

**Department of Finance**  
**Legislative Summary**

**Ordinance No:** 1218-18

**Program Name:** Ohio Department of Mental Health & Addiction Services (OHMHAS) Specialized Docket Subsidy, 2018-2019, through the ADAMHS Board

**Description:** This proposed project is submitted by the Cleveland Municipal Court (CMC) to expand access to evidence-based supervision and treatment services for defendants of the four (4) Court Specialized Dockets: The Greater Cleveland Drug Court, Mental Health Docket, Veterans Treatment Docket, and Human Trafficking Specialized Docket. The goal is to reduce recidivism and substance abuse among high-risk participants. The Court may use funds to enter into contracts with various service providers and to reimburse Specialized Docket program costs incurred during the grant period

**Grant Period:** July 1, 2018 to June 30, 2019

**Grant Amount:** \$180,000

**Partners:** To be determined

**Contact:** Bonnie E. Horton, Project Manager  
216-664-4770

## FUND REQUEST & RECOMMENDATION FORM

(Revised 3/5/04)

### Grant Summary Information

Department/Division: 0115 Division Project Manager: Bonnie E Horton

Date: 9/11/18

Existing Award Subfund Number: \_\_\_\_\_ Amount Remaining on Original Award \_\_\_\_\_

Award Source: Federal \_\_\_\_\_ State \_\_\_\_\_ Foundation \_\_\_\_\_ Corporation \_\_\_\_\_ City Division \_\_\_\_\_ Other ☒ \_\_\_\_\_  
New Award Type: Grant ☒ Gift \_\_\_\_\_ Subgrant \_\_\_\_\_ Continuation \_\_\_\_\_ Contract \_\_\_\_\_

New Award Amt: \$180,000 Note: Legislation is required if amount of Award exceeds \$10,000

Are Contracts > \$10K Required for this project (yes / no): Yes

Match Amount: -0- Cash Match Amt \_\_\_\_\_ In-Kind Amt \_\_\_\_\_ Other Match Amt \_\_\_\_\_

Cash Match Account #: \_\_\_\_\_ Budget Year of Cash Match? \_\_\_\_\_

Program Income: No ☒ Yes \_\_\_\_\_ (Type: Interest \_\_\_\_\_ Fees \_\_\_\_\_ Other \_\_\_\_\_)

Revenue Account Number: \_\_\_\_\_

Indirect Cost Included: No \_\_\_\_\_ Yes \_\_\_\_\_

Granting Agency / City Division / Funding Source: OHHMAS ( through the ADAMHS Board)

CFDA No.: \_\_\_\_\_

Project Name: OHHMAS 2018-2019

Grant Scope / Purpose: Provide access to supervision & treatment for Specialized Docket defendants

Grant Partners: TBD

Other Comments: \_\_\_\_\_

Application Due Date \_\_\_\_\_ Term of Grant / Project Period (m/d/y): 7/1/18 - 6/30/19

### Signatures Required

Commissioner Signature \_\_\_\_\_

Date: 9-26-18

Dept Fiscal Controller Signature \_\_\_\_\_

Date: 9-26-2018

Dept Director Signature \_\_\_\_\_

Date: \_\_\_\_\_

OBM Budget / Fiscal, Grant Administrator \_\_\_\_\_

Date: 9-26-2018

### OBM Cash Match Review

Budget Analyst Signature \_\_\_\_\_

Date: \_\_\_\_\_

Budget Administrator: \_\_\_\_\_

Date: \_\_\_\_\_

Approved: Cash Match Available \_\_\_\_\_

Denied: Cash Match Not Available: \_\_\_\_\_