

Ohio Family and Children First (OFCF)
SFY21 Grants Funding Management System (GFMS)

End User Guidance

Family and Children First Councils (FCFCs) are required to submit an annual GFMS Allocation Application to be eligible to receive funding from OFCF. This guidance document is intended to provide the end user the resources needed to submit the allocation application successfully. The information provided on the application must match the information on file with OFCF to be approved for funding. Otherwise the application will be returned for revisions.

OFCF will review the application for completeness, as well as programmatic requirements and route the program approved application to the OhioMHAS fiscal office for final review and approval. Upon approval from fiscal FCFCs will receive the payments listed below, if they have met all funding requirements set forth by OFCF.

- **FCFC FCSS 5AU Funds** – FCFCs will receive 25% of the total annual SFY 21 FCSS allocation;
- **FCFC OCBF Fund 405** – FCFCs that have an approved SFY21 OCBF funding application will receive \$15,750.

How do I access GFMS?

New this year! End users (new and returning users) that do not currently have an Oh | ID will need to register for one to access GFMS. The following job aid will assist end users with the registration process:

https://apps.mha.ohio.gov/iPortal/Content/assets/OHID_JobAid.pdf

Who from my council should register?

- The Administrative Agent on file with OFCF (no designee);
- The FCFC Council Director/Coordinator;
- The fiscal staff person within the AA structure that is assigned to manage the council's funds (e.g. the contact at the AA's agency that is assigned to manage council funds and can answer fiscal questions).

End users can access GFMS by clicking here: <https://apps.mha.ohio.gov/iPortal/User/LoginTiles?ReturnUrl=%2FiPortal%2F>

New User Registration Instructions:

New user will be prompted to create a profile when registering for GFMS. When creating the profile, the user will be required to select an organization. Please select the organization associated with your FCFC. Please do not create a new organization. The organization will be listed in GFMS with the following format: county name + FCFC – AA’s agency acronym (i.e., Adams FCFC – JFS). If your FCFC does not appear in the drop down list with this new format, then please contact OFCF via email at OFCF@mha.ohio.gov with the subject line “Organization Not Listed in GFMS” or something similar. These emails will be escalated to high priority, so we can get users registered and funding issued.

The screenshot shows the MHA login page with the following content:

- Logo:** Ohio MHAS Promoting wellness and recovery
- Text:** Please choose one of the login options below
- Option 1: State Workforce Login**
 - Use this option if you are a state employee or contractor
 - Logo: myOhio Workforce Id
 - For State Employees with OAKS Id
 - Request Help
- Option 2: Ohio Citizens Login**
 - This option is for everyone who is NOT a state employee or contractor
 - Logo: OH ID Citizen Id
 - For Providers & Business Users with OHID
 - Read the How-To Guide | Request Help
- Option 3: Old Login Page**
 - This option will only remain for a short time
 - Logo: Ohio MHAS Promoting wellness and recovery
 - MHAS IPortal Login
 - For Users not registered in IOP Platform
 - Request Help
- Registration Link:** Do you still need to get an OH ID account? Click here to register, or click here to read step-by-step instructions
- Footer:** If you have any questions related to this application, please contact our Help Desk in the Office of Information Services, at: (614)-466-1483 or MHAHelpdesk@mha.ohio.gov

Who do I contact if I have issues registering or submitting the GFMS Application?

Please send an email to OFCF@mha.ohio.gov with the appropriate subject line (i.e., GFMS Registration Issue, etc.). OFCF will respond accordingly. If the issue is urgent you may contact Tammy Payton directly at 614-752-4044.

Creating the SFY21 GFMS Allocation Application

The GFMS application does not need to be completed all at one time. Users can save their progress and sign out at any point during the application process by clicking “Next” at the bottom of the last completed page. Users can access partially completed applications by signing in and repeating the steps outlined below.

1. **Select “Application”** from the dashboard;
2. **Select “New Allocation Application”** from the dropdown options.
3. **The Allocation Face Sheet will populate**, and the end user will be prompted to select the following criteria from the three (3) dropdown lists.
 - **Organization** - select the organization with the county name + FCFC - AA acronym (i.e., Adams FCFC – JFS)
(TIP: All FCFCs will have multiple organizations listed in the system for prior year applications. If the user does not select the correct organization then the application will not populate. If this occurs, please make sure the correct organization was selected.);
 - **Location Address** – will populate automatically and should reflect the AA’s address as it appears in OAKS. If this is not correct please contact OFCF via email at OFCF@mha.ohio.gov with the subject line “Organization Address Incorrect in GFMS” or something similar.
(TIP: If your AA had an address change recently, they may need to update the information with Shared Services.);
 - **State Fiscal Year** – select the state fiscal year for which you are applying;
 - **Click “Create”**.

The screenshot shows a web browser window with the URL apps.mha.ohio.gov/GFMS/Allocation/AllocationFacesheet. The browser's address bar and tabs are visible at the top. Below the browser is a dark red navigation bar with the Ohio Mental Health & Addiction Services logo on the left and menu items: Home, Application, Funding, Reports, and Maintenance. A sidebar on the left contains a 'GFMS' section with an 'ALLOCATION' dropdown menu. The main content area is titled 'Allocation Face Sheet > Grants And Funding Management System'. It contains three dropdown menus: 'Organization: *' with 'Adams FCFC - JFS' selected, 'Location Address: *' with 'PO BOX 386' selected, and 'State Fiscal Year: *' with '2021' selected. A red 'Create' button is positioned below the form fields.

Allocation Face Sheet Continued...

The remaining fields of the Allocation Face Sheet will populate. The user is required to enter the contacts that OFCF has identified below:

- **Primary Contact** – AA on file with OFCF. Please do not enter a proxy or designee info in this field;
- **Secondary Contact** – Council Director or Coordinator (*TIP: if the position is vacant – enter “Vacant” in the name field*);
- **Fiscal Officer** – fiscal officer or person within the AA structure assigned to manage the council’s funds;
- Click “Next” to save the information and advance to the next screen.



GFMS

ALLOCATION

- Allocation Face Sheet
- Allocation Organization Information
- Allocation Allocated Funding
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Allocation Face Sheet » Grants And Funding Management System

This allocation application has already been created. Please access it using the dashboard.

Organization: * Adams FCFC - JFS

Location Address: * PO BOX 386

State Fiscal Year: * 2021

Mailing Address: * PO BOX 386

Primary Contact First Name: * [AA's First Name, no proxy]

Primary Contact Last Name: * [AA's Last Name]

Primary Contact Phone Number: * (937) 544-2371

Primary Contact Email Address: * AAsEmail@jfs.ohio.gov

Secondary Contact First Name: [Coordinator First Name]

Secondary Contact Last Name: [Coordinator Last Name]

Secondary Contact Phone Number: (937) 725-1853

Secondary Contact Email Address: adamsfcfc@yahoo.com

Fiscal Officer First Name: * [Fiscal Officer or Contact's First Name]

Fiscal Officer Last Name: * [Fiscal Officer or Contact's Last Name]

Fiscal Officer Phone Number: * (937) 544-2371

Fiscal Officer Email Address: * fiscal.contact@jfs.ohio.gov

Next

Allocation Organization Information

This page will prepopulate and cannot be edited by the user. If the information does not match the AA's information on file with Shared Services please notify OFCF via email at OFCF@mha.ohio.gov with the appropriate subject line.

Ohio MENTAL HEALTH & ADDICTION SERVICES

Home Application Funding Reports Maintenance Welcome, Tammy.Payton

Allocation Organization Information » Grants And Funding Management System

The information on this page is view only and cannot be changed. In order to update any organization information please login to IPortal, use the search organization screen to search, edit and update information

Implementing Organization:	Adams FCFC - JFS	Implementing Organization's Phone Number:	(937) 544-2371
Implementing Organization's Mailing Address:	PO BOX 386	City:	WEST UNION
State:	OH	Zip:	45693
ADAMHS/ADAS Board:			
County:	Adams	Federal Tax ID:	316400062

Next

Click “Next” to save the information and advance to the next page.

Allocation Allocated Funding

This page will prepopulate and cannot be edited by the user. It contains the annual allocations awarded to the FCFC by funding source and contains the annual allocation amount. The FCFCs allocations are contingent on availability of funds.

(TIP: The project Area contains the name of the funds and includes the OhioMHAS funding line that corresponds with the OhioMHAS Assurance document. This will direct the AA and fiscal contact to the sections of the assurance document that apply to the OCF funding FCFCs receive. This information is instrumental in successfully managing the funds.

The screenshot displays the 'Allocation Allocated Funding' page within the 'Grants And Funding Management System'. The page features a navigation menu at the top with options: Home, Application, Funding, Reports, and Maintenance. A sidebar on the left lists various allocation-related tasks, with 'Allocation Allocated Funding' currently selected. The main content area shows a table with the following data:

Program Area	Funding Source	Project Area	Amount
Family Children Support	2021 Family & Children First	FCFC OCBF Fund 405	\$15,750.00
Total Amount Allocated:			\$15,750.00

At the bottom right of the table area, there is a red button labeled 'Next'.

Click "Next" to save the information and advance to the next page.

Allocation Federal Requirements

The user must enter information in the following fields/sections:

1. **Executive Director** – Enter the AA’s information;
2. **New Requirement - President of Board of Directors** – Enter the council chair information, if your AA’s organization DOES Not have a President of Board of Directors;
3. **DUNS Number** – This is a 9-digit number (this is the AA’s number not the FCFC);
4. **Congressional District** – Enter the AA’s congressional District (if the AA did not change from the prior year this should populate);
5. AA Revenue Exceeds Threshold? - User must answer “Yes” or “No” to the question regarding the AA’s revenue:
Did the AA’s agency receive 80% or more of their annual gross revenue AND \$25,000,000 or more from federal funding AND the public does not have access to information about the compensation of the senior executives of the entity through periodic reports filed under section 139(a) or 15(d) of the Securities Exchange Act of 1934 (15 U.S.C. 78m(a), 78o(d)) or section 6104 of the Internal Revenue Code of 1986?
6. If you answered yes to #5 above, you must enter the top five (5) Executive Officers and their income information (or all if you do not have five (5)).
7. **Click “Next”** to save the information and advance to the next page.

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Allocation Federal Requirements » Grants And Funding Management System

Executive Director's First Name: *	<input type="text" value="[AA's First Name]"/>	Executive Director's Last Name: *	<input type="text" value="[AA's Last Name]"/>
Executive Director's Mailing Address: *	<input type="text" value="[1234 High Street]"/>	Executive Director's Email: *	<input type="text" value="Director@jfs.ohio.gov"/>
City: *	<input type="text" value="[Location of AA's Agency]"/>	State: *	<input type="text" value="Ohio"/>
Zip: *	<input type="text" value="43123"/>		
Executive Director's Phone Number: *	<input type="text" value="(614) 123-4567"/>	President of Board of Director's Office Number: *	<input type="text" value="(614) 765-4321"/>
President of Board of Directors: *	<input type="text" value="[Enter Council Chair Info]"/>	President of Board of Director's Email: *	<input type="text" value="chair@yahoo.com"/>
DUNS Number: *	<input type="text" value="123456789"/> <small>To obtain a DUNS Number, call 1-866-705-5711 or to access the website, CLICK HERE</small>	I-BHS Number (requested for behavioral health treatment providers)	<input type="text" value="N/A"/> <small>Please enter a valid I-BHS number Providers can apply for a number or verify the location associated with the number (formerly I-SATS) by calling 1-888-301-1143 or CLICK HERE</small>
Congressional District: *	<input type="text" value="2"/>		

Do you receive 80% or more of your annual gross revenue and \$25,000,000 or more from federal funding and the public does not have access to information about the compensation of the senior executives of the entity through periodic reports filed under section 13(a) or 15(d) of the Securities Exchange Act of 1934 (15 U.S.C. 78m(a), 78o(d)) or section 6104 of the Internal Revenue Code of 1986? *

If Yes, please enter the top five Executive Officers and their income information.
If you don't have five, list all your Executives. *

Add Executive

There are no Executive List at this time.

Next

Allocation Documentation

Users will complete the following sections on this page:

1. **New Requirement** - Upload Proof of AA's Liability and complete the fields in this section, see screenshot:
You may upload the declaration page if you are unable to upload the full document, see page 4, paragraph 8 of Assurances for details on this requirement.

 [Click Here to Upload the Complete Insurance Policy.](#)

Uploaded Proof of Liability	
	Description
a. Insurance Carrier:	<input type="text"/>
b. Policy #:	<input type="text"/>
c. Insurance Amount:	<input type="text" value="\$"/>
d. Date of Expiration:	<input type="text"/> 

2. Upload FCFC's Full Audit

- Please upload the FCFC's most recent audit on file with the Auditor of State.
(TIP: [CLICK HERE](#) to download a copy of the FCFC's audit. Select the following search criteria: (1) Entity Type – "Family and Children First Council"; (2) County – select county name and hit "Search")
- Answer question a. – please answer this question accordingly. If you respond "No" you will be prompted to provide a brief explanation as to why you have not had an audit (i.e., "2-year audit cycle and this is the off year" or whatever the reason is for the delay);
- Answer question c. – Any findings? If you respond "Yes", you will be prompted to provide a summative of the findings outlined on the last few pages of the FCFC's audit.

Allocation Documentation

Allocation Assurance

Allocation Signature

Allocation Submit

Allocation Approval

c. Insurance Amount: \$

d. Date of Expiration:

[Click Here to Upload the Complete Annual Financial Reporting Audit Report or Auditable financial statements.](#)

Uploaded Annual Financial Reporting Audit

Document Name	Description	Uploaded Date	Uploaded By
a. Has the agency had a current Annual Financial Reporting Audit within the past 12 months?	No		
Why was no Audit completed?	2 year audit cycle - off year		
c. Any Findings?	Yes		
If Findings, please explain: *	funds categorized incorrectly, but this has been corrected		

242 characters remaining

3. Click **“Next”** to save the information and advance to the next page.

Allocation Assurance

- Download the OhioMHAS Assurances – click **“View”** to view and download the document **(Attachment A)**;**
 This document is intended for review by the AA on file with OFCF and the fiscal contact or person within the AA’s organization responsible for managing the funds. The AA should review the following sections of the assurances:

 - Review page 2 through page 7 (FCFCs receive the highlighted funding sources on page 2: Title IV-B, Part 1 & 2, as well as 5AU funds apply to the FCSS allocation; GRF applies to the OCBF allocation; 5AU applies to the MSY funds.)
 - Pages 8 through 13 DO NOT APPLY TO FCFCs;
 - Review page 14, paragraph 50 – page 16;
 - Pages 17-25 DO NOT APPLY to FCFCs;
 - Review page 26 “FCFC Assurance Statement for OCBF Funding”;
 - Review page 27 “FCFC Assurance Statement for FCSS Funding”.
- Click **“I Agree”** box to electronically agree to the Assurances;
- Click **“Next”** to save the information and advance to the next page.

Please read the Assurances carefully by clicking on its title. Then select the checkbox next to the Assurances to indicate that you agree.

Checking the box below is the equivalent of a digital signature. By checking these box, you indicate that you agree in full to the specified Assurances as it is presented and that you are the CEO of the agency applying for the funds specified on this Allocation application or a delega acting on their behalf.

Assurance					
Action	Assurances	Fiscal Year	Signatory	Date of Signature	I Agree
 View	2021 OhioMHAS Assurances	2021			<input type="checkbox"/>

Next

Allocation Signatures

NEW REQUIREMENT – Upload the COMPLETED Assurances, signed by the AA on file (no proxy) as the SFY21 GFMS allocation signature page.

1. Upload the signed and fully completed Assurances to the GFMS allocation application using “UPLOAD ALLOCATION SIGNATURE” (TIP: Page 2 should reflect the AA’s Agency name and address (not the FCFC’s name and address, although the AA can add “on behalf of the FCFC” to the line if they choose); Attachment 4 – list any sub-contractors that are hired with these funds.
2. Click “Next” to save the information and advance to the next page.

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Allocation Signature » Grants And Funding Management System

Please upload the signature sheet(s).

Note that you will not be able to submit the allocation application without first uploading a signature page. If the signature page is incorrect, your allocation application will be returned upon review by OhioMHAS. This could delay or application.

[Click here to download a blank unsigned copy of the signature sheet.](#)

⚠ The file size for signature documents is limited to 20 MB per signature sheet. File type is limited to Adobe Acrobat (.pdf).

📁 Upload Allocation Signature

Uploaded Signatures

Document Name	Uploaded Date	Uploaded By

Next

Allocation Submit

“Submit” the GFMS Allocation application to OhioMHAS/OFCF for review.