Contracts | 200                                | 200 | 200 | 200 | narrative | 160.00        | narrative | 960   |
| Other                      |                                    |     |     |     |           |               |           | 0     |

12. The Total Direct costs appear under the Contractual costs section. (This table section is condensed for illustration purposes.)

| Direct Costs              | Ohio Commission on Minority Health |      |      |      |           | Other Funding |           | Total |
|---------------------------|------------------------------------|------|------|------|-----------|---------------|-----------|-------|
|                           | Q1                                 | Q2   | Q3   | Q4   | Narrative | Other         | Narrative |       |
| <b>Total Direct Costs</b> | 4230                               | 4230 | 4230 | 4230 |           | 3384          |           | 20304 |

**Indirect Costs**

13. Enter the quarterly OCMH and Other Funding costs for Indirect Costs.
14. Enter the required Narrative for the costs entered.
15. Total Indirect Costs appear under the Indirect Costs section.

| Indirect Costs              | Ohio Commission on Minority Health |      |      |      |           | Other Funding |           | Total  |
|-----------------------------|------------------------------------|------|------|------|-----------|---------------|-----------|--------|
|                             | Q1                                 | Q2   | Q3   | Q4   | Narrative | Other         | Narrative |        |
| Rent/Lease                  | 1042                               | 1042 | 1042 | 1042 | narrative | 833.60        | narrative | 5001.6 |
| Admin Costs                 |                                    |      |      |      |           |               |           | 0      |
| Maintenance/Repair          |                                    |      |      |      |           |               |           | 0      |
| Other                       |                                    |      |      |      |           |               |           | 0      |
| <b>Total Indirect Costs</b> | 1042                               | 1042 | 1042 | 1042 |           | 833.6         |           | 5001.6 |

## Budget Total

16. The Line Item Budget Grand Total appears under the Total Indirect Costs (see 'a' below). This amount should be equal to the Requested Amount entered on the Face Sheet, plus Other Funding (20% of the Requested Amount). **(This table section is condensed for illustration purposes.)**
  - a. OCMH Total – This is the total of all items added in the four Quarters and should equal the Requested Amount on the Face Sheet.
  - b. Other (Funding) Total – This amount needs to be 20% of the OCMH Total. This is the total of all the values in the Other column, which updates automatically as data is entered. I.e.,  $21,088.00 \times .20 = 4,217.60$ .
  - c. % – This is the percent of the of the Requested Amount. This value automatically updates as data is entered in the Other column.
  - d. Grand Total – This is the Budget Grand Total.  $\text{Budget Total} = \text{Requested Amount} + \text{Other Funding}$ .
17. Click the Next button. The Project Documentation page will open.

ix. Line Item Budget (Revised Line Item Budget)

- Grantee must initiate a budget revision by contacting via email the Fiscal Officer

**Note:** Any amounts entered in the Revised Ohio Commission on Minority Health columns will REPLACE the corresponding amounts in the Ohio Commission on Minority Health column. If nothing is added in the revised columns, the original budget will be automatically inserted. The total of amounts entered in the 'Other Funding' column should be at least 20% of the amounts entered in the Ohio Commission on Minority Health Q1 to Q4 columns. Dollar amounts entered must be greater than zero. Narratives are required if dollar amounts are entered. **Below is an example: User must enter \$0.01 in appropriate quarter Revision Column of a line item and add comment in Narrative. Then they can add Personal Service fee as \$349.99 to cover the penny left on other line item.**

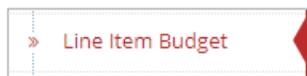
Repeat process for each item you need moved.

|                 | Ohio Commission on Minority Health |         |    |    |           | Other Funding |           | Total | Revised Ohio Commission on Minority Health |        |        |        |           | Revised Other Funding |           | Revision Differences                    |                       |
|-----------------|------------------------------------|---------|----|----|-----------|---------------|-----------|-------|--|--------|--------|--------|-----------|-----------------------|-----------|---|-----------------------|
|                 | Q1                                 | Q2      | Q3 | Q4 | Narrative | Other         | Narrative |       | Q1   | Q2     | Q3     | Q4     | Narrative | Other                 | Narrative | Difference between Original & Revisions | Percentage Difference |
| Personnel       | 1000.00                            |         |    |    | tes tin   |               |           | 480   | 100.00                                     | 100.00 | 100.00 | 100.00 | test      | 80.00                 | test      | 600                                     | 60.00                 |
| Fringe Benefits |                                    | 2000.00 |    |    | tes tin   |               |           | 480   | 100.00                                     | 100.00 | 100.00 | 100.00 | test      | 80.00                 | test      | 1600                                    | 80.00                 |
| Other           |                                    |         |    |    | tes tin   | 2000.00       | asd       | 480   | 100.00                                     | 100.00 | 100.00 | 100.00 | test      | 80.00                 | test      | 2600                                    | 86.67                 |

Original Budget

**Revised Budget**  
If an amount is entered for any line item in this section, your original budget will be overwritten and this will become your new budget.

1. Click the Line Item Budget link on the left navigation panel of the application. The Line Item Budget page will open.



**Direct Costs**

2. Enter the revised quarterly OCMH and Other Funding costs for Personnel, Fringe Benefits, and Other.
3. Enter the required Narrative for the costs entered.

|           | Ohio Commission on Minority Health |    |    |    |           | Other Funding |           | Total | Revised Ohio Commission on Minority Health |        |        |        |           | Revised Other Funding |           | Revision Differences                    |                       |
|-----------|------------------------------------|----|----|----|-----------|---------------|-----------|-------|--|--------|--------|--------|-----------|-----------------------|-----------|---|-----------------------|
|           | Q1                                 | Q2 | Q3 | Q4 | Narrative | Other         | Narrative |       | Q1   | Q2     | Q3     | Q4     | Narrative | Other                 | Narrative | Difference between Original & Revisions | Percentage Difference |
| Personnel | 1000.00                            |    |    |    | tes tin   |               |           | 480   | 100.00                                     | 100.00 | 100.00 | 100.00 | test      | 80.00                 | test      | 600                                     | 60.00                 |

4. Enter the revised quarterly OCMH and Other Funding costs for Travel. The total of the line items will appear at the top of the section.
5. Enter the required Narrative for the costs entered. (This table section is condensed for illustration purposes.)

| Direct Costs        | Ohio Commission on Minority Health |         |    |         |            | Other Funding |           | Total | Revised Ohio Commission on Minority Health |        |        |        |           | Revised Other Funding |           | Revision Differences                    |                       |
|---------------------|------------------------------------|---------|----|---------|------------|---------------|-----------|-------|--|--------|--------|--------|-----------|-----------------------|-----------|---|-----------------------|
|                     | Q1                                 | Q2      | Q3 | Q4      | Narrative  | Other         | Narrative |       | Q1   | Q2     | Q3     | Q4     | Narrative | Other                 | Narrative | Difference between Original & Revisions | Percentage Difference |
| <b>Travel</b>       | 2880                               |         |    |         |            |               |           |       |  |        |        |        |           |                       |           |   |                       |
| Mileage             |                                    |         |    | 4000.00 | tes<br>tin |               |           | 480   | 100.00                                     | 100.00 | 100.00 | 100.00 | test      | 80.00                 | test      | 3600                                    | 90.00                 |
| Registration        |                                    |         |    |         |            |               |           | 480   | 100.00                                     | 100.00 | 100.00 | 100.00 | test      | 80.00                 | test      | 400                                     | 0                     |
| Hotel               |                                    | 5000.00 |    |         | tes<br>tin |               |           | 480   | 100.00                                     | 100.00 | 100.00 | 100.00 | test      | 80.00                 | test      | 4600                                    | 92.00                 |
| Food                |                                    |         |    |         | tes<br>tin |               |           | 480   | 100.00                                     | 100.00 | 100.00 | 100.00 | test      | 80.00                 | test      | 400                                     | 0                     |
| Conference Training | 1000.00                            |         |    |         | tes<br>tin |               |           | 480   | 100.00                                     | 100.00 | 100.00 | 100.00 | test      | 80.00                 | test      | 600                                     | 60.00                 |
| Other               |                                    |         |    | 2000.00 | tes<br>tin |               |           | 480   | 100.00                                     | 100.00 | 100.00 | 100.00 | test      | 80.00                 | test      | 1600                                    | 80.00                 |

6. Enter the revised quarterly OCMH and Other Funding costs for Equipment. The total of the line items will appear at the top of the section.
7. Enter the required Narrative for the costs entered. (This table section is condensed for illustration purposes.)

| Direct Costs     | Ohio Commission on Minority Health |    |    |         |            | Other Funding |           | Total | Revised Ohio Commission on Minority Health |        |        |        |           | Revised Other Funding |           | Revision Differences                    |                       |
|------------------|------------------------------------|----|----|---------|------------|---------------|-----------|-------|--|--------|--------|--------|-----------|-----------------------|-----------|---|-----------------------|
|                  | Q1                                 | Q2 | Q3 | Q4      | Narrative  | Other         | Narrative |       | Q1   | Q2     | Q3     | Q4     | Narrative | Other                 | Narrative | Difference between Original & Revisions | Percentage Difference |
| <b>Equipment</b> | 960                                |    |    |         |            |               |           |       |  |        |        |        |           |                       |           |   |                       |
| Rental Equipment |                                    |    |    |         |            | 1000.00       | asd       | 480   | 100.00                                     | 100.00 | 100.00 | 100.00 | test      | 80.00                 | test      | 400                                     | 0                     |
| Other            |                                    |    |    | 3000.00 | tes<br>tin |               |           | 480   | 100.00                                     | 100.00 | 100.00 | 100.00 | test      | 80.00                 | test      | 2600                                    | 86.67                 |

8. Enter the revised quarterly OCMH and Other Funding costs for Supplies. The total of the line items will appear at the top of the section.
9. Enter the required Narrative for the costs entered. **(This table section is condensed for illustration purposes.)**

| Direct Costs       | Ohio Commission on Minority Health |    |    |    |           | Other Funding |           | Total | Revised Ohio Commission on Minority Health |        |        |        |           | Revised Other Funding |           | Revision Differences                    |                       |
|--------------------|------------------------------------|----|----|----|-----------|---------------|-----------|-------|--|--------|--------|--------|-----------|-----------------------|-----------|---|-----------------------|
|                    | Q1                                 | Q2 | Q3 | Q4 | Narrative | Other         | Narrative |       | Q1   | Q2     | Q3     | Q4     | Narrative | Other                 | Narrative | Difference between Original & Revisions | Percentage Difference |
| <b>Supplies</b>    | 2400                               |    |    |    |           |               |           |       |  |        |        |        |           |                       |           |   |                       |
| Printing/Copying   |                                    |    |    |    |           |               |           | 480   | 100.00                                     | 100.00 | 100.00 | 100.00 | test      | 80.00                 | test      | 400                                     | 0                     |
| Education Material |                                    |    |    |    |           |               |           | 480   | 100.00                                     | 100.00 | 100.00 | 100.00 | test      | 80.00                 | test      | 400                                     | 0                     |
| Program Supplies   |                                    |    |    |    |           |               |           | 480   | 100.00                                     | 100.00 | 100.00 | 100.00 | test      | 80.00                 | test      | 400                                     | 0                     |
| Office Supplies    |                                    |    |    |    |           |               |           | 480   | 100.00                                     | 100.00 | 100.00 | 100.00 | test      | 80.00                 | test      | 400                                     | 0                     |
| Other              |                                    |    |    |    |           |               |           | 480   | 100.00                                     | 100.00 | 100.00 | 100.00 | test      | 80.00                 | test      | 400                                     | 0                     |

10. Enter the revised quarterly OCMH and Other Funding costs for Contractual. The total of the line items will appear at the top of the section.
11. Enter the required Narrative for the costs entered. **(This table section is condensed for illustration purposes.)**

| Direct Costs               | Ohio Commission on Minority Health |    |    |    |           | Other Funding |           | Total | Revised Ohio Commission on Minority Health |        |        |        |           | Revised Other Funding |           | Revision Differences                    |                       |
|----------------------------|------------------------------------|----|----|----|-----------|---------------|-----------|-------|--|--------|--------|--------|-----------|-----------------------|-----------|---|-----------------------|
|                            | Q1                                 | Q2 | Q3 | Q4 | Narrative | Other         | Narrative |       | Q1   | Q2     | Q3     | Q4     | Narrative | Other                 | Narrative | Difference between Original & Revisions | Percentage Difference |
| <b>Contractual</b>         | 1920                               |    |    |    |           |               |           |       |  |        |        |        |           |                       |           |   |                       |
| Audit Charges              |                                    |    |    |    |           |               |           | 480   | 100.00                                     | 100.00 | 100.00 | 100.00 | test      | 80.00                 | test      | 400                                     | 0                     |
| REEP                       |                                    |    |    |    |           |               |           | 480   | 100.00                                     | 100.00 | 100.00 | 100.00 | test      | 80.00                 | test      | 400                                     | 0                     |
| Personal Service Contracts |                                    |    |    |    |           |               |           | 480   | 100.00                                     | 100.00 | 100.00 | 100.00 | test      | 80.00                 | test      | 400                                     | 0                     |
| Other                      |                                    |    |    |    |           |               |           | 480   | 100.00                                     | 100.00 | 100.00 | 100.00 | test      | 80.00                 | test      | 400                                     | 0                     |

12. The Total Direct costs appear under the Contractual costs section. **(This table section is condensed for illustration purposes.)**

| Direct Costs              | Ohio Commission on Minority Health |      |      |      |           | Other Funding |           | Total | Revised Ohio Commission on Minority Health |      |      |      |           | Revised Other Funding |           | Revision Differences                    |                       |
|---------------------------|------------------------------------|------|------|------|-----------|---------------|-----------|-------|--|------|------|------|-----------|-----------------------|-----------|---|-----------------------|
|                           | Q1                                 | Q2   | Q3   | Q4   | Narrative | Other         | Narrative |       | Q1   | Q2   | Q3   | Q4   | Narrative | Other                 | Narrative | Difference between Original & Revisions | Percentage Difference |
| <b>Total Direct Costs</b> | 2000                               | 7000 | 3000 | 9000 |           | 3000          |           | 9600  | 2000                                       | 2000 | 2000 | 2000 |           | 1600                  |           |   |                       |

**Indirect Costs**

13. Enter the revised quarterly OCMH and Other Funding costs for Indirect Costs.
14. Enter the required Narrative for the costs entered.
15. Total Indirect Costs appear under the Indirect Costs section.

| Indirect Costs              | Ohio Commission on Minority Health |         |         |    | Other Funding |         |           | Total | Revised Ohio Commission on Minority Health |        |        |        |           | Revised Other Funding |           |   | Revision Differences  |  |
|-----------------------------|------------------------------------|---------|---------|----|---------------|---------|-----------|-------|--|--------|--------|--------|-----------|-----------------------|-----------|---|-----------------------|--|
|                             | Q1                                 | Q2      | Q3      | Q4 | Narrative     | Other   | Narrative |       | Q1   | Q2     | Q3     | Q4     | Narrative | Other                 | Narrative | Difference between Original & Revisions | Percentage Difference |  |
| Rent/Lease                  |                                    |         |         |    |               |         |           | 480   | 100.00                                     | 100.00 | 100.00 | 100.00 | test      | 80.00                 | test      | 400                                     | 0                     |  |
| Admin Costs                 |                                    | 2500.00 |         |    | test          |         |           | 480   | 100.00                                     | 100.00 | 100.00 | 100.00 | test      | 80.00                 | test      | 2100                                    | 84.00                 |  |
| Maintenance/Repair          |                                    |         |         |    |               | 2000.00 | sdf       | 480   | 100.00                                     | 100.00 | 100.00 | 100.00 | test      | 80.00                 | test      | 400                                     | 0                     |  |
| Other                       |                                    |         | 1500.00 |    | test          |         |           | 480   | 100.00                                     | 100.00 | 100.00 | 100.00 | test      | 80.00                 | test      | 1100                                    | 73.33                 |  |
| <b>Total Indirect Costs</b> | 0                                  | 2500    | 1500    | 0  |               | 2000    |           | 1920  | 400  | 400    | 400    | 400    |           | 320                   |           |   |                       |  |

**Budget Total**

16. The Line Item Budget Grand Total appears under the Total Indirect Costs (see 'a' below). This amount should be equal to the Requested Amount entered on the Face Sheet, plus Other Funding (20% of the Requested Amount). **(This table section is condensed for illustration purposes.)**
  - a. OCMH Total – This is the total of all items added in the four Quarters and should equal the Requested Amount on the Face Sheet.
  - b. Other (Funding) Total – This is 20% of the Requested Amount OCMH Total. This is the total of all the values in the Other column, which updates automatically as data is entered. I.e.,  $9,600.00 \times .20 = 1,920.00$ .
  - c. % – This is the percent of the of the Requested Amount. This value automatically updates as data is entered in the Other column.
  - d. Grand Total – This is the Budget Grand Total. Budget Total = Requested Amount + Other Funding. I.e.,  $11,520.60 = 9,600.00 + 1,920.00$

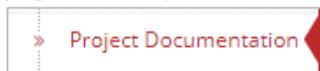
|            |          |             |      |          |          |             |          |
|------------|----------|-------------|------|----------|----------|-------------|----------|
| OCMH Total | 9600     | Other Total | 1920 | 20.00    | %        | Grand Total | 11520    |
|            | <b>a</b> |             |      |          | <b>c</b> |             | <b>d</b> |
|            |          |             |      | <b>b</b> |          |             |          |

18. Click the Next button to save. The Project Documentation page will open.
19. [Submit the application](#) for approval.

x. Project Documentation

**Note:** The Face Sheet must be completed before this section of the application is visible. This section allows users to view, upload, and download the documentation necessary for the grant approval process (e.g., Annual Financial Reporting, Budget Information, Letters of Support, etc.).

1. Click the Project Documentation link on the left navigation panel, if User is not already on this page. The Project Documentation page will open.



2. Project Documentation page sections:
  - a. NOA – This table displays details of the Notice(s) of Award associated with this grant application when they become available.
  - b. AOT – This table displays details of the Acknowledgement of Terms associated with this grant application when they become available
  - c. Document Download – This table displays mandatory documents that must be reviewed/completed. The following documents are available for download:
    - Civil Rights Act of 1964
    - Evaluations
    - Rehabilitation Act of 1973
    - W-9 Form
  - d. Mandatory Document Upload Section – This section allows users to upload these mandatory documents. **Failure to upload required documentation will result in your application not being considered for funding.**
    - 501 (c)(3)  
Civil Rights Act of 1964
    - Grant Signatures- Click view on the signature page to download this document. **Must be signed directly by the agency director and fiscal officer and uploaded into the system.**
    - Rehabilitation Act of 1973
    - W-9 Form
  - e. Required Document Upload – Please upload the following required documents.
    - Administrative Compliance
    - Board Resolution
    - Evaluation – For HUB, MIH and MIHL grant types
    - Signed AOT (Once grant is awarded)
    - Resumes
    - Year 1 Summary (Only applicable to year 2 proposals)
    - Annual Audit
    - Proof of Liability Form
  - e. Uploaded Documents Table – This table displays details of the uploaded documents when they become available.
  - f. Annual Financial Reporting Audit
  - g. Uploaded Proof of Liability

3. Download and complete the mandatory documents in the Document Downloads section.

| Document Download |                            |  |
|-------------------|----------------------------|--|
| Action            | Document Name              | Description  |
| Download          | Civil Rights Act of 1964   |  |
| Download          | Evaluations                | Applicable if you are an MIH, HUB, MIHL Applicant. |
| Download          | Rehabilitation Act of 1973 |  |
| Download          | W- 9 Form                  |  |

4. Upload the completed mandatory documents in the Document Upload Section. All documents will be uploaded in the same way following these steps:

- a. Select the Document Type.
- b. Enter a Document Description.
- c. Enter REEP Evaluator name. **Note: This information is only required for HUB, MIH, and MIHL grant types.**
- d. Browse/select a file to upload.
- e. Click the Upload Attachment button.
- f. Details of the uploaded file will appear in the Uploaded Documents table. **Note: The Signed AOT is only required when the application is in the AOT status of the application process.**
- g. Repeat step 4 to upload all required documents.

5. Complete the Annual Financial Audit section.

Annual Financial Audit

a. Has the agency had a current Annual Financial Reporting Audit within the past 12 months? No ▼

Why was no Audit completed? \*

c. Any Findings? No ▼

- a. If the User answers ‘Yes’ to either Annual Financial Audit question, additional information will be required:

Annual Financial Reporting Audit

a. Has the agency had a current Annual Financial Reporting Audit within the past 12 months? Yes ▼

b. If Yes: Date the Audit was completed: \*

Time Period the Audit From:

Time Period the Audit To:

c. Any Findings? Yes ▼

If Findings, please explain: \* 

There were missing required documentation for a few grant applications. The missing documents have since been accounted for and submitted for review.

6. Complete the required Updated Proof of Liability section.
  - ii. **Note: MGS, MIH, and MHM applicants must do this if your program is conducting invasive procedures.**
7. Click the Next button to save and move to the Signature page.

Updated Proof of Liability

a. Insurance Carrier:

b. Policy #:

c. Insurance Amount:

d. Date of Expiration:  

xi. Signature

**Note:** The Face Sheet must be completed before this section of the application is visible. Users provide digital signatures for the Executive Director, Project Director, and Fiscal Officer. Names are pulled from the Face Sheet. Signatures are created from the individual who clicks the I Agree checkbox. Any of the applicants within that organization can sign for all (Executive Director, Project Director, and Fiscal Officer).

1. Click the Signature link on the left navigation panel, if User is not already on this page. The Signature page will open.



2. Click the View link to download the signature page and to view a digital signature for each Agency Role.
3. Click the 'I agree' checkbox for each digital signature.

Signature » Minority Health Grants Management

Please read the submission of RFP carefully by clicking on the "view" button. Then check the box in the "I agree" column for the role you serve in your agency.

Checking the box below is the equivalent of a digital signature. By checking the box, you indicate that you agree to the submission of RFP as it is presented and that you are either the Executive Director, Project Director, or Fiscal Officer of the agency applying for the fund specified on this grant application or a delegate acting on their behalf.

| Digital Signatures |                   |                 |                    |              |                       |                                     |
|--------------------|-------------------|-----------------|--------------------|--------------|-----------------------|-------------------------------------|
| Action             | Submission of RFP | Name            | Agency Role        | Signatory    | Date of Signature     | I Agree                             |
|                    | Submission of RFP | Avery Austin    | Executive Director | Licia.Austin | 5/31/2018 11:26:55 AM | <input checked="" type="checkbox"/> |
|                    | Submission of RFP | Drew Tucker     | Project Director   | Licia.Austin | 5/31/2018 11:26:55 AM | <input checked="" type="checkbox"/> |
|                    | Submission of RFP | Jeremy Sullivan | Fiscal Officer     | Licia.Austin | 5/31/2018 11:26:55 AM | <input checked="" type="checkbox"/> |

Next

4. Click the Next button to save the Signatures and move to the Submit page.

xii. Submit

**Note:** The Face Sheet must be completed before this section of the application is visible. Applicants use this page to submit their grant applications. Any of the applicants within that organization can submit.

1. Click the Signature link on the left navigation panel, if User is not already on this page. The Submit page will open.



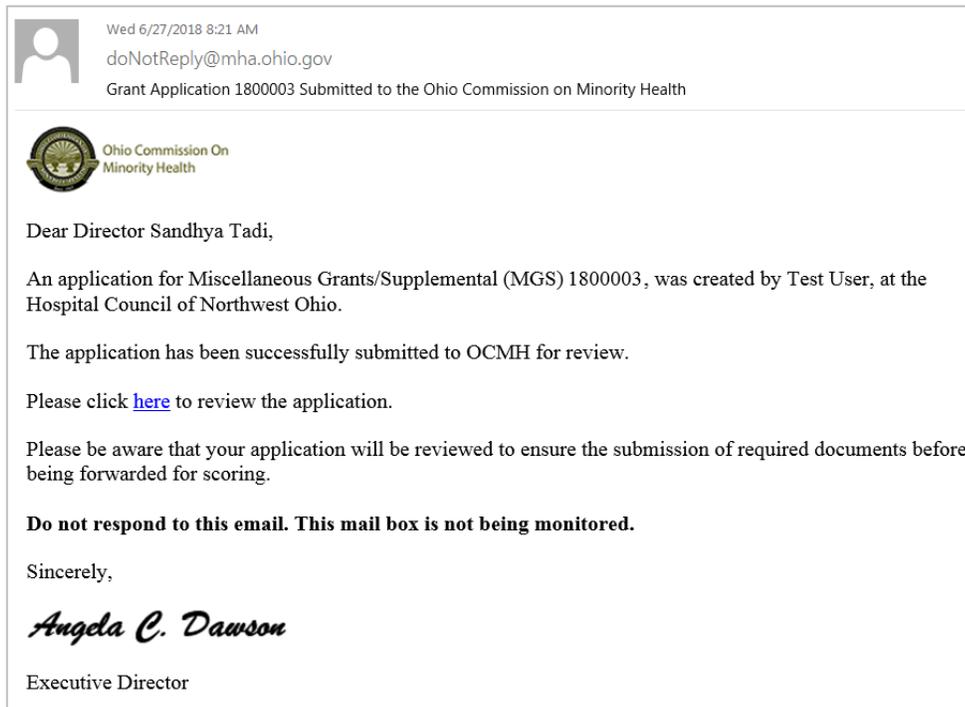
2. Click the Submit Application button.

A screenshot of the "Submit" page in the Minority Health Grants Management (MHGM) system. The page has a dark red header with navigation links: Home, Application, Funding, Reports, and Maintenance. The user is logged in as "Welcome, Licia Austin". The main content area shows a "Submit" page with a "Project Lead" form. The form fields are: Name (Licia Austin), Email (Licia.Austin@mha.ohio.gov), and Phone (614-644-5499). A "Submit Application" button is highlighted with a red box. On the left, there is a navigation menu with options: Face Sheet, Organization Information, Project Abstract, Proposal Narrative, Staff Description, Method of Implementation, Project Action Plan, Line Item Budget, Project Documentation, Signature, and Submit. A message at the top of the main content area reads: "Please review all of the application information to assure that the information is correct and complete. Once the application has been submitted, it will be reviewed by the appropriate staff. If you have questions or concerns about how to fill out your application, please refer to the Help Documentation and/or call the project lead listed below."

3. A confirmation message will appear.

A screenshot of the "Application Completed" confirmation message in the MHGM system. The header is the same as the previous screenshot. The main content area displays the message: "Application Completed" followed by "Minority Health Grants Management". Below this, a confirmation message reads: "The Application has been submitted successfully".

- An email notification will be sent the Executive Director, Project Director, and Fiscal Officer listed on the Face Sheet, and the OCMH Staff.



### Submit Application – Error Messages

Description: One or more of the error messages below could appear when the Applicant submits a grant application. These messages appear to notify the Applicant that some information is missing. See the Resolution column for instructions on how to fix the error. When all errors are fixed, the Applicant can submit the application.

| Error Message  | Resolution   |
|--|--|
| Proposal Narrative - Description of Applicant Agency Information is required.  | Answer the required Description of Applicant Agency questions on the Proposal Narrative page.  |
| Proposal Narrative - Evaluation Plan Information is required.  | Answer the required Evaluation Plan Information questions on the Proposal Narrative page.  |
| Proposal Narrative - Problem Need Statement Information is required.   | Answer the required Problem Need Statement questions on the Proposal Narrative page.   |
| Staff Description - Please add at least one Staff Description.   | Add at least one staff member on the Staff Description page.   |
| Project Action Plan - Please create at least one Project Action Plan.  | Create a plan on the Project Action Plan page.   |
| Line Item Budget - Please create at least one Line Item Budget.  | Enter amounts for at least one line item on the on the Line Item Budget page.  |
| Line Item Budget - The OCMH column totals on the Line Item Budget do not match the requested amount on the Face Sheet. | The OCMH Totals for Quarters 1 - 4 must equal the Requested Amount from the Face Sheet.  |
| Project Documentation - Please upload all mandatory documents.   | There is one or more required upload documents missing. See the Project Documentation page for a list of required documents to upload. |
| Signature - Please select the I Agree checkbox.  | One or more Digital Signatures is missing. Check 'I Agree' for each missing Agency Role on the Signature page.                         |

b. Year 2- Grant Continuation

- i. Year 1 Funded Grantees will receive notification from OCMH when the Year 2 Grant Continuation Process is now available in the grants management system.
- ii. The grantee will be able to log into the system and search for the grant for that upcoming continuation fiscal year.
- iii. Within that new fiscal year application they will notice that their previously funded grant application has pre-populated. The grantee will be asked to update all sections of that grant to correspond with the new application, update the budget, and submit a Year 1 Summary (uploaded into the project documentation section).
- iv. Once the edits are complete the grantee will Submit the Year 2 application.
- v. The Year 2 application will then go through through scoring and if funded will follow the same Notice of Award and AOT and Special Conditions procedure.

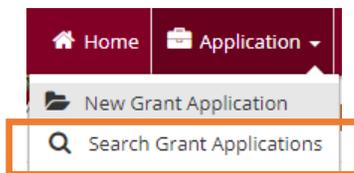
c. Search Grant Applications

Users: Applicant

Description: This option allows users to search for an application or applications. Enter at least one criteria to search.

i. Search Criteria

1. Select the Application menu option.
2. Select the New Grant Application menu item.



3. Select/enter the desired search criteria.
4. Click the Search button. The Search Results table will appear.
5. Click the Export Listing button to export the search results to MS Excel.

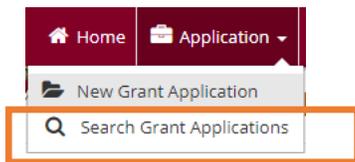
ii. View/Edit/Revise Grant Application

**Description:** The User’s ability to view or edit applications depend on the status of the application at the time. See the table below to determine when pages of a grant application can be viewed or edited as it advances through the grant process.

| Grant Application Page         | Application Status - In Process Order (Y = Yes) |      |           |      |      |      |      |      |               |      |                             |      |             |      |            |      |               |      |
|--------------------------------|---|------|-----------|------|------|------|------|------|---------------|------|-----------------------------|------|-------------|------|------------|------|---------------|------|
|                                | Draft   |      | Submitted |      | NOA  |      | AOT  |      | AOT Submitted |      | Returned for Clarifications |      | In Revision |      | Not Funded |      | AOT Finalized |      |
|                                | View  | Edit | View      | Edit | View | Edit | View | Edit | View          | Edit | View                        | Edit | View        | Edit | View       | Edit | View          | Edit |
| Face Sheet                     | Y   | Y    | Y         |      | Y    |      | Y    | Y    | Y             |      | Y                           | Y    | Y           | Y    | Y          |      | Y             |      |
| Organization Information       | Y   |      | Y         |      | Y    |      | Y    |      | Y             |      | Y                           |      | Y           |      | Y          |      | Y             |      |
| Project Abstract               | Y   | Y    | Y         |      | Y    |      | Y    | Y    | Y             |      | Y                           | Y    | Y           | Y    | Y          |      | Y             |      |
| Proposal Narrative             | Y   | Y    | Y         |      | Y    |      | Y    | Y    | Y             |      | Y                           | Y    | Y           | Y    | Y          |      | Y             |      |
| Staff Description              | Y   | Y    | Y         |      | Y    |      | Y    | Y    | Y             |      | Y                           | Y    | Y           | Y    | Y          |      | Y             |      |
| Method of Implementation       | Y   | Y    | Y         |      | Y    |      | Y    | Y    | Y             |      | Y                           | Y    | Y           | Y    | Y          |      | Y             |      |
| Project Action Plan            | Y   | Y    | Y         |      | Y    |      | Y    | Y    | Y             |      | Y                           | Y    | Y           | Y    | Y          |      | Y             |      |
| Line Item Budget <sup>1</sup>  | Y   | Y    | Y         |      | Y    |      | Y    | Y    | Y             |      | Y                           | Y    | Y           | Y    | Y          |      | Y             |      |
| Project Documentation          | Y   | Y    | Y         |      | Y    |      | Y    | Y    | Y             |      | Y                           | Y    | Y           | Y    | Y          |      | Y             |      |
| Signature                      | Y   | Y    | Y         |      | Y    |      | Y    | Y    | Y             |      | Y                           | Y    | Y           | Y    | Y          |      | Y             |      |
| Submit                         | Y   | Y    | Y         |      | Y    |      | Y    | Y    | Y             |      | Y                           |      | Y           | Y    | Y          |      | Y             |      |
| Grant Approval                 |   |      |           |      |      |      |      |      |               |      |                             |      |             |      |            |      |               |      |
| Committee Approvals/Create NOA | Y   |      | Y         | Y    | Y    |      | Y    |      | Y             |      | Y                           |      | Y           |      | Y          |      | Y             |      |
| AOT Upload                     | Y   |      | Y         |      | Y    | Y    | Y    |      | Y             |      | Y                           |      | Y           |      | Y          |      | Y             |      |
| Grant Approvals                | Y   |      | Y         |      | Y    |      | Y    |      | Y             |      | Y                           |      | Y           |      | Y          |      | Y             |      |
| Create Revised NOA             | Y   |      | Y         |      | Y    |      | Y    |      | Y             | Y    | Y                           |      | Y           | Y    | Y          |      | Y             |      |

<sup>1</sup>In Revision - Only the Revised Line Item Budget section can be edited.

1. Select the Application menu option.
2. Select the Search Grant Application menu item. The Search Grant Applications page will open.



3. Select/enter the desired search criteria.
4. Click the Search button. The Search Results table will appear.
5. Click the View button next to the desired application. The application will open with the Face Sheet visible. See the table above for edit permissions.

**Application Search Criteria**

Grant Number: 1700008      Status: Select..

Fiscal Year: Select..      OCMH Lead: Select..

Grant Type: Select..      Funding Type: Select..

Funding Source: Select..

Implementing Organization: Select..

**Search**    Clear Search Criteria    Export Listing

| Action      | Grant Number | Fiscal Year | Implementing Organization          | Grant Type         | Project Areas   | Program Area                                  | County   | Awarded Amount | Disbursed Amount | OCMH Lead                    | Funding Source                                       | Status |
|-------------|--------------|-------------|------------------------------------|--------------------|-----------------|---|----------|----------------|------------------|------------------------------|--|--------|
| <b>View</b> | 1700008      | 2017        | Ohio Commission on Minority Health | Demonstration (MH) | Type 2 Diabetes | Cancer-Lungs, Demonstration (MH) Program Area | Franklin | 1,000.00       | 0.00             | Foster, Maria, Tadi, Sandhya | HP Funding Source, Demonstration (MH) Funding Source | AOT    |

#### 4. GRANT APPROVAL/REJECTION

- a. Notice of Award/Notice of Rejection
  - i. Your grant application will go through a rigorous internal and external review process by OCMH. A notice of award timeline will be provided in the RFP. Once your application is reviewed, if your score meets the funding criteria you will receive a Notice of Award. If your grant application is not funded you will receive an application stating that your application has not been awarded.
  - ii. An email notification of Notice of Award/Rejection will be sent the Executive Director, Project Director, and Fiscal Officer listed on the Face Sheet, and the OCMH Staff.
  - iii. The Notice of Award will indicate that final approval of the application is impingent upon the completion of addressing the Program and Fiscal Special Conditions and submitting a signed Acknowledgement of Terms (AOT).
  
- b. Acknowledgment of Terms (AOT).
  - i. When the AOT is completed and ready for you to take action an email notification will be sent the Executive Director, Project Director, and Fiscal Officer listed on the Face Sheet, and the OCMH Staff.
  - ii. Please print the AOT and sign the document. Also address the special conditions by responding to them in a seperate word document or by revising the application/budget. If submitting a separate document you will need to upload that in the Project Documentation section.
  - iii. The signed AOT will also need to be uploaded in the Project Document section.
  - iv. You will next need to complete the Grant Signature section by checking all three persons who are approving the submission.
  - v. Next click the Submit button to fully submit the AOT and special conditions.
  - vi. If your responses to the special conditions are rejected you will receive email notification and you will once again need to edit your submission and follow the above steps ii. to v.
  
- c. Approval
  - i. Grantee will receive an email notification once the grant application is successfully submitted, approved, and funded.

#### 5. MINORITY HEALTH GRANTS MANAGEMENT SYSTEM (MHGM) GENERAL INFORMATION

##### a. Dashboard

Description: The Minority Health Grants Management System dashboard page appears upon successful login. This page contains links to view Notifications, and Application or Disbursement information. The user will only see the links that correspond with their roles and permissions. See [Users, Roles and Permissions](#) for more information.

- i. Show My Notifications
  - 1. Click this link to view any available application notifications. Notifications are created in the OCMH Portal.

## ii. Show My Applications

Users: Applicant

**Note:** This section allows users to search their managed applications by Organization. The table below displays a grant application's status as it advances through the process. Applicants and External Reviewers can only access applications for their Organization. [Organization assignments](#) are set up in the OCMH Portal.

**Grant Application Status**

| Status                      | Description   |
|-----------------------------|---|
| Draft                       | Application has been started and the Face Sheet is saved                                      |
| Submitted                   | Application has been submitted  |
| NOA                         | Fiscal Lead has approved the NOA on the NOA page  |
| AOT                         | Project Lead or Fiscal Lead has added and saved AOT special conditions on Grant Approval page |
| AOT Submitted               | Applicant has submitted the application with AOT conditions or after revisions                |
| Returned for Clarifications | Application sent back to for revision   |
| In Revision                 | Applicant makes requested revisions to the application  |
| Not Funded                  | Application is rejected and not funded  |
| AOT Finalized               | Fiscal Lead has approved the application on the Grant Approval page                           |

**Grant Application Actions**

| Action | Description  |
|--------|--|
| Review | Allows the Projed Lead and Application Admin to enter comments, and 'sign off' on a report or return a report for clarifications |
| View   | Access an application; view and edit (if allowed by the application status)  |
| Print  | Generate a PDF download of a report  |
| Edit   | Entering or updating reports   |

1. Click the Show My Applications link.
2. Select Organization Name.
3. Select Address.
4. Click on Load Applications button. The applications matching the selected values with appear.

 Show My Applications

---

Please Select Your Organization Information to View Applications

Organization Name:

Address:

**Load Applications**

5. Click the **Edit** link for an application. The application will open on the Face Sheet page in edit mode.
6. Click the **View** link for an application. The application will open on the Face Sheet page.
7. Click the **Print** link for an application. The application will download in PDF format.
8. Click the **Review** link for an application. The application will open on the Grant Approval page.

| Action              | Fiscal Year | Grant Number | Provider Name                      | County   | Project Area    | Requested Amount | Awarded Amount | Disbursed Amount | Status     |
|---------------------|-------------|--------------|------------------------------------|----------|-----------------|------------------|----------------|------------------|------------|
| View  Print         | 2017        | 1700001      | Ohio Commission on Minority Health | Franklin | Heart Disease   | 20,000.00        | 0.00           | 0.00             | Not Funded |
| Review  View  Print | 2017        | 1700002      | Ohio Commission on Minority Health | Franklin | Type 2 Diabetes | 1,000.00         | 1,000.00       | 0.00             | Submitted  |
| Review  View  Print | 2017        | 1700003      | Ohio Commission on Minority Health | Franklin | Type 2 Diabetes | 11,111.00        | 1,000.00       | 0.00             | Submitted  |
| Edit  Print         | 2017        | 1700004      | Ohio Commission on Minority Health | Franklin | Heart Disease   | 6,779.00         | 0.00           | 0.00             | Draft      |

b. Navigation Menu Bar



i. OCMH Logo

1. Click the OCMH logo from any page in the application to return to the MHGM dashboard.



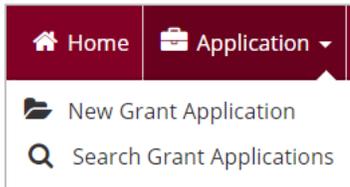
ii. Home

1. Click the Home link from any page in the application to return to the MHGM dashboard.



iii. Application

Description: This menu is available for all users. However, not all items in this menu are available for all users. See [Users, Roles and Permissions](#) for more information.



1. New Grant Application – Click this item to create a new grant application. This menu item is available for Application Administrators and Applicants only.
2. Search Grant Application – Click this link to search grant applications by specific criteria. This menu item is available for the Application Administrators, Applicants, External Viewers, Fiscal Leads, and Project Leads.

iv. Funding



v. Reports



vi. Maintenance



vii. Welcome

Description: The Welcome menu provides the following options for all users:

1. My Account – This link to view Minority Health Grants Management System account information.
2. User Management – Users can click this link to navigate to the OCMH Portal Dashboard.
3. Logout – Users can click this link to exit the Minority Health Grants Management System.

## 6. MHGM REPORTS MENU

### a. Grant Program and Evaluation Report

Users: Applicant

Description: This report provides details on the success of the program the grant is funding. Users can create, edit, print, review, or view Grant Reports for AOT Finalized grants. Users can only access applications for their Organization. [Organization assignments](#) are set up in the OCMH Portal.

#### Grant Report Status by User

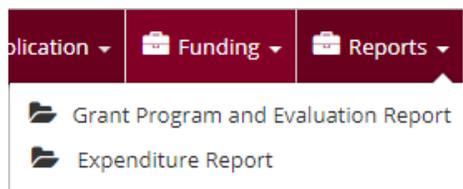
| APPLICANT          |                            |   |
|--------------------|----------------------------|---|
| Action             | Report Status              | Status Description                          |
| Create/Edit        | Not Started                | Grant report has not been started           |
| Create/Edit  Print | Draft                      | Grant report is in progress                 |
| View  Print        | Submitted                  | Grant report is submitted by the User       |
| View  Print        | Reviewed                   | Project Lead has reviewed the grant report  |
| Create/Edit  Print | Returned for Clarification | Grant Report is returned for clarifications |

#### Action Descriptions :

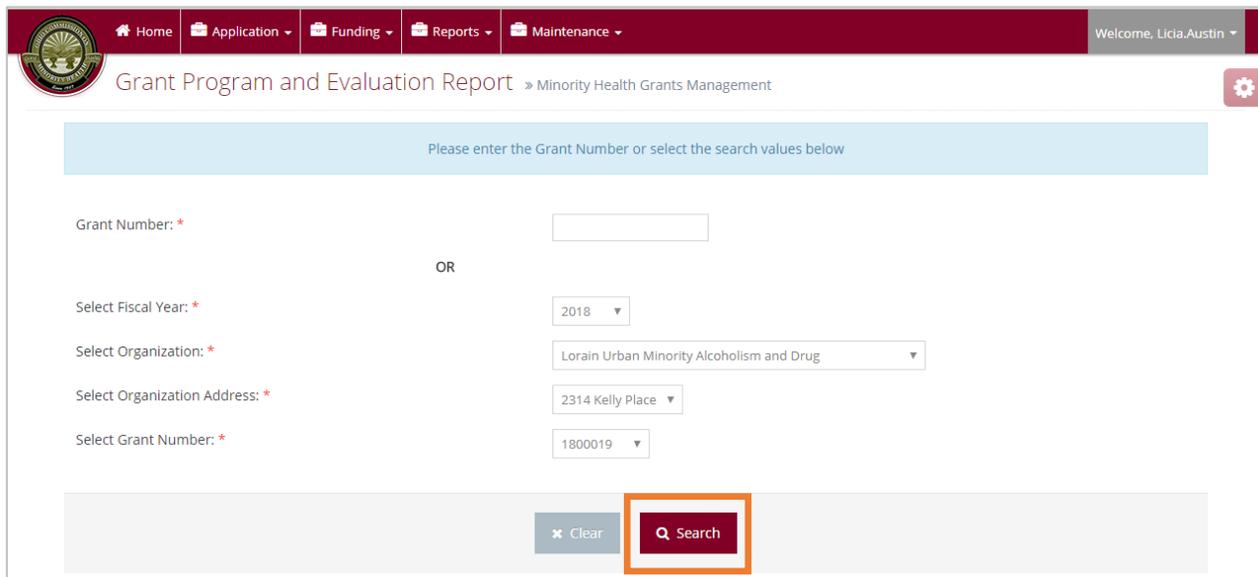
|             |  |
|-------------|--|
| Review      | Allows the Projed Lead and Application Admin to enter comments, and 'sign off' on a report or return a report for clarifications |
| View        | Read-only access to a report   |
| Print       | Generate a PDF download of a report  |
| Create/Edit | Entering or updating reports   |

i. Create Grant Report

1. Select the Funding menu option.
2. Select the Grant Report menu item. The Grant Report page will open.



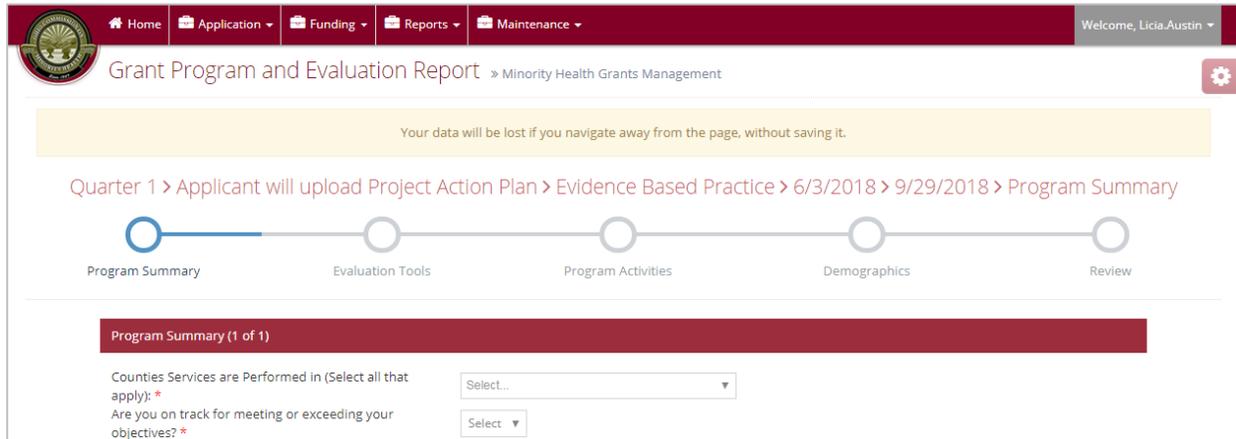
3. Enter Grant Number. – OR –
4. Select Fiscal Year.
5. Select Provider Organization.
6. Select Provider Address.
7. Select Grant Number.
8. Click the Search button.



9. Grants matching the search criteria will appear in the Search Results table.
10. Click the View link for the desired grant. The Grant Program and Evaluation Report page will open.

| Search Results       |   |                         |                         |
|----------------------|---|-------------------------|-------------------------|
| Action               | Project Model                             | Project Model Type      | Start/End Dates         |
| <a href="#">View</a> | Applicant will upload Project Action Plan | Evidence Based Practice | 06/03/2018 - 09/29/2018 |

11. Click the Create/Edit link for the desired quarter. The Grant Program and Evaluation Report wizard page will open with the Program Summary section displayed. **Note:** See [Grant Report Status by User](#) for details about the items in the Actions and Status columns.
12. Select all counties where services are performed.
13. Select Yes or No for the question 'Are you on track for meeting or exceeding your objectives?'



14. Answer the additional required Program Summary questions. **Note:** The questions that appear will depend on the application Grant Type
15. Click the Next Section button to save. The Evaluation Tools section will appear.



16. Enter Program Evaluation findings.
17. Upload copies of evaluation tools.
18. Enter a description for the evaluation tools document.
19. Click the Upload button. The document information will appear in the Uploaded Evaluation Tools table.
20. Click the Next Section button to save. The Program Activities section will appear.
21. Click the View link in the Uploaded Evaluation Tools column to download the Evaluation Tools document as a PDF (optional).
22. Click the Delete link to delete an Evaluation tools document (optional).



Grant Program and Evaluation Report > Minority Health Grants Management



Your data will be lost if you navigate away from the page, without saving it.

Quarter 1 > Applicant will upload Project Action Plan > Evidence Based Practice > 6/3/2018 > 9/29/2018 > Evaluation Tools



Evaluation Tools (1 of 1)

Discuss the findings of the program evaluations for this reporting period.

Program evaluation findings for this reporting period.

Upload copies of evaluation tools developed (draft/final versions):

Choose File No file chosen

Description:

Description text input field

Upload

Uploaded Evaluation Tools

| Action         | Document Name        | Description      | Uploaded Date | Uploaded By  |
|----------------|----------------------|------------------|---------------|--------------|
| View<br>Delete | Evaluation Tools.pdf | Evaluation Tools | 6/19/2018     | Licia.Austin |

Cancel Previous Section Save and Finish Later Next Section

23. Enter the number of participants for # Didn't Achieve.
  24. Enter the number of participants for # Achieved.
  25. The Quarter Total will automatically update.
  26. Click the Next Section button to save. The Demographics Race and Ethnicity section will appear.
- Note:** The Demographics pages will depend on the application Grant Type.

Grant Program and Evaluation Report > Minority Health Grants Management

Your data will be lost if you navigate away from the page, without saving it.

Quarter 1 > Applicant will upload Project Action Plan > Evidence Based Practice > 6/3/2018 > 9/29/2018 > Program Activities

Program Summary   Evaluation Tools   **Program Activities**   Demographics   Review

**Program Summary Updates (Goal 1 of 1)**

Goal : A Generic Goal  
Objective : A Generic Objective  
In this grant year, of the 50 people served by this intervention, 10 will achieve this objective.  
Approach: A Generic Approach

|                    |                           | # Served this Quarter          |                                 |                                 | Year to Date                    | %                                    |
|--------------------|---------------------------|--------------------------------|---------------------------------|---------------------------------|---------------------------------|--------------------------------------|
| Activities:        | Yearly Estimated # Served | # Didn't Achieve               | # Achieved                      | Quarter Total                   | Total                           |                                      |
| A Generic Activity |                           | <input type="text" value="5"/> | <input type="text" value="15"/> | <input type="text" value="20"/> | <input type="text" value="55"/> | <input type="text" value="100.000"/> |

27. Enter Totals and New and Returning participant counts for Race and Ethnicities.
28. Click the Next Section button to save. The Age Group Demographics section will appear.

Grant Program and Evaluation Report > Minority Health Grants Management

Your data will be lost if you navigate away from the page, without saving it.

Quarter 1 > Applicant will upload Project Action Plan > Evidence Based Practice > 6/3/2018 > 9/29/2018 > Demographics

Program Summary   Evaluation Tools   Program Activities   **Demographics**   Review

1. Total Number of new Mothers Served this Quarter: \*   
 2. Total Number of Mothers Returning this Quarter: \*   
 3. Total Number of Mothers served this Quarter:

1. Total Number of new Infants Served this Quarter: \*   
 2. Total Number of Infants Returning this Quarter: \*   
 3. Total Number of Infants served this Quarter:

**Race And Ethnicity (Demographics 1 of 6)**

|                  | New                             | Returning                       | Total                           | YTD Total                        |
|------------------|---------------------------------|---------------------------------|---------------------------------|----------------------------------|
| African-American | <input type="text" value="5"/>  | <input type="text" value="1"/>  | <input type="text" value="6"/>  | <input type="text" value="126"/> |
| Asian Cambodian  | <input type="text" value="8"/>  | <input type="text" value="3"/>  | <input type="text" value="11"/> | <input type="text" value="21"/>  |
| Asian Hmong      | <input type="text" value="19"/> | <input type="text" value="2"/>  | <input type="text" value="21"/> | <input type="text" value="21"/>  |
| Asian Laotian    | <input type="text" value="6"/>  | <input type="text" value="4"/>  | <input type="text" value="10"/> | <input type="text" value="10"/>  |
| Totals           | <input type="text" value="38"/> | <input type="text" value="10"/> | <input type="text" value="48"/> | <input type="text" value="178"/> |

**Note:** Below is the Race and Ethnicity page for the SLE Grant Type.

[Home](#) | [Application](#) | [Funding](#) | [Reports](#) | [Maintenance](#)
Welcome, Licia Austin

Grant Program and Evaluation Report > Minority Health Grants Management

Your data will be lost if you navigate away from the page, without saving it.

Quarter 1 > Applicant will upload Project Action Plan > Adapted Evidence Based > 6/3/2018 > 6/30/2018 > Demographics

○ Program Summary    
 ○ Evaluation Tools    
 ○ Program Activities    
 ○ Demographics    
 ○ Review

Total Number of Returning Caregivers: \*

Total Number of Returning Clients: \*

Total Number of users participated in health groups this quarter: (total of 1 &2)

Total Number of Registered LUPUS Clients: \*

(\*Registered Lupus clients include all Lupus clients for whom the grantee has a client file with completed intake documents.)

Race And Ethnicity (Demographics 1 of 7)

|                  | Clients  | Caregivers  | Total  | YTD Total  |
|------------------|--|---|--|--|
| African-American | <input style="width: 80px;" type="text" value="5"/>  | <input style="width: 80px;" type="text" value="1"/> | <input style="width: 80px;" type="text" value="6"/>  | <input style="width: 80px;" type="text" value="6"/>  |
| Asian Cambodian  | <input style="width: 80px;" type="text" value="8"/>  | <input style="width: 80px;" type="text" value="3"/> | <input style="width: 80px;" type="text" value="11"/> | <input style="width: 80px;" type="text" value="11"/> |
| Asian Hmong      | <input style="width: 80px;" type="text" value="19"/> | <input style="width: 80px;" type="text" value="2"/> | <input style="width: 80px;" type="text" value="21"/> | <input style="width: 80px;" type="text" value="21"/> |
| Asian Laotian    | <input style="width: 80px;" type="text" value="6"/>  | <input style="width: 80px;" type="text" value="4"/> | <input style="width: 80px;" type="text" value="10"/> | <input style="width: 80px;" type="text" value="10"/> |
| Totals           | 38   | 10  | 48   | 48   |

✕ Cancel
◀ Previous Section
Save and Finish Later
Next Section ▶

29. Enter the Male and Female counts for New participants.
30. Enter the Male and Female counts for Returning participants.
31. Click the Next Section button to save. The Insurance Demographics section will appear.

Home Application - Funding - Reports - Maintenance -
Welcome, Lida Austin -

Grant Program and Evaluation Report > Minority Health Grants Management

Your data will be lost if you navigate away from the page, without saving it.

Quarter 1 > Applicant will upload Project Action Plan > Evidence Based Practice > 6/3/2018 > 9/29/2018 > Demographics

Program Summary    Evaluation Tools    Program Activities    Demographics    Review

| Age Group (Demographics 2 of 6) |                                |                                |                                |                                |       |           |
|---------------------------------|--------------------------------|--------------------------------|--------------------------------|--------------------------------|-------|-----------|
| Age                             | New                            |                                | Returning                      |                                | Total | YTD Total |
|                                 | Male                           | Female                         | Male                           | Female                         |       |           |
| <1                              | <input type="text" value="1"/> | <input type="text" value="0"/> | <input type="text" value="1"/> | <input type="text" value="1"/> | 4     | 28        |
| <1                              | <input type="text" value="0"/> | <input type="text" value="1"/> | <input type="text" value="0"/> | <input type="text" value="0"/> | 0     | 5         |
| 1-5                             | <input type="text" value="0"/> | <input type="text" value="0"/> | <input type="text" value="0"/> | <input type="text" value="0"/> | 0     | 4         |
| 6-10                            | <input type="text" value="2"/> | <input type="text" value="0"/> | <input type="text" value="0"/> | <input type="text" value="1"/> | 3     | 9         |
| 11-14                           | <input type="text" value="8"/> | <input type="text" value="1"/> | <input type="text" value="0"/> | <input type="text" value="0"/> | 9     | 9         |
| 15-19                           | <input type="text" value="4"/> | <input type="text" value="5"/> | <input type="text" value="0"/> | <input type="text" value="0"/> | 9     | 9         |
| 20-24                           | <input type="text" value="1"/> | <input type="text" value="0"/> | <input type="text" value="2"/> | <input type="text" value="1"/> | 4     | 4         |
| 25-34                           | <input type="text" value="2"/> | <input type="text" value="0"/> | <input type="text" value="0"/> | <input type="text" value="1"/> | 3     | 3         |
| 35-44                           | <input type="text" value="5"/> | <input type="text" value="2"/> | <input type="text" value="0"/> | <input type="text" value="1"/> | 8     | 8         |
| 45-54                           | <input type="text" value="0"/> | <input type="text" value="1"/> | <input type="text" value="0"/> | <input type="text" value="0"/> | 1     | 1         |
| 55-64                           | <input type="text" value="3"/> | <input type="text" value="0"/> | <input type="text" value="1"/> | <input type="text" value="0"/> | 4     | 4         |
| 65-75                           | <input type="text" value="1"/> | <input type="text" value="1"/> | <input type="text" value="1"/> | <input type="text" value="0"/> | 3     | 3         |
| 75+                             | <input type="text" value="0"/> | <input type="text" value="0"/> | <input type="text" value="0"/> | <input type="text" value="0"/> | 0     | 0         |
| Totals                          | 27                             | 11                             | 5                              | 5                              | 48    | 87        |

Cancel    « Previous Section    Save and Finish Later    Next Section »

**Note:** Below is the Age Group (Demographics) section for the SLE Grant Type.

- Enter the Male and Female counts for Clients.
- Enter the Male and Female counts for Caregivers.

Progress bar: Program Summary | Evaluation Tools | Program Activities | **Demographics** | Review

| Age Group (Demographics 2 of 7) |                      |                      |                      |                      |       |           |
|---------------------------------|----------------------|----------------------|----------------------|----------------------|-------|-----------|
| Age                             | Clients              |                      | Caregivers           |                      | Total | YTD Total |
|                                 | Male                 | Female               | Male                 | Female               |       |           |
| <1                              | <input type="text"/> | <input type="text"/> | <input type="text"/> | <input type="text"/> | 0     | 0         |
| 1-5                             | <input type="text"/> | <input type="text"/> | <input type="text"/> | <input type="text"/> | 0     | 0         |
| 6-10                            | <input type="text"/> | <input type="text"/> | <input type="text"/> | <input type="text"/> | 0     | 0         |
| 11-14                           | <input type="text"/> | <input type="text"/> | <input type="text"/> | <input type="text"/> | 0     | 0         |
| 15-19                           | <input type="text"/> | <input type="text"/> | <input type="text"/> | <input type="text"/> | 0     | 0         |
| 20-24                           | <input type="text"/> | <input type="text"/> | <input type="text"/> | <input type="text"/> | 0     | 0         |
| 25-34                           | <input type="text"/> | <input type="text"/> | <input type="text"/> | <input type="text"/> | 0     | 0         |
| 35-44                           | <input type="text"/> | <input type="text"/> | <input type="text"/> | <input type="text"/> | 0     | 0         |
| 45-54                           | <input type="text"/> | <input type="text"/> | <input type="text"/> | <input type="text"/> | 0     | 0         |
| 55-64                           | <input type="text"/> | <input type="text"/> | <input type="text"/> | <input type="text"/> | 0     | 0         |
| 65-75                           | <input type="text"/> | <input type="text"/> | <input type="text"/> | <input type="text"/> | 0     | 0         |
| 75+                             | <input type="text"/> | <input type="text"/> | <input type="text"/> | <input type="text"/> | 0     | 0         |
| Totals                          | 0                    | 0                    | 0                    | 0                    | 0     | 0         |

Buttons:

32. Enter the insured counts for New participants.
33. Enter the insured counts for Returning participants.
34. Click the Next Section button to save. The Income Demographics section will appear.

Navigation: Home | Application - | Funding - | Reports - | Maintenance - | Welcome, Licia Austin -

Grant Program and Evaluation Report » Minority Health Grants Management

Your data will be lost if you navigate away from the page, without saving it.

Quarter 1 > Applicant will upload Project Action Plan > Evidence Based Practice > 6/3/2018 > 9/29/2018 > Demographics

Progress bar: Program Summary | Evaluation Tools | Program Activities | **Demographics** | Review

| Insurance (Demographics 3 of 6) |                                 |                                |                                 |                                 |
|---------------------------------|---------------------------------|--------------------------------|---------------------------------|---------------------------------|
|                                 | New                             | Returning                      | Total                           | YTD Total                       |
| Private                         | <input type="text" value="1"/>  | <input type="text" value="3"/> | <input type="text" value="4"/>  | <input type="text" value="12"/> |
| Public                          | <input type="text" value="4"/>  | <input type="text" value="2"/> | <input type="text" value="6"/>  | <input type="text" value="16"/> |
| Uninsured                       | <input type="text" value="17"/> | <input type="text" value="3"/> | <input type="text" value="20"/> | <input type="text" value="35"/> |
| Totals                          | 22                              | 8                              | 30                              | 63                              |

Buttons:

**Note:** Below is the Insurance (Demographics) page for the SLE Grant Type.

- Enter the Male and Female counts for Clients.
- Enter the Male and Female counts for Caregivers.

| Insurance (Demographics 3 of 7) |                      |                      |       |           |
|---------------------------------|----------------------|----------------------|-------|-----------|
|                                 | Clients              | Caregivers           | Total | YTD Total |
| Private                         | <input type="text"/> | <input type="text"/> | 0     | 0         |
| Public                          | <input type="text"/> | <input type="text"/> | 0     | 0         |
| Uninsured                       | <input type="text"/> | <input type="text"/> | 0     | 0         |
| Totals                          | 0                    | 0                    | 0     | 0         |

Why are you interested in support group

Diagnosed with Lupus  Friend has lupus

Spouse has lupus  Other

35. Enter Household income by number of people in the household for the participants served this quarter.
36. Click the Next Section button to save. The Demographics Last Interaction with Health Care System section will appear.

Grant Program and Evaluation Report > Minority Health Grants Management > Quarter 1 > Applicant will upload Project Action Plan > Evidence Based Practice > 6/3/2018 > 9/29/2018 > Demographics

Your data will be lost if you navigate away from the page, without saving it.

| Household Income (Demographics 4 of 6) |                      |                      |                      |                      |       |           |
|--|----------------------|----------------------|----------------------|----------------------|-------|-----------|
| Number of people in Household          | <9,999               | \$10,000-\$14,999    | \$15,000-\$24,999    | >\$25,000            | Total | YTD Total |
| 1                                      | <input type="text"/> | <input type="text"/> | <input type="text"/> | <input type="text"/> | 6     | 11        |
| 2                                      | <input type="text"/> | <input type="text"/> | <input type="text"/> | <input type="text"/> | 10    | 18        |
| 3                                      | <input type="text"/> | <input type="text"/> | <input type="text"/> | <input type="text"/> | 17    | 27        |
| 4                                      | <input type="text"/> | <input type="text"/> | <input type="text"/> | <input type="text"/> | 4     | 7         |
| 5+                                     | <input type="text"/> | <input type="text"/> | <input type="text"/> | <input type="text"/> | 1     | 6         |
| Totals                                 | 0                    | 5                    | 1                    | 32                   | 38    | 69        |

- 37. Enter counts of the New participants who have had an interaction with the healthcare system within the time periods outlined.
- 38. Enter counts of the Returning participants who have had an interaction with the healthcare system within the time periods outlined.
- 39. Click the Next Section button to save. The Demographics Service Most Often Used section will appear.

The screenshot shows a web application interface for 'Grant Program and Evaluation Report' under 'Minority Health Grants Management'. A navigation bar at the top includes links for Home, Application, Funding, Reports, and Maintenance, along with a user greeting 'Welcome, Lida Austin'. A progress bar below the navigation bar shows five steps: Program Summary, Evaluation Tools, Program Activities, Demographics (the current step), and Review. A yellow warning box states: 'Your data will be lost if you navigate away from the page, without saving it.' Below the progress bar, a breadcrumb trail reads: 'Quarter 1 > Applicant will upload Project Action Plan > Evidence Based Practice > 6/3/2018 > 9/29/2018 > Demographics'. The main content area features a table titled 'Last Interaction with Health Care System (Demographics 5 of 6)'. The table has columns for 'New', 'Returning', 'Total', and 'YTD Total' across four time periods: 'Less than 3 months', '3-6 months', '6 months- 1 year', and '1 year or more'. At the bottom of the table area, there are four buttons: 'Cancel', 'Previous Section', 'Save and Finish Later', and 'Next Section'.

|                    | New | Returning | Total | YTD Total |
|--------------------|-----|-----------|-------|-----------|
| Less than 3 months | 5   | 2         | 7     | 41        |
| 3-6 months         | 3   | 6         | 9     | 16        |
| 6 months- 1 year   | 9   | 1         | 10    | 15        |
| 1 year or more     | 21  | 1         | 22    | 30        |
| Totals             | 38  | 10        | 48    | 102       |

40. Enter the healthcare service counts for New participants (if applicable).
41. Enter the healthcare service counts for Returning participants(if applicable) .
42. Click the Next Section button to save. The Demographics Health Screenings section will appear.

Your data will be lost if you navigate away from the page, without saving it.

Quarter 1 > Applicant will upload Project Action Plan > Evidence Based Practice > 6/3/2018 > 9/29/2018 > Demographics

| Service Most Often Used (Demographics 6 of 6) |     |           |       |           |
|---|-----|-----------|-------|-----------|
|   | New | Returning | Total | YTD Total |
| Emergency Room                                | 1   | 1         | 2     | 47        |
| Family Physician                              | 36  | 7         | 43    | 50        |
| Health Center/Clinic                          | 1   | 2         | 3     | 3         |
| Traditional Healer                            | 0   | 0         | 0     | 6         |
| Totals  | 38  | 10        | 48    | 106       |

Buttons: Cancel, Previous Section, Save and Finish Later, Next Section

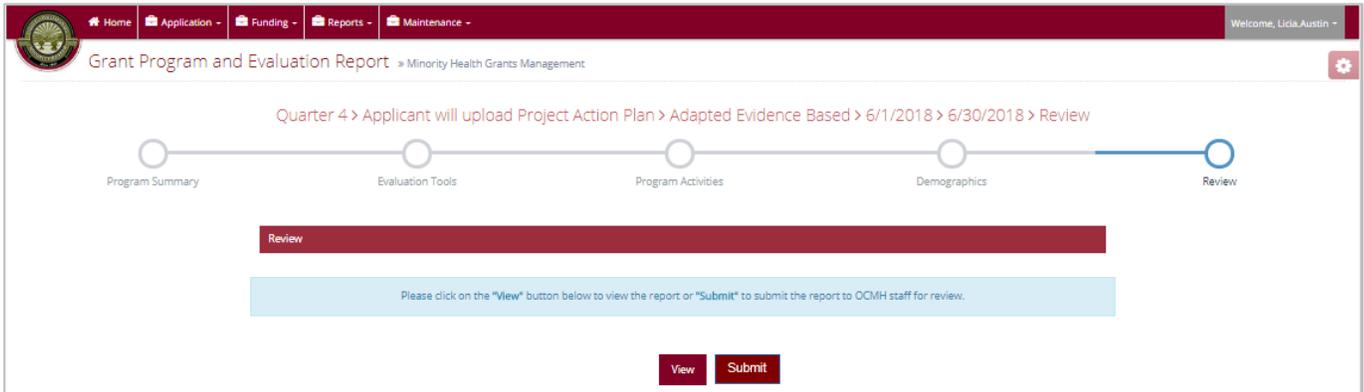
43. Enter the number of participants Screened.
44. Enter the number of Abnormal screens.
45. Enter the number of Referrals.
46. Click the Add Another Assessment Tool button (optional). An additional line will appear in the Health Screenings table.
47. Enter a value in the Type of Assessment box.
48. Enter counts for the number Screened, number of Abnormal screens, and number of Referrals.
49. Click the Next Section button to save. The Review section will appear.

Quarter 4 > Applicant will upload Project Action Plan > Adapted Evidence Based > 6/1/2018 > 6/30/2018 > Demographics

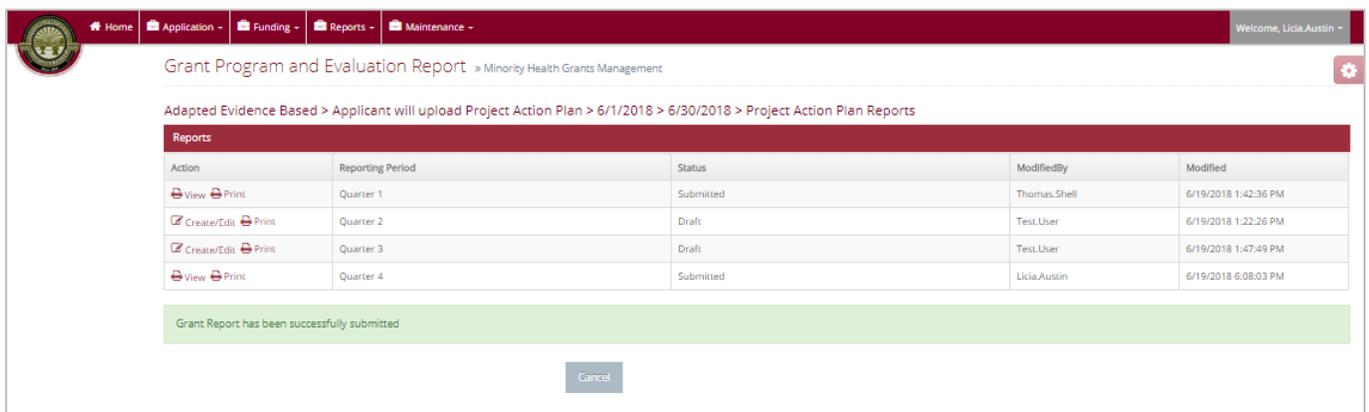
| Health Screenings           |            |            |             |       |            |  |
|-----------------------------|------------|------------|-------------|-------|------------|--|
| Add Another Assessment Tool |            |            |             |       |            |  |
| Type of Assessment Tool     | # Screened | # Abnormal | # Referrals | Total | YTD Totals |  |
| diabetes                    | 4          | 3          | 3           | 10    | 10         |  |
| hypertension                | 22         | 8          | 8           | 38    | 38         |  |

Buttons: Cancel, Previous Section, Save and Finish Later, Next Section

- 50. Click the View button to view the report (optional). The report will download as a PDF.
- 51. Click the Submit button. The report will be submitted to the OCMH staff for review.



- 52. A confirmation message will appear on the Grant Program and Evaluation Report page. The report status will be changed to 'Submitted'. Users can view or print the application.



- 53. An email confirmation will be sent to the Executive Director indicated on the application Face Sheet.
- 54. The grant report review process will follow the same procedure prior to the grants management system. OCMH will review the report and make notes/comments/questions within the system. The report will be sent back for any clarification questions and the grantee will be able to go into the system to edit the reports.

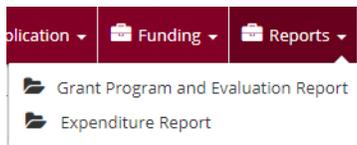
b. Expenditure Report

Users: Applicant

Description: This report provides details on how the grant funds are spent. Users can create quarterly Expenditure Reports for AOT Finalized grants. Users can only Applicants, Fiscal Leads and Project leads can only access applications for their organization. [Organization assignments](#) are set up in the OCMH Portal. One disbursement is to be done for the grant prior to creating an expenditure report.

i. Create Expenditure Report

1. Select the Funding menu option.
2. Select the Expenditure Report menu item. The Expenditure Report page will open.



3. Select the Organization.
4. Select the Organization Address.
5. Select the Fiscal Year.
6. Select the Grant Number.
7. Select a Quarter from the Report Type drop-down box. This is the quarter reported on.
8. Click the Create Report button. The Line Item Budget for the selected grant will appear.

**Direct Costs**

17. Enter the Personnel, Fringe Benefits, and Other expenditures for the quarter selected.
18. Enter Narratives for these expenditures (optional).

| Direct Costs    | OCMH Approved Budget |        |        |        | Disbursed To Date | Quarter 1 | Quarter 2 | Quarter 3 | Quarter 4 | Narrative |
|-----------------|----------------------|--------|--------|--------|-------------------|-----------|-----------|-----------|-----------|-----------|
|                 | Q1                   | Q2     | Q3     | Q4     |                   |           |           |           |           |           |
| Personnel       | 100.00               | 100.00 | 100.00 | 100.00 | 200.00            |           | 100       |           |           |           |
| Fringe Benefits | 100.00               | 100.00 | 100.00 | 100.00 | 200.00            |           | 100       |           |           |           |
| Other           | 100.00               | 100.00 | 100.00 | 100.00 | 100.00            |           | 100       |           |           |           |

- 19. Enter the Travel expenditures for the quarter selected.
- 20. Enter Narratives for these expenditures (optional).

| Direct Costs        | OCMH Approved Budget |        |        |        | Disbursed To Date | Quarter 1 | Quarter 2 | Quarter 3 | Quarter 4 | Narrative |
|---------------------|----------------------|--------|--------|--------|-------------------|-----------|-----------|-----------|-----------|-----------|
|                     | Q1                   | Q2     | Q3     | Q4     |                   |           |           |           |           |           |
| <b>Travel</b>       |                      |        |        |        |                   |           |           |           |           |           |
| Mileage             | 100.00               | 100.00 | 100.00 | 100.00 | 100.00            |           | 100       |           |           |           |
| Registration        | 100.00               | 100.00 | 100.00 | 100.00 | 100.00            |           | 100       |           |           |           |
| Hotel               | 100.00               | 100.00 | 100.00 | 100.00 | 100.00            |           | 100       |           |           |           |
| Food                | 100.00               | 100.00 | 100.00 | 100.00 | 100.00            |           | 100       |           |           |           |
| Conference Training | 100.00               | 100.00 | 100.00 | 100.00 | 100.00            |           | 100       |           |           |           |
| Other               | 100.00               | 100.00 | 100.00 | 100.00 | 100.00            |           | 100       |           |           |           |

- 21. Enter the Equipment expenditures for the quarter selected
- 22. Enter Narratives for the expenditures (optional).

| Direct Costs     | OCMH Approved Budget      |        |        |        | Disbursed To Date | Quarter 1 | Quarter 2 | Quarter 3 | Quarter 4 | Narrative |
|------------------|---------------------------|--------|--------|--------|-------------------|-----------|-----------|-----------|-----------|-----------|
|                  | Q1                        | Q2     | Q3     | Q4     |                   |           |           |           |           |           |
| <b>Equipment</b> |                           |        |        |        |                   |           |           |           |           |           |
|                  | Add Equipment Itemization |        |        |        |                   |           |           |           |           |           |
| Rental Equipment | 100.00                    | 100.00 | 100.00 | 100.00 | 100.00            |           | 100       |           |           |           |
| Other            | 100.00                    | 100.00 | 100.00 | 100.00 | 100.00            |           | 100       |           |           |           |

23. Click the Add Equipment Itemization button (optional). The Equipment/Furniture/Computer Software/Hardware Itemization Form will open.
24. Enter information regarding the equipment in the boxes provided.
25. Click the Cancel button to exit without saving.
26. Click the Save button.

×
Equipment/Furniture/Computer Software/Hardware Itemization Form

List of Equipment

| Action    | Item Description | Make          | Model Number | Serial Number | Asset ID | Date Acquired | Rental Price (\$) | Funding Type |
|-----------|------------------|---------------|--------------|---------------|----------|---------------|-------------------|--------------|
| 🗑️ Delete | Xerox Printer    | XR LaserPrint | 12345        | 0XR445        |          | 05/01/2018    | 100.00            | State        |

Please complete the Equipment Itemization form for all equipment purchased for this grant.

Item Description:  
  
287 characters remaining

Make:  
  
137 characters remaining

Model Number:  
  
145 characters remaining

Serial Number:  
  
144 characters remaining

Asset ID (Dpt. Use Only):

Date Acquired:

Rental Price (max length 10):

Funding Type:  
 ▼

Save
✕ Cancel

27. The List of Equipment table will update.

×
Equipment/Furniture/Computer Software/Hardware Itemization Form

List of Equipment

| Action    | Item Description | Make          | Model Number | Serial Number | Asset ID | Date Acquired | Rental Price (\$) | Funding Type |
|-----------|------------------|---------------|--------------|---------------|----------|---------------|-------------------|--------------|
| 🗑️ Delete | Xerox Printer    | XR LaserPrint | 12345        | 0XR445        |          | 05/01/2018    | 100.00            | State        |

- 28. Enter the Supplies expenditures for the quarter selected.
- 29. Enter Narratives for the expenditures (optional).

| Direct Costs       | OCMH Approved Budget |        |        |        | Disbursed To Date | Quarter 1 | Quarter 2 | Quarter 3 | Quarter 4 | Narrative |
|--------------------|----------------------|--------|--------|--------|-------------------|-----------|-----------|-----------|-----------|-----------|
|                    | Q1                   | Q2     | Q3     | Q4     |                   |           |           |           |           |           |
| <b>Supplies</b>    |                      |        |        |        |                   |           |           |           |           |           |
| Printing/Copying   | 100.00               | 100.00 | 100.00 | 100.00 | 100.00            |           | 100       |           |           |           |
| Education Material | 100.00               | 100.00 | 100.00 | 100.00 | 100.00            |           | 100       |           |           |           |
| Program Supplies   | 100.00               | 100.00 | 100.00 | 100.00 | 100.00            |           | 100       |           |           |           |
| Office Supplies    | 100.00               | 100.00 | 100.00 | 100.00 | 100.00            |           | 100       |           |           |           |
| Other              | 100.00               | 100.00 | 100.00 | 100.00 | 100.00            |           | 100       |           |           |           |

- 30. Enter the Contractual expenditures for the quarter selected.
- 31. Enter Narratives for the expenditures (optional).

| Direct Costs               | OCMH Approved Budget |        |        |        | Disbursed To Date | Quarter 1 | Quarter 2 | Quarter 3 | Quarter 4 | Narrative |
|----------------------------|----------------------|--------|--------|--------|-------------------|-----------|-----------|-----------|-----------|-----------|
|                            | Q1                   | Q2     | Q3     | Q4     |                   |           |           |           |           |           |
| <b>Contractual</b>         |                      |        |        |        |                   |           |           |           |           |           |
| Audit Charges              | 100.00               | 100.00 | 100.00 | 100.00 | 100.00            |           | 100       |           |           |           |
| REEP                       | 100.00               | 100.00 | 100.00 | 100.00 | 100.00            |           | 100       |           |           |           |
| Personal Service Contracts | 100.00               | 100.00 | 100.00 | 100.00 | 100.00            |           | 100       |           |           |           |
| Other                      | 100.00               | 100.00 | 100.00 | 100.00 | 100.00            |           | 100       |           |           |           |

**32. Total Direct Costs**

|                    |      |      |      |      |      |  |      |  |  |  |
|--------------------|------|------|------|------|------|--|------|--|--|--|
| Total Direct Costs | 2000 | 2000 | 2000 | 2000 | 2200 |  | 2000 |  |  |  |
|--------------------|------|------|------|------|------|--|------|--|--|--|

### Indirect Costs

1. Enter Indirect expenditures for the quarter selected.
2. Enter Narratives for the expenditures (optional).

| Indirect Costs     | OCMH Approved Budget |        |        |        | Disbursed To Date | Quarter 1 | Quarter 2 | Quarter 3 | Quarter 4 | Narrative |
|--------------------|----------------------|--------|--------|--------|-------------------|-----------|-----------|-----------|-----------|-----------|
|                    | Q1                   | Q2     | Q3     | Q4     |                   |           |           |           |           |           |
| Rent/Lease         | 100.00               | 100.00 | 100.00 | 100.00 | 100.00            |           | 100       |           |           |           |
| Admin Costs        | 100.00               | 100.00 | 100.00 | 100.00 | 100.00            |           | 100       |           |           |           |
| Maintenance/Repair | 100.00               | 100.00 | 100.00 | 100.00 | 100.00            |           | 100       |           |           |           |
| Other              | 100.00               | 100.00 | 100.00 | 100.00 | 100.00            |           | 100       |           |           |           |

### 3. Total Indirect Costs

|                      |     |     |     |     |     |  |     |  |  |
|----------------------|-----|-----|-----|-----|-----|--|-----|--|--|
| Total Indirect Costs | 400 | 400 | 400 | 400 | 400 |  | 400 |  |  |
|----------------------|-----|-----|-----|-----|-----|--|-----|--|--|

### Budget Total

1. Total Budget Costs.

|              |      |                        |      |              |      |
|--------------|------|------------------------|------|--------------|------|
| Budget Total | 9600 | Disbursed Amount Total | 2600 | Report Total | 2400 |
|--------------|------|------------------------|------|--------------|------|

2. Click the Submit Expenditure Report button.

Save and Finish Later
Submit Expenditure Report

### 3. Confirmation messages will appear.

4. An email message will be sent to the Executive Director indicated on the application Face Sheet.
5. The grant report review process will follow the same procedure prior to the grants management system. OCMH will review the report and make notes/comments/questions within the system. The report will be sent back for any clarification questions and the grantee will be able to go into

## 7.MHGM Funding Menu

Here are the available options in the Funding menu:

- Disbursement Request

Disbursement reports are completed at the following times:

- a. Upon receipt of an initial disbursement email and upon receipt of all quarterly disbursement emails during funding period
  - Grantees will receive an initial disbursement email and they will be required to complete a disbursement request that is in **the exact amount of listed in the** initial disbursement email using the instructions listed below.
- b. After the submission and approval of the quarterly expenditure report
  - Grantees will receive a quarterly disbursement email and they will be required to complete disbursement request. **This disbursement request must be in exact amount listed in the quarterly disbursement email** using the instructions listed below.

- c. Disbursement Request

Users: Applicant, Application Administrator, Fiscal Lead, Project Lead

Description: A grant application must be in AOT finalized status prior to requesting disbursements.

- i. Create Disbursement Request

1. Select the Funding menu option
2. Select the Disbursement Request menu item. The Disbursement Request page will open.



3. Select Organization.
4. Select Organization Address.
5. Select Fiscal Year.
6. Select Grant Number.
7. Enter Disbursement Date.
8. Click the Create Disbursement Request button. The Disbursement Summary and Line Item Budget tables will appear on the page.

A screenshot of the 'Disbursement Request' form in a web application. The form has a white background and a dark red header. The header contains navigation links: Home, Application, Funding, Reports, Maintenance, and a user greeting 'Welcome, Licia Austin'. The form fields are: Organization (Hospital Council of Northwest Ohio), Organization Address (3231 Central Park West Drive), Fiscal Year (2018), Grant Number (1800003), and Disbursement Date (06/15/2018). A 'Create Disbursement Request' button is highlighted with an orange border.

**Note:** The Disbursement Summary will display 0 as the Current Period Request. This amount will update as amounts are entered for the applicable line items.

| Disbursement Summary |                 |                 |                        |                               |                        |                   |
|----------------------|-----------------|-----------------|------------------------|-------------------------------|------------------------|-------------------|
| Total Award          | Available Award | Advance Funding | Total Received to Date | Balance Available for Request | Current Period Request | Available Balance |
| 9600.00              | 2400.00         | 0.00            | 0.00                   | 2400.00                       | 0                      | 2400              |

[contents](#)

9. Enter the requested amounts for each line item for Direct costs.

**Note:** The Disbursement Summary table updates as requested amounts are entered in the Line Item Budget table. The Total Direct Costs also update as requested amounts are entered.

| Disbursement Summary |                 |                 |                        |                               |                        |                   |
|----------------------|-----------------|-----------------|------------------------|-------------------------------|------------------------|-------------------|
| Total Award          | Available Award | Advance Funding | Total Received to Date | Balance Available for Request | Current Period Request | Available Balance |
| 9600.00              | 2400.00         | 0.00            | 0.00                   | 2400.00                       | 2000                   | 400               |

| Line Item Budget           |        |        |        |        |                   |                  |
|----------------------------|--------|--------|--------|--------|-------------------|------------------|
| Direct Costs               | Q1     | Q2     | Q3     | Q4     | Disbursed To Date | Requested Amount |
| Personnel                  | 100.00 | 100.00 | 100.00 | 100.00 | 0                 | 100              |
| Fringe Benefits            | 100.00 | 100.00 | 100.00 | 100.00 | 0                 | 100              |
| Other                      | 100.00 | 100.00 | 100.00 | 100.00 | 0                 | 100              |
| <b>Travel</b>              |        |        |        |        |                   |                  |
| Mileage                    | 100.00 | 100.00 | 100.00 | 100.00 | 0                 | 100              |
| Registration               | 100.00 | 100.00 | 100.00 | 100.00 | 0                 | 100              |
| Hotel                      | 100.00 | 100.00 | 100.00 | 100.00 | 0                 | 100              |
| Food                       | 100.00 | 100.00 | 100.00 | 100.00 | 0                 | 100              |
| Conference Training        | 100.00 | 100.00 | 100.00 | 100.00 | 0                 | 100              |
| Other                      | 100.00 | 100.00 | 100.00 | 100.00 | 0                 | 100              |
| <b>Equipment</b>           |        |        |        |        |                   |                  |
| Rental Equipment           | 100.00 | 100.00 | 100.00 | 100.00 | 0                 | 100              |
| Other                      | 100.00 | 100.00 | 100.00 | 100.00 | 0                 | 100              |
| <b>Supplies</b>            |        |        |        |        |                   |                  |
| Printing/Copying           | 100.00 | 100.00 | 100.00 | 100.00 | 0                 | 100              |
| Education Material         | 100.00 | 100.00 | 100.00 | 100.00 | 0                 | 100              |
| Program Supplies           | 100.00 | 100.00 | 100.00 | 100.00 | 0                 | 100              |
| Office Supplies            | 100.00 | 100.00 | 100.00 | 100.00 | 0                 | 100              |
| Other                      | 100.00 | 100.00 | 100.00 | 100.00 | 0                 | 100              |
| <b>Contractual</b>         |        |        |        |        |                   |                  |
| Audit Charges              | 100.00 | 100.00 | 100.00 | 100.00 | 0                 | 100              |
| REEP                       | 100.00 | 100.00 | 100.00 | 100.00 | 0                 | 100              |
| Personal Service Contracts | 100.00 | 100.00 | 100.00 | 100.00 | 0                 | 100              |
| Other                      | 100.00 | 100.00 | 100.00 | 100.00 | 0                 | 100              |
| <b>Total Direct Costs</b>  | 2000   | 2000   | 2000   | 2000   |                   | 2000             |

10. Enter the requested amounts for each line item for Indirect costs.

**Note:** The Disbursement Summary table updates as requested amounts are entered in the Line Item Budget table. The Total Indirect Costs also update as requested amounts are entered.

| Disbursement Summary |                 |                 |                        |                               |                        |                   |
|----------------------|-----------------|-----------------|------------------------|-------------------------------|------------------------|-------------------|
| Total Award          | Available Award | Advance Funding | Total Received to Date | Balance Available for Request | Current Period Request | Available Balance |
| 9600.00              | 2400.00         | 0.00            | 0.00                   | 2400.00                       | 2400                   | 0.00              |

| Indirect Costs              | Q1         | Q2         | Q3         | Q4         | Disbursed To Date | Requested Amount |
|-----------------------------|------------|------------|------------|------------|-------------------|------------------|
| Rent/Lease                  | 100.00     | 100.00     | 100.00     | 100.00     | 0                 | 100              |
| Admin Costs                 | 100.00     | 100.00     | 100.00     | 100.00     | 0                 | 100              |
| Maintenance/Repair          | 100.00     | 100.00     | 100.00     | 100.00     | 0                 | 100              |
| Other                       | 100.00     | 100.00     | 100.00     | 100.00     | 0                 | 100              |
| <b>Total Indirect Costs</b> | <b>400</b> | <b>400</b> | <b>400</b> | <b>400</b> |                   | <b>400</b>       |

11. The Request Total will appear in the very last row of the table.

|               |      |
|---------------|------|
| Request Total | 2400 |
|---------------|------|

12. Click the Submit Disbursement Request button. A confirmation message will appear: 'Request was successfully submitted'.



13. This Disbursement Request will be sent for approval.

14. An email notification will be sent the Executive Director, Project Director, and Fiscal Officer listed on the Face Sheet, and the OCMH Staff.

ii. Show My Application Disbursements

Users: Applicant, External Reviewer

**Note:** Users can enter search terms to display application disbursements. Project Leads must be entered as a Project Lead for the application. Applicants and External Reviewers can only access applications for their Organization. [Organization assignments](#) are set up in the OCMH Portal.

3. Click the Show My Application Disbursements link.
4. Select Organization Name.
5. Select Address.
6. Select Application Number.

- 
7. Click on Load Disbursements button. The applications matching the selected values with appear.

[contents](#)

8. Click the View link for an application. The Disbursement Request page will open and display the application disbursement request information.

**Show My Application Disbursements**

---

**Please Select Your Organization Information to View Disbursements**

---

Organization Name:  ▼

Address:  ▼

Application Number:  ▼

---

| Action  | Requested Amount | Request Date | Status |
|---|------------------|--------------|--------|
|  View | 2,400.00         | 06/18/2018   | Paid   |

## 8. GENERAL INFORMATION

### a. Privacy Statement

Ohio Commission on Minority Health is committed to protecting your privacy and developing technology that gives you the most powerful and safe online experience. This Statement of Privacy applies to the Ohio Commission on Minority Health website and governs data collection and usage. By using the Ohio Commission on Minority Health website, you consent to the data practices described in this statement.

#### COLLECTION OF YOUR PERSONAL INFORMATION

Ohio Commission on Minority Health collects personally identifiable information, such as your e-mail Address, name, home or work Address or telephone number. Ohio Commission on Minority Health also collects anonymous demographic information, which is not unique to you, such as your ZIP code, age, gender, preferences, interests and favorites.

There is also information about your computer hardware and software that is automatically collected by Ohio Commission on Minority Health. This information can include: your IP Address, browser type, domain names, access times and referring Web site addresses. This information is used by Ohio Commission on Minority Health for the operation of the service, to maintain quality of the service, and to provide general statistics regarding use of the Ohio Commission on Minority Health website.

Please keep in mind that if you directly disclose personally identifiable information or personally sensitive data through Ohio Commission on Minority Health public message boards, this information may be collected and used by others. **Note: Ohio Commission on Minority Health does not read any of your private online communications.**

Ohio Commission on Minority Health encourages you to review the privacy statements of Web sites you choose to link to from Ohio Commission on Minority Health so that you can understand how those Web sites collect, use and share your information. Ohio Commission on Minority Health is not responsible for the privacy statements or other content on Web sites outside of the Ohio Commission on Minority Health and Ohio Commission on Minority Health family of Web sites.

#### USE OF YOUR PERSONAL INFORMATION

Ohio Commission on Minority Health collects and uses your personal information to operate the Ohio Commission on Minority Health website and deliver the services you have requested. Ohio Commission on Minority Health also uses your personally identifiable information to inform you of other products or services available from Ohio Commission on Minority Health and its affiliates. Ohio Commission on Minority Health may also contact you via surveys to conduct research about your opinion of current services or of potential new services that may be offered.

Ohio Commission on Minority Health does not sell, rent or lease its participant lists to third parties. Ohio Commission on Minority Health may, from time to time, contact you on behalf of external business partners about a particular offering that may be of interest to you. In those cases, your unique personally identifiable information (e-mail, name, Address, telephone number) is not transferred to the third party. In Addition, Ohio Commission on Minority Health

may share data with trusted partners to help us perform statistical analysis, send you email or postal mail, provide individual support, or arrange for deliveries. All such third parties are prohibited from using your personal information except to provide these services to Ohio Department of Mental Health & Addiction Services, and they are required to maintain the confidentiality of your information.

Ohio Commission on Minority Health does not use or disclose sensitive personal information, such as race, religion, or political affiliations, without your explicit consent.

Ohio Commission on Minority Health keeps track of the Web sites and pages our individuals visit within Ohio Commission on Minority Health, in order to determine what Ohio Commission on Minority Health are the most popular. This data is used to deliver customized content and advertising within Ohio Commission on Minority Health to individuals whose behavior indicates that they are interested in a particular subject area.

Ohio Commission on Minority Health websites will disclose your personal information, without notice, only if required to do so by law or in the good faith belief that such action is necessary to: (a) conform to the edicts of the law or comply with legal process served on Ohio Commission on Minority Health or the site; (b) protect and defend the rights or property of Ohio Commission on Minority Health; and, (c) act under exigent circumstances to protect the personal safety of users of Ohio Commission on Minority Health, or the public.

#### **USE OF COOKIES**

The Ohio Commission on Minority Health website use "cookies" to help you personalize your online experience. A cookie is a text file that is placed on your hard disk by a Web page server. Cookies cannot be used to run programs or deliver viruses to your computer. Cookies are uniquely assigned to you, and can only be read by a web server in the domain that issued the cookie to you.

One of the primary purposes of cookies is to provide a convenience feature to save you time. The purpose of a cookie is to tell the Web server that you have returned to a specific page. For example, if you personalize Ohio Commission on Minority Health pages, or register with Ohio Commission on Minority Health website or services, a cookie helps Ohio Commission on Minority Health to recall your specific information on subsequent visits. This simplifies the process of recording your personal information, such as billing Addresses, shipping Addresses, and so on. When you return to the same Ohio Commission on Minority Health website, the information you previously provided can be retrieved, so you can easily use the Ohio Commission on Minority Health features that you customized.

You have the ability to accept or decline cookies. Most Web browsers automatically accept cookies, but you can usually modify your browser setting to decline cookies if you prefer. If you choose to decline cookies, you may not be able to fully experience the interactive features of the Ohio Commission on Minority Health services or Web sites you visit.

## **SECURITY OF YOUR PERSONAL INFORMATION**

Ohio Commission on Minority Health secures your personal information from unauthorized access, use or disclosure. Ohio Commission on Minority Health secures the personally identifiable information you provide on computer servers in a controlled, secure environment, protected from unauthorized access, use or disclosure. When personal information (such as a credit card number) is transmitted to other Web sites, it is protected through the use of encryption, such as the Secure Socket Layer (SSL) protocol.

## **CHANGES TO THIS STATEMENT**

Ohio Commission on Minority Health will occasionally update this Statement of Privacy to reflect company and feedback. Ohio Commission on Minority Health encourages you to periodically review this Statement to be informed of how Ohio Commission on Minority Health is protecting your information.

## **CONTACT INFORMATION**

Ohio Commission on Minority Health welcomes your comments regarding this Statement of Privacy. If you believe that Ohio Commission on Minority Health has not adhered to this Statement, please contact Ohio Commission on Minority Health. We will use commercially reasonable efforts to promptly determine and remedy the problem.

### **b. Terms of Use**

#### **AGREEMENT BETWEEN USER AND Ohio Department of Mental Health & Addiction Services**

The Ohio Commission on Minority Health website is comprised of various Web pages operated by Ohio Commission on Minority Health.

The Ohio Commission on Minority Health website is offered to you conditioned on your acceptance without modification of the terms, conditions, and notices contained herein. Your use of the Ohio Commission on Minority Health website constitutes your agreement to all such terms, conditions, and notices.

#### **MODIFICATION OF THESE TERMS OF USE**

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## 9. GLOSSARY OF TERMS

[A](#) [B](#) [C](#) [D](#) [E](#) [F](#) [G](#) [H](#) [I](#) [J](#) [K](#) [L](#) [M](#) [N](#) [O](#) [P](#) [Q](#) [R](#) [S](#) [T](#) [U](#) [V](#) [W](#) [X](#) [Y](#) [Z](#)

### [A](#)

|   |   |
|---|---|
| <b>Adapted Evidence Based</b>                     | Programs that promote the adoption of scientifically established behavioral health interventions, but have been adapted through discussions with the developer to better fit the targeted population. |
| <b>Activities</b>                                 | Actions through which the objectives and goals of a grant are accomplished and deliverables are created.  |
| <b>Agency Role, Executive Director</b>            | Individual who is the CEO or managing director of the organization listed in the grant application.   |
| <b>Agency Role, Fiscal Officer</b>                | Individual who is the CFO or finance director for the organization listed in the grant application.   |
| <b>Agency Role, Project Director</b>              | Individual who will oversee the project listed in the grant application.  |
| <b>ALI (Appropriation Line Item)</b>              | Money set aside for a specific purpose, and is itemized on a separate line in a budget.   |
| <b>Annual Financial Reporting Audit</b>           | An annual examination of an organizations financial reporting to determine if specific criteria are met.  |
| <b>AOT (Acknowledgement of Terms)</b>             | A document which outlines the terms of a grant, which is signed by the grant recipient. The recipient sign off on the terms is considered acknowledgement and acceptance of the grant terms.          |
| <b>Approaches</b>                                 | Action(s) taken to achieve a goal or objective.   |
| <b>Audit History</b>                              | A table containing history of activity with specific sections of a grant.   |
| <b>Available (Funding Restriction Management)</b> | Amount of funds available from a specific funding source.   |
| <b>Awarded Amount</b>                             | Total amount of funds awarded for a grant project.  |

### [B](#)

|                         |   |
|-------------------------|---|
| <b>Budget Available</b> | Budget funds available for the project or program.            |
| <b>Budget Funding</b>   | Funding set aside for specific purposes, for a budget period. |

### [C](#)

|                            |   |
|----------------------------|---|
| <b>CFDA Number</b>         | A five-digit number assigned in the awarding document to most grants and cooperative agreements funded by the Federal government. |
| <b>Committee Approvals</b> | Approval of a grant application by the grant committee.   |

## D

|   |  |
|---|--|
| <b>Demographics</b>   | Maintenance. A specific population group.  |
| <b>Demographics, Age Group</b>                                | Grant Program and Evaluation Report. Count of clients by age groups.   |
| <b>Demographics, Insurance</b>                                | Grant Program and Evaluation Report. Count of insurance types by population group.                               |
| <b>Demographics, Household Income</b>                         | Grant Program and Evaluation Report. Count of client household income by population group.                       |
| <b>Demographics, Last Interaction with Health Care System</b> | Grant Program and Evaluation Report. Count of client interaction with the healthcare system by population group. |
| <b>Demographics, Service Most Often Used</b>                  | Grant Program and Evaluation Report. Count of healthcare services used by population group.                      |
| <b>Demographics, Health Screenings</b>                        | Grant Program and Evaluation Report. Count of health screening by population group.                              |
| <b>Demographics, Health Screenings, Assessment Tool</b>       | Grant Program and Evaluation Report. Count of health screening tools used by population group.                   |
| <b>Direct Costs Disbursed Amount</b>                          | Costs that can be completely attributed to the project.<br>Amount paid on a grant for a specific period.         |
| <b>Disbursed to Date</b>                                      | Total amount paid on a grant as of a current date.   |
| <b>Disbursement Request</b>                                   | A request for partial payment of grant funds.  |
| <b>Disbursement Type</b>                                      | Ways in which grant funds are paid.  |

## E

|  |   |
|--|---|
| <b>Elements of Sustainability</b>      | Elements that contribute to the sustainability of a project or program.   |
| <b>Evaluation Tools Evidence Based</b> | Tools used to determine the relevance, effectiveness, and results of grant activities.<br>Programs that promote the adoption of scientifically established behavioral health interventions. |
| <b>Expenditure Report</b>              | A report that tracks project or program expenses incurred in the course of providing services.  |

## [F](#)

|                                       |  |
|---------------------------------------|--|
| <b>Face Sheet</b>                     | The first page of the grant application that contains general information about the grant request.                                 |
| <b>Fiscal Funding Sources</b>         | Source of funding for grant programs.  |
| <b>Fiscal Year</b>                    | A twelve-month period that an organization uses for budgeting, forecasting and reporting. This is not necessarily a calendar year. |
| <b>Fiscal Year, Federal</b>           | Fiscal year observed by the Federal government.  |
| <b>Fiscal Year, State</b>             | Fiscal year observed by the State of Ohio.   |
| <b>Funding Process</b>                | Actions taken to fund a project or program.  |
| <b>Funding Restriction</b>            | Set aside money for a specific purpose (a project or program).   |
| <b>Funding Restriction Management</b> | Management of money set aside funds for a specific purpose   |
| <b>Funding Source</b>                 | Where funding originates.  |
| <b>Funding Source Code</b>            | Code used to identify a specific funding source.   |
| <b>Funding Total</b>                  | Total amount of money available for a specific purpose.  |
| <b>Funding Type</b>                   | Categories that define how money is made available.  |

## [G](#)

|  |   |
|--|---|
| <b>Goals</b>                           | A specific metric or area to be reached by performing specific actions. |
| <b>Grant Approval</b>                  | Acceptance of a grant application.                                      |
| <b>Grant Funding</b>                   | Funding for a grant.  |
| <b>Grant Recipient</b>                 | Organization receiving grant funds.                                     |
| <b>Grant Type</b>                      | Categories of money provided for a particular purpose.                  |
| <b>Grantee Name</b>                    | Name of the organization that will receive grant money.                 |
| <b>Grantee Executive Director</b>      | Executive Director of the organization that will receive grant money.   |
| <b>Grants Disbursement Fulfillment</b> | Payment of a requested amount of grant funds from a funding source.     |

## [H](#)

**I**

|                                  |   |
|----------------------------------|---|
| <b>Implementing Organization</b> | See <a href="#">Organization</a> .  |
| <b>Indirect Costs</b>            | These costs may include items that are not project specific such as certain supplies, salaries for administrative or support staff, rent, utilities, etc. |
| <b>Indirect Services</b>         | Interventions that indirectly serve the customer and are typically one-way communications and do not allow for interaction.                               |

**J****K****L**

|                         |  |
|-------------------------|--|
| <b>Leads</b>            | Individuals in either a project or fiscal leadership role. |
| <b>Line Item Budget</b> | Budget   |

**M**

|                                 |   |
|---------------------------------|---|
| <b>Method of Implementation</b> | A type of procedure used to put a project or program into effect. |
|---------------------------------|---|

**N**

|                              |  |
|------------------------------|--|
| <b>NOA (Notice of Award)</b> | Written confirmation of a grant award stating the amount, the award date, and any other important information. |
|------------------------------|--|

**O**

|  |  |
|--|--|
| <b>Objective</b>                             | A statement describing a specific result, that includes timeframe and measure based on the desired influence of the program on the targeted population.                                  |
| <b>OCMH Approved Budget</b>                  | A budget approved by the Ohio Commission on Minority Health.   |
| <b>OCMH Lead Organization</b>                | A leadership representative from the Ohio Commission on Minority Health.   |
| <b>Organization Organization Information</b> | An entity providing specific services to population groups.<br>Specific information about an organization such as address, phone number, identification numbers, and names of personnel. |

## P

|                              |  |
|------------------------------|--|
| <b>Program Title</b>         | This is the title of your program at your agency (not your agency name).   |
| <b>Project Area</b>          | This is the area that your project is associated with.   |
| <b>Project Documentation</b> | Required documents   |
| <b>Project Model</b>         | A program that has been identified as effective by a nationally recognized organization and has produced a consistent positive pattern of results on the majority of the intended recipients or target population. |
| <b>Proposal Narrative</b>    | Series of questions by grant type that combine to provide a de   |
| <b>Provider</b>              | An agency or organization that provides behavioral health services.  |

## Q

## R

|                         |   |
|-------------------------|---|
| <b>Remarks (NOA)</b>    | Comments applied to a Notice of Award.  |
| <b>Renewal</b>          | Reinstating a grant after the initial approval has ended.                                     |
| <b>Requested Amount</b> | Face Sheet. The amount of money requested for the project or program on the grant application |
| <b>Revision</b>         | The opportunity to review one or more sections of a grant application.                        |

## S

|                          |   |
|--------------------------|---|
| <b>Signatory</b>         | An individual responsible for an action.  |
| <b>Signatures</b>        | Signature. Digital signature acceptance needed for Executive Director, Fiscal Officer and Project |
| <b>Staff Description</b> | Contact information for Board members or Employees.   |
| <b>Status</b>            | Term that identifies a work item as it advances through a process.                                |
| <b>Submit</b>            | Application or report sent for review and approval.   |

## I

U

V

W

X

Y

Z