



# Ohio Department of Mental Health

30 East Broad Street  
Columbus, Ohio 43215-3430

DATE: 1/16/09      NUMBER: C-01-09-01      ORIGINATOR & TITLE: Michele Sherman, Supervisor, Grants Management

OFFICE:  
**Office of Fiscal Administration and Support**

APPROVED BY:  
**Donald C. Anderson, Deputy Director, Administrative Services**

DISTRIBUTION:  
 BHO's       Boards       Provider Agencies       Shareholder Organizations

SUBJECT:  
 Allocations     Certification     Critical Information     Licensure  
 MACSIS     Medicaid     MSPA     Policy  
 Procedure     Other (specify):

TITLE OF CORRESPONDENCE:  
**SFY 2009 3rd Quarter Social Services Block Grant (SSBG - Title XX) Allocations  
CFDA # 93.667 Federal Agency: Administration for Children and Families, Department of Health and  
Human Services**

CONTENT: **This is to notify you that the Department has received the January 2009 through March 2009 quarterly Social Services Block Grant (SSBG - Title XX) award from the Ohio Department of Job and Family Services. A spreadsheet that reflects the SFY 2009 3rd Quarter SSBG - Title XX allocations is attached. A copy of an invoice form and instructions for filling out the form are also included with this correspondence. Please use this form for all SFY 2009 allocation requests. All expenditures should be reported in whole dollars only (no cents). Boards may now request SSBG - Title XX reimbursement up to the total amount listed on the attached allocations. The deadline for the submission of invoices for this award period is April 10, 2009.**

**Please contact me at 614-644-6124, or Beverly Allen at 614-466-9196 if you have any questions concerning this correspondence.**

pc: **Donald C. Anderson**  
**Angie Bergefurd**  
**Dalon Myricks**  
**Debbie Nixon-Hughes**  
**Mario DeSantis**  
**Liz Gitter**  
**Jill Stotridge**  
**Cheri Walter, Ohio Association of County Behavioral Health Authorities**  
**Hugh Wirtz, Ohio Council of Behavioral Healthcare Providers**

**REQUIRED ACTION:**

**Submission of FY 2009 SSBG -Title XX Invoices**

**DATES FOR REQUIRED ACTION:**

**April 10, 2009**

**NAME, TELEPHONE NO., AND EMAIL OF CONTACT PERSON(S)**

**Michele Sherman (614) 644-6124, email: shermanm@mh.state.oh.us**

**Beverly Allen (614) 466-9196, email: allenbr@mh.state.oh.us**