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Collector: Web Link 2 (Web Link)
Started: Friday, April 19, 2019 11:07:30 AM
Last Modified: Friday, April 19, 2019 11:23:20 AM
Time Spent: 00:15:49
IP Address: 74.142.124.2

Page 2: SECTION I: FCFC CONTACT INFORMATION

Q1 Select the county in which the FCFC operates: **Warren**

Q2 SFY 2020 council chair contact information: Term of 7/01/2019 through 6/30/2020)

Chair's First Name: **Amy**
Chair's Last Name: **Ledyard**
Chair's Agency Name: **Solutions Community Counseling and Recovery Centers**
Chair's Mailing Address: **975 Kingsview Drive**
Chair's City Name: **Lebanon**
Chair's Zip Code: **45036**
Chair's Phone Number: **937-302-0139**
Chair's Fax Number: **513-228-7846**
Chair's Email Address: **aledyard@solutionsccrc.org**

Q3 SFY 2020 council coordinator contact information: (Term of 7/01/19 through 6/30/2020)

Coordinator's First Name: **Sandy**
Coordinator's Last Name: **Smoot**
Coordinator's Mailing Address: **416 S. East Street**
Coordinator's City Name: **Lebanon**
Coordinator's Zip Code: **45036**
Coordinator's Phone Number: **513-695-1679**
Coordinator's Fax Number: **513-695-1880**
Coordinator's Email Address: **famch1@aol.com**
FCFC Website (Enter "N/A" to bypass required field, if not applicable): **www.co.warren.oh.us/fcfc**

Q4 Is the county's FCFC coordinator position full time (FTE) or part time (PTE)? **PTE - The county FCFC coordinator position is part time.**

Page 3: SECTION II: SFY 2020 DESIGNATION OF ADMINISTRATIVE AGENT

Q5 Does the FCFC intend to designate a new entity to serve in the AA capacity effective July 1, 2019 through June 30, 2020? **No**

Page 4: SFY 2020 Designation of Administrative Agent (AA) - CHANGING JULY 1, 2019

Q6 You indicated your FCFC will be changing AAs effective July 1, 2019. Each county FCFC shall designate an AA for the county FCFC from among the following public entities. Please select the entity that will become the AA effective July 1, 2019: **Respondent skipped this question**

Q7 Please provide the agency information for the entity that will serve in the AA capacity for the term of July 1, 2019 through June 30, 2020. **Respondent skipped this question**

Page 5: SFY 2020 Designation of Administrative Agent - AA Contact Inquiry

Q8 The contact currently on file for the FCFC's AA will change effective July 1, 2019 or has changed since the submission of the SFY 2019 OCBF application. **No**

Page 6: SFY 2020 Designation of Administrative Agent - UPDATED AA CONTACT

Q9 Please select the title for the agency contact that will serve in the AA capacity effective July 1, 2019 through June 30, 2020: Please note: The contact person listed for the AA on this grant application, must be appointed to one of the positions available in the drop down list below. This person will also be responsible for executing/managing funding related documents & applications that pertain to OFCF and/or the local FCFC. You will be asked to provide the contact information for this person in the next section of this application. **Respondent skipped this question**

Q10 Enter the name and direct contact information for the person that will serve in the AA capacity for the term of 7/1/19 through 6/30/20. The information provided below must be the direct contact information for the person appointed to the position you selected. DO NOT ENTER fiscal administrators or alternate fiscal contacts in this section! **Respondent skipped this question**

Page 7: SFY 2020 Designation of Administrative Agent - ASSURANCES

SFY 2020 OPERATIONAL CAPACITY BUILDING FUNDS APPLICATION State of Ohio Funding Application
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Building

Q11 Does the Council have a written Administrative Agreement with the Council's Administrative Agent (per AOS Bulletin 98-007)?

No, the council does not have an Administrative Agreement with the AA.

Q12 Has the AA designated an alternate contact person within the agency to sign OFCF documents on behalf of the AA?

YES, the AA authorized a designee to sign OFCF documents on his/her behalf. Please provide the First/Last Name and Title of the person(s) that is authorized to sign on behalf of the AA on file with OFCF. Please note, you will be required to supply a letter or resolution signed by the AA on file to designate this individual(s) to sign on their behalf.:
Allyn
Unversaw

Q13 Upload the resolution or documentation delegating signature authority on behalf of the AA on file with OFCF. This is optional and is not a requirement of funding. It is offered as a convenience to the applicant. Documentation can be provided to OFCF at a later date, if or when applicable to the county council.

FCFC Authorization Letter 2019.pdf (141.3KB)

Page 8: SECTION III: OCBF BUDGET ASSURANCES AND SHARED SERVICES

Q14 The county FCFC assures SFY 2019 OCBF funds were used as indicated on the approved OCBF budget submitted for that year's application.

Yes, the FCFC assures the SFY 2019 OCBF funds were used as indicated on the approved SFY 2019 grant application.

Q15 Please upload the Budget/Expenditure Form for the SFY 2020 OCBF funds.

FY20 FCFC GFMS.pdf (640.7KB)

Q16 Does your FCFC currently share or have plans to share any services such as staff, administrative duties, etc. across county lines during SFY 2020

No, the FCFC does not share services across county lines.

Page 9: SECTION IV: COUNTY FCFC SERVICE COORDINATION MECHANISM (SCM)

Q17 I assure the FCFC's SCM on file with OFCF is up to date and current.

Agree

Q18 The SCM Matrix on file with OFCF is current and there are no changes.

Agree

Page 10: SECTION V: COUNTY FCFC FULL MEETING SECTION FOR SFY 2020

**SFY 2020 OPERATIONAL CAPACITY BUILDING FUNDS APPLICATION State of Ohio Funding Application
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Q19 Please select the correct day and time for each scheduled full council meeting. Tip: A response is required in each field, applicants should select "N/A" to bypass required fields that are not applicable.

	Day:	Time:
JULY 2019	18	9:00 AM
AUGUST 2019	N/A	N/A
SEPTEMBER 2019	19	9:00 AM
OCTOBER 2019	N/A	N/A
NOVEMBER 2019	21	9:00 AM
DECEMBER 2019	N/A	N/A
JANUARY 2020	16	9:00 AM
FEBRUARY 2020	N/A	N/A
MARCH 2020	19	9:00 AM
APRIL 2020	N/A	N/A
MAY 2020	21	9:00 AM
JUNE 2020	N/A	N/A

Page 11: SECTION VI. MANDATED MEMBERS ATTENDANCE FOR CALENDAR YEAR (CY) 2018

Q20 Parent Representatives: Council is mandated to have at least three (3) individuals serve as parent representatives who are not employed by an agency represented on the council and whose families are or have received services from an agency represented on the council or another county's council. Please list the 3 parent representatives that attended the most FCFC full council meetings during calendar year 2018:

Parent Representative #1 - Enter First and Last Name: **Nacy Harrison**

Parent Representative #2 - Enter First and Last Name: **Madely Coons**

Parent Representative #3 - Enter First and Last Name OR Enter "WAIVER" if the FCFC was granted a waiver during this time frame: **Sue Miller**

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Q21 Parent Representatives - Attendance for Calendar Year 2018,

Parent Represe ntative #1	Parent Represe ntative #2	Parent Represe ntative #3
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Using the dropdown menu, indicate whether the 3 parent representatives listed on this funding application met the the mandated member attendance requirements of ORC 121.37 for calendar year 2018.

YES	YES	NO
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Q22 Alcohol, Drug Addiction and Mental Health Services (ADAMHS): The director of the board of alcohol, drug addiction, and mental health services that serves the county, or, in the case of a county that has a board of alcohol and drug addiction services and a community mental health board, the directors of both boards. Designee: if a board of alcohol, drug addiction, and mental health services covers more than one county, the director may designate a person to participate on the county's council.

Director's or Designee's First and Last Name:	Patti Ahting
Is this the Director or a Designee?	Designee
If designee, provide Title or enter N/A:	Associate Director
Did this mandated member fulfill the attendance requirements of ORC 121.37 during calendar year 2018?	Yes

Q23 General Health Representative: The health commissioner, or the commissioner's designee, of the board of health of each general health district in the county. Tip: If the county has two or more health districts, the health commissioner membership may be limited to the commissioners of the two districts with the largest populations.

Commissioner's or Designee's First and Last Name:	Duane Stansbury
Is this the Commissioner or a Designee?	Commissioner
If designee, provide Title OR enter N/A:	N/A
Did this mandated member fulfill the attendance requirements of ORC 121.37 during calendar year 2018?	Yes

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Q24 City Health Representative: The health commissioner, or the commissioner's designee, of the board of health of city health district in the county. If the county has two or more health districts, the health commissioner membership may be limited to the commissioners of the two districts with the largest populations. Tip: Only twenty (20) of the eighty-eight (88) Ohio counties have a City Health Department. If you are not sure whether your county has a City Health please contact your local health department or regional coordinator.

Commissioner's or Designee's First and Last Name:Enter N/A, when not applicable. **N/A**

Is this the Commissioner or a Designee?Enter N/A, when not applicable. **N/A**

If designee, provide Title:Enter N/A, when not applicable. **N/A**

Did this mandated member fulfill the attendance requirements of ORC 121.37 during calendar year 2018?Enter N/A, when not applicable. **N/A**

Q25 Job and Family Service (JFS): The director of county department of job & family services.

Enter the Director's First and Last Name: **Lauren Cavanaugh**

Did this mandated member fulfill the attendance requirements of ORC 121.37 during calendar year 2018? **No**

Q26 Children's Service Bureau (CSB): The director of the public children services agency. ONLY mandated when the JFS and the CSB are separate, stand alone agencies, with two (2) separate agency directors. Otherwise, enter N/A to bypass the required fields.

Enter the Director's First and Last Name:Enter N/A, when not applicable. **Susan Walther**

Did this mandated member fulfill the attendance requirements of ORC 121.37 during calendar year 2018? Enter N/A, when not applicable. **Yes**

Q27 Board of Developmental Disabilities (DD): The superintendent of the county board of developmental disabilities or the superintendent's designee. Tip: If the superintendent serves as a superintendent of more than one county board, they may appoint a designee to one county FCFC.

Superintendent's or Designee's First and Last Name: **Megan K. Manuel**

Is this the Superintendent or a Designee? **Superintendent**

If designee, provide Title OR enter N/A: **N/A**

Did this mandated member fulfill the attendance requirements of ORC 121.37 during calendar year 2018? **Yes**

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Q28 Largest School District: The superintendent of the city, exempted village, or local school district with the largest number of pupils residing in the county, as determined by the department of education, which shall notify each board of county commissioners of its determination at least biennially.

Enter the Superintendent's First and Last Name: **Jonathan Cooper**
Enter the Name of the School District: **Mason City Schools**
Did this mandated member fulfill the attendance requirements of ORC 121.37 during calendar year 2018? **No**

Q29 Representative for All Other Schools: A school superintendent representing all other school districts with territory in the county, as designated at a biennial meeting of the superintendents of those districts.

Enter the Superintendent's First and Last Name: Enter N/A if your county only has one (1) school district. **Tom Isaacs**
Enter the Name of the School District: Enter N/A, when not applicable. **Warren County ESC**
Did this mandated member fulfill the attendance requirements of ORC 121.37 during calendar year 2018? Enter N/A, when not applicable. **No**

Q30 Representative of Municipal Corporation: A representative of the municipal corporation with the largest population in the county.

Enter the Municipal Representative's First and Last Name: **To be appointed**
Enter the Municipal Representative's Title: **TBD**
Enter name of Municipality Represented: **City of Mason**
Did this mandated member fulfill the attendance requirements of ORC 121.37 during calendar year 2018? **N/A**

Q31 County Commissioner: The president of the board of county commissioners or an individual designated by the board

President's or Designee's First and Last Name: **Shannon Jones**
Is this the President or a Designee? **President**
If designee, provide Title OR enter N/A: **N/A**
Did this mandated member fulfill the attendance requirements of ORC 121.37 during calendar year 2018? **No**

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Q32 Regional Office of Department of Youth Services (DYS): A representative of the regional office of the department of youth services.

Enter the DYS Representative's First and Last Name: **Craig Knight**
Enter the DYS Representative's Title: **Juvenile Parole Officer**
Did this mandated member fulfill the attendance requirements of ORC 121.37 during calendar year 2018? **Yes**

Q33 Head Start (HS) Agencies Representative: A representative of the county's head start agencies, as defined in section 3301.32 of the Revised Code.

Enter the HS Representative's First and Last Name: **Lisa Cayard**
Enter the HS Representative's Title: **Director of Early Learning Centers**
Did this mandated member fulfill the attendance requirements of ORC 121.37 during calendar year 2018? **Yes**

Q34 Local Non-Profit Representative: A representative of a local nonprofit entity that funds, advocates, or provides services to children and families.

Enter the Local Non-Profit Representative's First and Last Name: **ARCS**
Enter the Local Non-Profit Representative's Title: **Jane Conn**
Did this mandated member fulfill the attendance requirements of ORC 121.37 during calendar year 2018? **Yes**

Q35 According to ORC 121.37(B)(5)(a), the AA 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. Did the AA send the required notifications to members that did not meet attendance requirements in calendar year 2018?

No - The AA has not yet notified the mandated members listed that did not meet attendance requirements of ORC 121.37, but plans to in this calendar year.

Page 12: SECTION VII. COUNTY FCFC MINUTES

Q36 Upload a copy of the county FCFC minutes approving the SFY 2020 Operational Capacity Building Funds Application. OR If meeting minutes approving the application are not available at this time your county will need to email the minutes to OFCF@mha.ohio.gov to complete this funding application.

FCFC Official Minutes 03-2019 (1).pdf (431.2KB)

Page 13: SECTION VIII. SFY 2020 PARENT REPRESENTATIVE CONTACT INFORMATION

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Q37 Does your county have three (3) parent representatives in place for SFY 2020 (7/1/2019 through 6/30/2020)?

Yes, we meet the requirements and have three (3) parent representatives on council for SFY 2020.

Q38 Enter the contact information for the 1st Parent Representative that will serve on the council or council related committees for the term of 7/1/2019 through 6/30/2020.

Name	Nancy Harrison
Address	763 B Apple Court
City/Town	Lebanon
ZIP/Postal Code	45036
Email Address	dph.flute@gmail.com
Phone Number	937-748-1998

Q39 Enter the contact information for the 2nd Parent Representative that will serve on the council or council related committees for the term of 7/1/2019 through 6/30/2020.

Name	Madeline Coons
Address	7636 Mt. Holly Road
City/Town	Waynesville
ZIP/Postal Code	45068
Email Address	mcoons@earthlink.net
Phone Number	9378626541

Q40 Enter the contact information for the 3rd Parent Representative that will serve on the council or council related committees for the term of 7/1/2019 through 6/30/2020. Please enter "N/A" if you requested a waiver for the 3rd parent representative.

Name	Susan Miller
Address	9060 Fields Drive
City/Town	Mason
ZIP/Postal Code	45040
Email Address	sf49sb99@yahoo.com
Phone Number	5132373350

Page 14: SECTION IX. SIGNATURE PAGE

Q41 Please upload the fully executed SFY 2020 Signature Page.

noreply@jfs.ohio.gov_20190417_140244 (3).pdf (89.6KB)