



# Ohio Family and Children First Designation of Administrative Agent SFY 2019

## Instructions for Completing the FCFC Designation of Administrative Agent Form

To prepare for the upcoming fiscal year, each County Family and Children First Council (FCFC) must designate an Administrative Agent (AA) for SFY 2019. Below are the instructions for completing the Administrative Agent Designation form. Please follow the one that satisfies your county FCFC's Administrative Agent designation decision for the upcoming fiscal year.

**A. FCFC Administrative Agent Form SFY 19 - Administrative Agents is NOT Changing:** The following must be completed by April 13th and returned to OFCF via email:

- Check box on top of next page, indicating level of change for FY19
- AA Designation Form completed in full (all sections on page 2 must be completed)  
**\*\* Please note: You do not need to collect the Chair & AA signatures on page 2 if your AA is NOT changing**

**B. FCFC Administrative Agent Form for SFY 19 - Administrative Agent IS Changing:** If the county FCFC is electing to change its AA for SFY 19, the following must be completed by April 13th and returned to OFCF via email:

- Check box on top of next page, indicating level of change for FY19
- AA Designation Form completed in full (all sections on page 2 must be completed)
- AA Designation Form is signed by the Chair
- AA Designation Form is signed by the newly appointed AA (MUST BE SIGNED BY AA, no proxy signatures accepted)
- FCFC minutes indicating the approval of this change

### Signature Authority

If the designated Administrative Agent for your county FCFC would like to grant authority to another individual to sign SFY 19 OFCF required fiscal applications and forms on his/her behalf, then your Administrative Agent must provide a signed resolution or statement on Letterhead. The document must contain the current date, the name and title of the individual that is designated to sign on behalf of the Administrative Agent, and it must be signed by the current Administrative Agent on file with our office. This approved resolution or statement will be kept on file by OFCF for SFY 19. If the Administrative Agent has a contact change during the fiscal year you must provide an updated resolution.

### OFCF Contact Information

The SFY 19 OFCF Designation of Administrative Agent Form is due by April 13th. The form can be emailed or faxed for to: OFCF, Tammy Payton at [Tammy.Payton@mha.ohio.gov](mailto:Tammy.Payton@mha.ohio.gov) or fax to (614) 485-9741.

If you have questions regarding this form contact Tammy Payton at (614) 752-4044.



## Ohio Family and Children First Designation of Administrative Agent Form SFY 2019

Follow the instructions on page 1 to complete the below form to designate the county FCFC Administrative Agent for SFY 19. This form must be submitted to Ohio Family and Children First via email to [tammy.payton@mha.ohio.gov](mailto:tammy.payton@mha.ohio.gov) or fax to (614) 485-9741 no later than close of business on **April 13, 2017**.

**Please check the appropriate box below and complete this form in its entirety (incomplete forms will not be accepted)**

- A: No Changes for SFY 19 (no signatures required)  
 B: FCFC Administrative Agent Designation Change for SFY 19 (form must be signed by chair & newly appointed AA)

<b>County:</b>  <b>FCFC Coordinator/Director:</b>  Mailing Address:   Phone: _____ Ext: _____  Fax: _____  Email Address: _____	<b>FCFC Chair:</b> Dates of Term: _____ to _____ Agency: Mailing Address:   Phone: _____ Ext: _____ Fax: _____ Email Address: _____ <hr/> <b>Signature:</b> <hr/> Date Signed: _____																				
<b>SFY 19 Designation of Administrative Agent</b> Each county FCFC shall designate an administrative agent for the county FCFC from among the following public entities (place a X next to the one that applies):  <table style="width: 100%; border: none;"> <tr> <td><input type="checkbox"/> ADAMH Board</td> <td><input type="checkbox"/> Board of County Commissioners</td> </tr> <tr> <td><input type="checkbox"/> Board of Health</td> <td><input type="checkbox"/> Dept. of JFS</td> </tr> <tr> <td><input type="checkbox"/> Board of DD</td> <td><input type="checkbox"/> Children Services Board</td> </tr> <tr> <td><input type="checkbox"/> Board of Educ.</td> <td><input type="checkbox"/> Board of Educ. Services Center</td> </tr> <tr> <td><input type="checkbox"/> Juvenile Court</td> <td><input type="checkbox"/> County Executives (Cuyahoga)</td> </tr> </table> Full Name of Public Entity Designated:  Mailing Address:   Phone: _____ Ext: _____ Fax: _____ Email Address: _____  Federal Identification Number: _____	<input type="checkbox"/> ADAMH Board	<input type="checkbox"/> Board of County Commissioners	<input type="checkbox"/> Board of Health	<input type="checkbox"/> Dept. of JFS	<input type="checkbox"/> Board of DD	<input type="checkbox"/> Children Services Board	<input type="checkbox"/> Board of Educ.	<input type="checkbox"/> Board of Educ. Services Center	<input type="checkbox"/> Juvenile Court	<input type="checkbox"/> County Executives (Cuyahoga)	<b>Required SFY19 Administrative Agent Signature</b> Please provide the signature of the individual with the corresponding title for the designated public entity identified in the box to the left which will serve as the administrative agent for SFY 2019.  <table style="width: 100%; border: none;"> <tr><td><input type="checkbox"/> ADAMH Board - <i>Director</i></td></tr> <tr><td><input type="checkbox"/> Board of County Commissioners - <i>Commissioner</i></td></tr> <tr><td><input type="checkbox"/> Board of Health - <i>Commissioner / Administrator</i></td></tr> <tr><td><input type="checkbox"/> Dept. of JFS - <i>Director</i></td></tr> <tr><td><input type="checkbox"/> Children's Srvcs Brd - <i>Director</i></td></tr> <tr><td><input type="checkbox"/> Board of DD - <i>Superintendent</i></td></tr> <tr><td><input type="checkbox"/> Board of Educ. - <i>Superintendent</i></td></tr> <tr><td><input type="checkbox"/> Board of Educ. Services Center - <i>Superintendent</i></td></tr> <tr><td><input type="checkbox"/> Juvenile Court - <i>Judge</i></td></tr> <tr><td><input type="checkbox"/> County Executives - <i>County Executive (Cuyahoga County)</i></td></tr> </table> Typed /Printed Name:   <hr/> <b>Signature:</b> <hr/> Date Signed: _____	<input type="checkbox"/> ADAMH Board - <i>Director</i>	<input type="checkbox"/> Board of County Commissioners - <i>Commissioner</i>	<input type="checkbox"/> Board of Health - <i>Commissioner / Administrator</i>	<input type="checkbox"/> Dept. of JFS - <i>Director</i>	<input type="checkbox"/> Children's Srvcs Brd - <i>Director</i>	<input type="checkbox"/> Board of DD - <i>Superintendent</i>	<input type="checkbox"/> Board of Educ. - <i>Superintendent</i>	<input type="checkbox"/> Board of Educ. Services Center - <i>Superintendent</i>	<input type="checkbox"/> Juvenile Court - <i>Judge</i>	<input type="checkbox"/> County Executives - <i>County Executive (Cuyahoga County)</i>
<input type="checkbox"/> ADAMH Board	<input type="checkbox"/> Board of County Commissioners																				
<input type="checkbox"/> Board of Health	<input type="checkbox"/> Dept. of JFS																				
<input type="checkbox"/> Board of DD	<input type="checkbox"/> Children Services Board																				
<input type="checkbox"/> Board of Educ.	<input type="checkbox"/> Board of Educ. Services Center																				
<input type="checkbox"/> Juvenile Court	<input type="checkbox"/> County Executives (Cuyahoga)																				
<input type="checkbox"/> ADAMH Board - <i>Director</i>																					
<input type="checkbox"/> Board of County Commissioners - <i>Commissioner</i>																					
<input type="checkbox"/> Board of Health - <i>Commissioner / Administrator</i>																					
<input type="checkbox"/> Dept. of JFS - <i>Director</i>																					
<input type="checkbox"/> Children's Srvcs Brd - <i>Director</i>																					
<input type="checkbox"/> Board of DD - <i>Superintendent</i>																					
<input type="checkbox"/> Board of Educ. - <i>Superintendent</i>																					
<input type="checkbox"/> Board of Educ. Services Center - <i>Superintendent</i>																					
<input type="checkbox"/> Juvenile Court - <i>Judge</i>																					
<input type="checkbox"/> County Executives - <i>County Executive (Cuyahoga County)</i>																					