

2021 MCDAC Grant Application Outline

Section I. MCDAC Application Cover Sheet

Section II. Project Plan Narrative

A. Detailed description of project.

B. Letters of Support

Section III. Project Budget

A. Personnel

Annual Salary Calculation - 8 hours per day, 40 hours per week, 173.33 hours per month or 2,080 hours per year.

Position Equivalents: Full-time = 1.0; half-time = .50; Indicate % of time spent in position per funding source.

Benefits - MCDAC does not pay any portion of the employee's share of benefit costs, sick leave, vacation pay, etc., benefits shall accrue at the same rate and in accordance with the same policies used by the Grantee for its other regular employees. All employee benefits are to be based on the employer's share only.

PERS/STRS - Total wage dollar amount is eligible at the current rate. Use State of Ohio formula for determining costs.

FICA - Use base wage amount to calculate amount payable. Use State of Ohio formula for determining costs.

Pensions - Allowable expense if it is an established private pension plan for implementing agency of the project. Use State of Ohio formula for determining costs.

Health Insurance - MCDAC funds will not pay for individual private policies. Refers only to the employer's share of an established group policy. Use State of Ohio formula for determining costs.

BWC - Rate can be obtained from the Industrial Commission of Ohio. Applicable rate per \$100 of payroll and covers all regular employees. Use State of Ohio formula for determining costs.

Unemployment Insurance - An allowable expense to the project only if the implementing agency is a contributing agency, or has applied to the Ohio Bureau of Employment Services for a contribution rate. This rate is then applied up to \$8,000 per person on their payroll. Agencies on a reimbursement basis for employment compensation do not qualify for unemployment compensation

B. Equipment

Include all expenses associated with equipment purchase or lease.

C. Other

Include any needed expenditure, which does not fit into any category listed.

NOTE: REPORTING AND PAYMENT OF EMPLOYEE BENEFITS TO THE APPROPRIATE AGENCIES SHOWN ON PROJECT BUDGETS IS THE SOLE RESPONSIBILITY OF THE GRANTEE AND ITS IMPLEMENTING AGENCY.

In order for your application to be considered:

- You must submit a full proposal including one electronic copy to Amy Lyon-Galvin at alyongalvin@ohmedinaco.org.
- Forms are provided and may be copied as needed.
- Late applications will not be accepted. (**Deadline May 3, 2021 by 3:00 p.m.**)

Section I. Cover Sheet

Implementing Agency Name:

Federal Tax ID Number: Contact

Person's Name and Title: Mailing

Address:

Telephone Number:

Email:

Authorized Fiscal Officer's Name/Title:

Mailing Address:

Telephone Number:

Email:

Project Director Name/Title:

Project Title:

Mailing Address:

Telephone Number:

Email:

Project Type:

List each Project Location address, contact person, title and phone number:

Application Prepared by:

Signature:

Date:

Section II. Project Plan Narrative

Describe the project in detail. Include a general description of the project, the problems you are facing in your community, the needs of your organization, the target population of your project and any project goals and objectives you may have. Please include how you will evaluate the project and any outcome measures you will use at the completion of the project. Attach letter(s) of support from the organizations you collaborate with and your government officials.

Section III. Project Budget

Total MCDAC Requested Amount of Funding:

Total Cost of Project:

Applicant Cost Share of Project:

Type of Cost	Total Project Cost	MCDAC Requested Amount	Other Source Amount
Salary			
Benefits			
Equipment Purchase/Lease			
Other (Please detail any other project costs here):			
Total:			

The above financial report reflects true and accurate information to the best of our knowledge and belief.

Fiscal Officer:

Date:

Section III: Project Budget

A. Personnel

Position:

Name/Vacant:

Total Hours:

Hourly Rate:

Total Wages:

Employers Share of Monthly Rate (Fringe Benefits or % Rate)			Eligible Wage Amount or # of Months		Employer's Share of Fringes
PERS or STRS		X		=	
Medicare		X		=	
FICA		X		=	
Other Pension (PERS Additional)		X		=	
Health Insurance		X		=	
BWC		X		=	
Unemployment		X		=	
Other		X		=	
			Subtotal Fringes	=	
			Subtotal Salary	+	
			Personnel Total	=	

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