

Exceptions/extensions to the 4/13/18 due date must be pre-approved by your OFCF Regional Coordinator. Applications received later than 9/15/18 will not be accepted.

**Ohio Family and Children First
County Family and Children First Council
Operational Capacity Building Funds Application SFY 2019**



(Please type or print clearly)

Section I: Contact Information

County:

Council Chair	Council Coor
<p>Dates of Term: _____ through _____</p> <p>Name: _____</p> <p>Agency: _____</p> <p>Mailing Address: _____</p> <p>City: _____ Zip: _____</p> <p>Phone: _____ Ext: _____ Fax: _____</p> <p>Email: _____</p>	<p>Name: _____</p> <p>Mailing Address: _____</p> <p>City: _____ Zip: _____</p> <p>Phone: _____ Ext: _____ Fax: _____</p> <p>Email: _____</p> <p>Website: _____</p>
Administrative Agent	
<p>Agency Name: _____</p> <p>Contact Name: _____</p> <p>Title (check one that applies):</p> <p><input type="checkbox"/> ADAMH/MH/ADAS Board – <i>Director</i></p> <p><input type="checkbox"/> Board of County Commissioners – <i>Commissioner/President</i></p> <p><input type="checkbox"/> Board of Health – <i>Commissioner / Administrator</i></p> <p><input type="checkbox"/> Dept. of JFS - <i>Director</i></p> <p><input type="checkbox"/> Children’s Srvcs Brd - <i>Director</i></p> <p><input type="checkbox"/> Board of DD – <i>Superintendent</i></p> <p><input type="checkbox"/> Board of Educ. – <i>Superintendent</i></p> <p><input type="checkbox"/> Board of Educ. Services Center – <i>Superintendent</i></p> <p><input type="checkbox"/> Juvenile Court – <i>Judge</i></p> <p><input type="checkbox"/> County Executives – <i>County Executive</i></p>	
<p>Mailing Address: _____</p> <p>PO Box or Suite #: _____</p> <p>City: _____ Zip: _____</p> <p>Phone: _____ Ext: _____</p> <p>Fax: _____</p> <p>Email: _____</p> <p>Federal ID Number: _____</p> <p>Does the council have an administrative agreement with the council’s administrative agent (per AOS bulletin 98-007)? <input type="checkbox"/> Yes or <input type="checkbox"/> No</p>	

Section II. OCBF Application Guidelines

The following information provides guidance for the annual allocation of the state general revenue funds (GRF) to support county Family and Children First Council's (FCFC) operational capacity building.

- The funds shall be used by county FCFC to provide a portion of the salary, fringe benefits and travel expenses necessary to fund the county FCFC coordinator, parental involvement, administrative support, and/or technical assistance.
- The funds shall not be used for direct services or any other costs not included above.
- The funds will be paid to the county FCFC's administrative agent.
- Applications for funding must include the signatures of the county FCFC's administrative agent, council chair, and three family representatives. The required signatures certify that counties meet the guidelines as specified in ORC 121.37.
- Once each county has designated an administrative agent, it is OFCF's expectation that the administrative agent will remain the same for the state fiscal year. OFCF shall be notified in writing within ten (10) days when there is a change in the county FCFC's administrative agent. If there is a change in the administrative agent, please attach the minutes of the county FCFC meeting approving the change. Any monies currently in receipt must be transferred to the new agent. Please note that a change in the administrative agent will result in a delay in the transfer of funds to the county and HMG funds must be returned to ODH to be reissued to the new administrative agent.
- The administrative agent shall maintain the appropriate records of expenditures at all times.
- The FCFC is encouraged to work with local FCFC programming leads to register/upload program information and family support, training events, and resources to Ohio's online resource Red Treehouse. FCFC is encouraged to recruit system partners to register and add similar information.

Section III. Budget Summary

Using the chart below, specify how the county FCF council intends to utilize the proposed \$15,750 GRF SFY 19 allocation. Funds appropriated in the OFCF line item shall be used to fund the operational capacity of council that includes a portion of the salary and fringe benefits necessary to fund local FCFC coordinator, parent involvement, administrative support, and/or technical assistance.

	Salary/Fringe/Travel Expenses	Parent Involvement	Administrative Support	Technical Assistance	Total Budget
Budget Category	Name: Position: <input type="checkbox"/> FTE or <input type="checkbox"/> PTE Name: Position: <input type="checkbox"/> FTE or <input type="checkbox"/> PTE Name: Position: <input type="checkbox"/> FTE or <input type="checkbox"/> PTE	(including parent representative training, stipends, childcare, mileage) Please describe:	(including rent, utilities, postage, phone, internet, other indirect costs) Please describe:	(including FCFC training, consultation) Please describe:	/
Amount Allocated (\$15,750)					

Section IV. Budget Assurances and Shared Services

ASSURANCE STATEMENT:

The County FCFC assures that the SFY 18 OCBF funds it received were used as indicated in the OCBF budget submitted last year.

YES NO

If no, please describe all budgetary changes that were made:

SHARED SERVICES:

Does the county currently share or have plans to share any services (such as staff, administrative duties) across county lines? YES NO

If yes, please describe:

Section V. Coordinating Systems and Services

To provide a formalized venue to facilitate the alignment of systems, policies, resources, and services with and for children and families

County FCFC Service Coordination Mechanism

Each county FCFC Service Coordination Mechanism (SCM) that was approved in 2010 or been revised and approved since then is posted on OFCF website under each county's contact information. To view the County SCM and SCM Matrix (contact and referral information), click the county on the state map at <http://fcf.ohio.gov/>. This is considered the official version for each county.

As part of the SFY 2019 OCBF Application, counties are required to submit the 2017 revised SCM and SCM Matrix along with the SFY 2019 OCBF Application. Please check the appropriate boxes below:

2017 required SCM revisions attached to this application

Updated SCM Matrix Attached to this applications

2017 required SCM revisions submitted previously

Section VI. County FCFC Full Council Meeting Section for SFY 19

Please provide the date and time of each scheduled full County FCFC Meeting in SFY 19 by using the provided drop down box for the date and typing in the time of the meeting. If there is no meeting scheduled for a particular month, please identify with NA.

Jul 18	Aug 18	Sept 18	Oct 18	Nov 18	Dec 18
Date:	Date:	Date:	Date:	Date:	Date:
Time:	Time:	Time:	Time:	Time:	Time:

Jan 19	Feb 19	Mar 19	Apr 19	May 19	June 19
Date:	Date:	Date:	Date:	Date:	Date:
Time:	Time:	Time:	Time:	Time:	Time:

Section VII. Mandated Members Attendance for CY17

According to ORC 121.37(B)(5)(a), the administrative agent is required to send notice of a members' absence if a member listed in division (B)(1) has been absent from either three consecutive meetings of the county council or a county council subcommittee, or from one-quarter of such meetings in a calendar year, whichever is less.

Each of the members for which this is applicable is listed below. For each mandated member, please indicate "Yes" if this attendance requirement was met or "No" if the requirement was not met in CY 17. If you would like to submit non-mandated members' attendance for CY 17, an additional FCFC non-mandated members' attendance chart is available online at: <http://www.fcf.ohio.gov/SharedAccountability/FundingInformation.aspx>.

Last Name	First Name	Mandated Member's Agency	Title/Position	Attended county council or county council sub-committee meetings in CY 17 per ORC 121.37 (see above)
		Parent Representative	Parent Representative	Yes <input type="checkbox"/> or No <input type="checkbox"/>
		Parent Representative	Parent Representative	Yes <input type="checkbox"/> or No <input type="checkbox"/>
		Parent Representative	Parent Representative	Yes <input type="checkbox"/> or No <input type="checkbox"/>
		ADAS Representative	Director or Designee Designee's title:	Yes <input type="checkbox"/> or No <input type="checkbox"/>
		CMH Representative	Director or Designee Designee's title:	Yes <input type="checkbox"/> or No <input type="checkbox"/>
		ADAMHS Representative	Director or Designee Designee's title:	Yes <input type="checkbox"/> or No <input type="checkbox"/>
		General Health Representative	Commissioners or Designee Designee's title:	Yes <input type="checkbox"/> or No <input type="checkbox"/>
		City Health Representative	Commissioner or Designee Designee's title:	Yes <input type="checkbox"/> or No <input type="checkbox"/>
		DJFS/CSB Combined Representative	Director	Yes <input type="checkbox"/> or No <input type="checkbox"/>
		DJFS Representative (if not combined with CSB)	Director	Yes <input type="checkbox"/> or No <input type="checkbox"/>
		CSB Representative (if not combined with DJFS)	Director	Yes <input type="checkbox"/> or No <input type="checkbox"/>

Section VII. Mandated Members Attendance for CY 17 (continue)

Last Name	First Name	Mandated Member's Agency (enter the agency name below if field is provided for you)	Title/Position	Attended county council or county council sub- committee meetings in CY 17 per ORC 121.37 (see
		Board of DD	Superintendent Designee If Designee enter title:	above) Yes <input type="checkbox"/> or No <input type="checkbox"/>
		Largest School District School Name:	Superintendent	Yes <input type="checkbox"/> or No <input type="checkbox"/>
		School Superintendent Representing all other Enter Name of District or ESC:	Superintendent	Yes <input type="checkbox"/> or No <input type="checkbox"/>
		Representative of Municipal Corporation Enter name of Municipality represented:	Enter Title:	Yes <input type="checkbox"/> or No <input type="checkbox"/>
		County Commissioners	Commissioner Designee If Designee enter title:	Yes <input type="checkbox"/> or No <input type="checkbox"/>
		Regional Office of DYS	Enter Title:	Yes <input type="checkbox"/> or No <input type="checkbox"/>
		Head Start Agencies Representative Enter Agency Name:	Enter Title:	Yes <input type="checkbox"/> or No <input type="checkbox"/>
		Local Non-Profit Representative Enter Agency Name:	Enter Title:	Yes <input type="checkbox"/> or No <input type="checkbox"/>

Section VIII. County FCFC Minutes

Attach a copy of the county FCFC minutes approving the SFY 2019 Operational Capacity Building Funds Application. FCFC approval of the application must not have occurred prior to the release of the grant application, December 1, 2017.

Section IX. Signature Page

Please print or type all information, except signatures. Original signatures are preferred, but electronic signatures will be accepted. Proxy signatures will be accepted only if the OFCF Office has an approved statement on file from the Administrative Agent stating the specific individual(s) are authorized to sign on his/her behalf. If due to unforeseen circumstances a county FCFC would need to waive a family representative signature, please contact your OFCF Regional Coordinator for consideration and approval.

The county FCFC signatures in Section X certify that the county at least meets the minimum requirements for establishment of a Family and Children First Council as specified in O.R.C. 121.37. In addition, each county FCFC is required to have at least three family representatives pursuant to O.R.C. 121.37 (B)(1)(a). Where possible, the number of members representing families shall be equal to twenty percent of the council’s membership. Each family representative signature signifies that: (1) the individual noted is a current family representative on the county FCFC; (2) the family representative is an individual whose family is or has received services from an agency represented on the county FCFC or another county’s FCFC; (3) the family representative is not employed by an agency represented on FCFC; (4) the family representative has had the opportunity to participate in the development of the application and the FCFC Shared Plan; and (5) the family representative has received a copy of the completed application and the FCFC Shared Plan.

County:

Family Representative Name:	Family Representative’s Signature	Date
Family Representative Name:	Family Representative’s Signature	Date
Family Representative Name:	Family Representative’s Signature	Date
FCFC Chair Name:	FCFC Chair’s Signature	Date
FCFC Administrative Agent Name:	FCFC Administrative Agent’s Signature	Date

OFCF SFY 19 Operational Capacity Building Funds Application Checklist

If changes or additions are required for the OCBF Application, contact Tammy Payton at Tammy.Payton@mha.ohio.gov with "Admin Support" in the subject heading with the specific request. Requests will be reviewed and revisions will be made on a case by case basis.

- Contact information for FCFC Chair, Coordinator, and Administrative Agent, including its Federal ID Number (Section I, page 1)
- Budget Summary: Amount Allocated and Breakdown of Budget, including a brief description (Section III, page 2)
- Budget Assurances & Shared Services (Section IV, page 3)
- 2017 revised Service Coordination Mechanism REQUIRED (Section V, page 3)
- Updated FCFC Service Coordination Matrix REQUIRED (Section V, page 3)
- County FCFC Full Meetings Schedule for SFY 19 (Section VI, page 4)
- County FCFC Mandated Members Attendance for CY 17 (Section VII, page 5-6)
- County FCFC Minutes Approving Application (Section VIII, page 7)
- Signatures from 3 Family Representatives; FCFC Chair; and Administrative Agent (Section IX, page 7)
- Email (1) SFY 19 Operational Capacity Building Funds Application; (2) minutes approving the "SFY 19 OCBF Application"; (3) 2017 revised Service Coordination Mechanism; (4) updated FCFC Service Coordination Matrix to Tammy Payton by 5:00 pm on April 13, 2017.

Ohio Family and Children First
Attention: Tammy Payton
30 E. Broad Street, 11th Floor
Columbus, OH 43215-3430
Tammy.Payton@mha.ohio.gov