

**OHIO DEPARTMENT OF HEALTH (ODH)  
WISHES FOR SICK CHILDREN FUND SFY20  
APPLICATION FOR FUNDS**

**Interested Organizations:** This application is due by April 24, 2020. Use this form to apply for SFY20 Wishes for Sick Children funds available. 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 have been provided by the deadline.

**I. ODH and Organization Information.**

<b>"Organization"</b>	
Federal Tax ID Number	
Street Address	
City, State Zip code	
Address where ODH should Direct Payment	
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 (R.C.) 3701.602 and certifies that the Organization:**

- A. Is eligible to receive Wishes for Sick Children funds as described in R.C. 3701.602;
- B. Is an "eligible nonprofit corporation";
- C. Has, for at least ten years before the effective date of this section, the primary purpose of the nonprofit corporation, or the nonprofit corporations' predecessor in interest, has been granting the wishes of individuals under the age of eighteen who have been diagnosed with a life-threatening medical condition;
- D. Has spent at least one million dollars per year for each of the last three years in furtherance of the purpose described in division (A)(2) of this section; and
- E. Does not discriminate in its provision of any service on the basis of race, religion, color, marital status, national origin, handicap, gender or age.

**III. By April 24, 2020 applicants must submit the following:**

- A. This completed application;
- B. An original, signed W-9 form\* (if you have not previously sent this in);
- C. Completed Supplier Information Form\* (if you have not previously sent this in); and
- D. Completed Direct Deposit Form\* (optional).

\*These forms can be found at <https://obm.ohio.gov/wps/portal/gov/obm/areas-of-interest/ohio-suppliers/supplier-portal/>

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 the Organization agrees that in accepting

Wishes for Sick Children funds, Organization must comply with the terms and conditions of R.C. 3701.602 as set forth in this Application for the state fiscal year of 2020 or risk the forfeiture of and be obliged to return said Wishes for Sick Children funds in the event Organization does not conduct itself in the manner prescribed above.

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Date

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Signature of Person Completing Application

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Print Name and Title

Application to be submitted to:

Debra Smith

Ohio Department of Health

Office of Health Improvement and Wellness

35 E. Chestnut St., 6<sup>th</sup> Floor

Columbus, OH 43215

614-644-8492

[Debra.smith@odh.ohio.gov](mailto:Debra.smith@odh.ohio.gov)