

OCBF Applications are due to OFCF by close of business on 5/13/20. Exceptions/extensions to the 5/13/20 due date must be pre-approved by your OFCF Regional Coordinator.

Ohio Family and Children First
County Family and Children First Council
SFY 2021



Operational Capacity Building Funds Application (OCBF)

(Please type or print clearly)

Section I: Contact Information

County:

Chair			
Date of Term:		through	
Name:			
Agency Name:			
Mailing Address:			
City:			
Phone:		Ext:	
Email:			
Council Coordinator			
Name:			
Mailing Address:			
City:		Zip:	
Phone:		Ext:	Fax:
Email:			
Website:			

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 current fiscal year funds in receipt of the former administrative agent must be returned to OFCF and reissued to the new administrative agent. Please note that a change in administrative agent during the fiscal year will result in delayed funding to council while we process the change in the Grants Funding Management System (GFMS).
- The administrative agent shall maintain the appropriate records of expenditures at all times.
- The FCFC shall establish a record retention policy for Council documents to ensure they comply with the State of Ohio Sunshine Laws.

Section III. Budget Summary

Please complete OCBF Budget document (Attachment A) and submit it along with this application. The FCFC's budget cannot exceed the allotted amount per county of \$15,750.

Section IV. Assurance and Shared Services

ASSURANCE STATEMENT:

The County FCFC assures that the SFY 20 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. County FCFC Full Council Meeting Section for SFY 21

Please provide the date and time of each scheduled full County FCFC Meeting in SFY 21 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 20	Aug 20	Sept 20	Oct 20	Nov 20	Dec 20
Date:	Date:	Date:	Date:	Date:	Date:
Time:	Time:	Time:	Time:	Time:	Time:

Jan 21	Feb 21	Mar 21	Apr 21	May 21	June 21
Date:	Date:	Date:	Date:	Date:	Date:
Time:	Time:	Time:	Time:	Time:	Time:

Section VI. Mandated Members Attendance for CY19

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 19. If you would like to submit non-mandated members' attendance for CY 19, 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 19 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"/>
		ADAMHS Representative	Director or Designee Designee's title:	Yes <input type="checkbox"/> or No <input type="checkbox"/>
		General Health Representative	Director 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 VI. Mandated Members Attendance for CY 19 (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 19 per ORC 121.37 (see below)
		Board of DD	Superintendent Designee If Designee enter title:	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 VII. County FCFC Minutes

Attach a copy of the county FCFC minutes approving the SFY 2021 Operational Capacity Building Funds Application. FCFC approval of the application must not have occurred prior to the release of the grant application, February 19, 2020.

Section VIII. 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 21 Operational Capacity Building Funds Application Checklist

- Contact information for FCFC Chair and Coordinator (Section I, page 1)
- Budget Summary: Amount Allocated and Breakdown of Budget, including a brief description, Attachment A (Section III, page 2)
- Budget Assurances & Shared Services (Section IV, page 2)
- County FCFC Full Meetings Schedule for SFY 21 (Section V page 3)
- County FCFC Mandated Members Attendance for CY 19 (Section VI, page 4-5)
- County FCFC Non-Mandated Members Attendance for CY19, Attachment B (optional)
- County FCFC Minutes Approving Application (Section VII, page 6)
- Signatures from 3 Family Representatives; FCFC Chair; and Administrative Agent (Section VIII, page 6)

Family Representative Contact Information, Attachment C

Email (1) SFY 21 Operational Capacity Building Funds Application; (2) Budget Summary; (3) Meeting minutes approving the "SFY 21 OCBF Application"; and Family Representative Contact Information to OFCF@mha.ohio.gov no later than 5:00 pm on May 13, 2020.

Ohio Family and Children First

Attention: Tammy Payton

30 E. Broad Street, 36th Floor

Columbus, OH 43215-3430

Tammy.Payton@mha.ohio.gov