FACE SHEET

FISCAL YEAR/S COVERED BY THE PLAN

__FY2009 __FY 2009-2010 _X_FY 2009-2011

STATE NAME: Ohio

DUNS #: 809-550-106

I. AGENCY TO RECEIVE GRANT

AGENCY: Ohio Department of Mental Health

ORGANIZATIONAL UNIT: Program and Policy Division

STREET ADDRESS: 30 East Broad Street, Suite 800

CITY: Columbus STATE: OH ZIP: OH

TELEPHONE: 614-466-2596 FAX: 614-466-1571

II. OFFICIAL IDENTIFIED BY GOVERNOR AS RESPONSIBLE FOR ADMINISTRATION OF THE GRANT

NAME: Sandra Stephenson, M.S.W., M.A. TITLE: Director

AGENCY: Ohio Department of Mental Health

ORGANIZATIONAL UNIT: Ohio Dept. of Mental Health

STREET ADDRESS: 30 East Broad Street, Suite 800

CITY: Columbus STATE: OH ZIP CODE: 43215-3430

TELEPHONE: (614) 466-2337 FAX: (614) 752-9453

III. STATE FISCAL YEAR

FROM: 07/01/2008 TO: 06/30/2011

IV. PERSON TO CONTACT WITH QUESTIONS REGARDING THE APPLICATION

NAME: Liz Gitter TITLE: Mental Health Administrator

AGENCY: Ohio Department of Mental Health

ORGANIZATIONAL UNIT: Program and Policy Division, Office of Community Policy

STREET ADDRESS: 30 East Broad Street, Suite 800

CITY: Columbus STATE: OH ZIP: 43215-3430

TELEPHONE: 614-466-9963 FAX: 614-466-1571 EMAIL: GitterL@mh.state.oh.us