

**OHIO DEPARTMENT OF HEALTH (ODH)
CHOOSE LIFE FUND
DISTRIBUTION APPLICATION**

Interested Organizations: This Choose Life Fund Distribution Application is due by June 1, 2020. Use this form to apply for State Fiscal Year SFY2021 (July 1, 2020 to June 30, 2021) Choose Life Funds. It is important that you completely fill in the requested information and include all other required documentation. An application will only be considered when all required documents and information has been provided by the deadline above.

I. ODH and Organization Information.

Organization		
OAKS Supplier Number & Address Code		
Federal Tax ID Number		
Street Address		
City, State, Zip code		
County of Location Providing Services <i>(Entity must be physically present in the county to apply for funding; Only one Application Per Location)</i>		
Address where ODH should Direct Payment		
County(ies) of Service <i>This location serves women from the following county(ies):</i>		
Name of Person and Title completing application		
Area Code/Phone Number		
Email		

II. By submitting this Application to ODH, Organization agrees to:

Adhere to the statutory requirements for activities and use of funds as outlined in Ohio Revised Code (ORC) 3701.65 and rules under Ohio Administrative Code (OAC) 3701-74-01, and I certify that the Organization:

1. Meets the requirements in ORC 3701.65 and OAC 3701-74-01;
2. Is a private, nonprofit organization;
3. Is committed to counseling pregnant women about the option of adoption;
4. Provides services within the state of Ohio to pregnant women who are planning to place their children for adoption, including counseling and meeting the material needs of the women;
5. Does not charge pregnant women for any services received;
6. Is not involved or associated with any abortion activities, including counseling for or referrals to abortion clinics, providing medical abortion-related procedures, or pro-abortion advertising;

7. Does not discriminate in its provision of any service on the basis of race, religion, color, marital status, national origin, disability, gender or age and,
8. Is not debarred from consideration for contract awards by any governmental agency and it is not subject to an unresolved finding for recovery pursuant to Section 9.24 of the Ohio Revised Code.

III. Funding available in contiguous and noncontiguous counties: Organizations may apply for Choose Life Funds that may be available in contiguous and noncontiguous counties. The Organization must certify, by signing the Application, that it provides services to pregnant women residing in those county(ies) that are listed in Section I of this Application. The ODH Director shall distribute funds allocated for a county as follows:

- To one or more eligible organizations located within the county (entity must be physically present in the county to apply for funding);
- If no eligible organization located within the county applies for funding, to one or more eligible organizations located in contiguous counties (entity must be physically present in the contiguous county to apply for funding);
- If no eligible organization located within the county or a contiguous county applies for funding, to one or more eligible organizations within any other county that serves women from the identified county(ies).

The director shall ensure that any funds allocated for a county are distributed equally among eligible organizations that apply for funding within the county.

IV. For Current Choose Life Organizations: By June 1, 2020, the following (A & B) is required with this Application:

- A. One (1) of the following three (3) forms of reporting for the previous year, June 1, 2019 to May 31, 2020, ("Acceptable Form of Reporting"), which will be incorporated into the terms of this Application:
 1. An Audited Financial Statement. This audited financial statement is required if Organization traditionally has an audited financial statement that is available at the time of application. The audited financial statement must be prepared by an independent Certified Public Accountant (CPA). The CPA should be familiar with current accounting standards. Statements must verify that the Choose Life funds were used as follows:
 - a) *Not more than sixty percent (60%) of the funds were used for the material needs of pregnant women who are planning to place their children for adoption or for the infants awaiting placement with adoptive parents, including clothing, housing, medical care, food, utilities, and transportation;*
 - b) *Not more than forty percent (40%) of the funds were used for counseling, training, or advertising; and,*
 - c) *None of the funds were used for administrative expenses, legal expenses, or capital expenditures; Or*
 2. Notarized Financial Statement Form. This form of reporting may be used if the Organization does not traditionally have an audited financial statement and to have one would create a hardship. The statement must verify that the Choose Life Funds were used as follows:
 - a) *Not more than sixty percent (60%) of the funds were used for the material needs of pregnant women who are planning to place their children for adoption or for the infants awaiting placement with adoptive parents, including clothing, housing, medical care, food, utilities, and transportation;*
 - b) *Not more than forty percent (40%) of the funds were used for counseling, training, or advertising; and*

c) *None of the funds were used for administrative expenses, legal expenses, or capital expenditures; Or,*

3. Expenditure Tracking Form. This form of reporting may be used if Organization does not traditionally have an audited financial statement and a financial statement is not available at the time of application. This form may be found on the ODH website or available upon request; *AND*

B. Update Supplier Information online. If Organization has any changes to the information requested in Section I of the application, it must update its account on the OAKS Supplier module. To update supplier account online at the OAKS Supplier Self-Registration module visit: <https://supplier.ohio.gov/>.

Assistance in completing Supplier information can be obtained directly from Ohio Shared Services Contact Center at ohiosharedservices@ohio.gov or 1-877-644-6771, Monday-Friday 8am-5pm EST.

V. For New Choose Life Organization Applicants: By June 1, 2020, the following (A & B) is required with this Application:

A. Organization must register online using the OAKS Supplier Self-Registration module at <https://supplier.ohio.gov/>;

B. Complete one (1) original, signed W-9 form per Organization. If your Organization has multiple locations, please choose the location where you would prefer a check to be mailed (*required*);

C. Any Organization may opt for electronic deposit by completing the Authorization Agreement for Direct Deposit of EFT Payments form (*optional*).

To contact Ohio Shared Services Contact Center at ohiosharedservices@ohio.gov or 1-877-644-6771, Monday-Friday 8am-5pm EST.

By June 1, 2021, all Organizations shall submit to ODH one of the three forms of reporting from Section IV.A., above, verifying compliance with the rules regarding the use of funds received during the year (June 1, 2020–May 30, 2021).

General Terms and Conditions:

- A. Term. A fully executed Application shall serve as the funding agreement between ODH and the Organization. The funding agreement will become effective upon execution by Organization and shall remain in effect until the parties' obligation are complete, or this Application is otherwise terminated by ODH
- B. **Executive Order 2020-01D**. To protect the well-being of the citizens of Ohio from the effects of COVID-19, Ohio Governor Mike DeWine has issued an Executive Order ("Executive Order") Declaring a State of Emergency (EO 2020-01D) effective as of March 9, 2020. The Organization understands and agrees this Application is subject to the Executive Order, all other relevant orders from the Governor or a state agency, and federal orders which may be issued in connection with COVID-19.
- C. **Compliance with Federal and State Laws**. Rules and Regulations. Organization agrees to comply with all federal and state laws, rules, regulations and auditing standards that are applicable to the performance of this application.
- D. **Applicable Law: Disputes: Partial Invalidity**. This Application shall be governed by the laws of the State of Ohio, and the venue for any disputes will be exclusively with the appropriate court in Franklin County, Ohio.
- E. **Unresolved Finding for Recovery and Debarment**. Applicant warrants that it is not debarred from consideration for contract awards by any governmental agency and it is not subject to an unresolved finding for recovery pursuant to Section 9.24 of the Ohio Revised Code. Applicant agrees that if this representation is deemed to be false, this Application shall be void ab initio and the Applicant shall

immediately repay any funds paid under this Application, or an action for recovery may be immediately commenced by ODH for recovery of said funds.

- F. **Liability Requirements.** Each party agrees, to the extent permissible by law, to be responsible for any liability, suits, losses, judgements, damages, or other demands brought as a result of their own respective negligent actions or omissions in the performance of this Application.
- G. **Non-Appropriation and OBM Certification.** Notwithstanding any other terms of this Application, ODH's funds are contingent upon the availability of lawful appropriations by the Ohio General Assembly and/or other contract funding source. If the General Assembly or other contract funding source fails at any time to continue funding for the payments or any other obligations due by ODH under this Application, ODH will be released from its obligations on the date funding expires. Any obligations of ODH are subject to Section 126.07 of the Ohio Revised Code.
- H. **Entirety of Agreement.** All terms and conditions of this Application are embodied herein. No other terms and conditions will be considered a part of this Application unless expressly agreed upon in writing and signed by both parties.

By my signature, I certify that I have the authority to act on behalf of the above-named Organization and that the information provided in this Application is true and accurate to my knowledge and belief. Further, by my signature, I acknowledge that I understand and Organization agrees that in accepting Choose Life Funds, Organization must comply with the terms and conditions of RC 3701.65 as set forth in this Application or risk the forfeiture of and be obliged to return said Choose Life Funds in the event Organization does not conduct itself in the manner prescribed above.

Date

Signature of Person Completing Application

[Print Name & Title]

Application must be signed and returned along with required documentation to:

ODH/Choose Life Fund
Bureau of Maternal, Child and Family, Attention: Marius Igwe
246 North High Street, 3rd floor
Columbus, OH 43215

Contact Marius Igwe with questions at Marius.Igwe@odh.ohio.gov
or 614.466.4634.