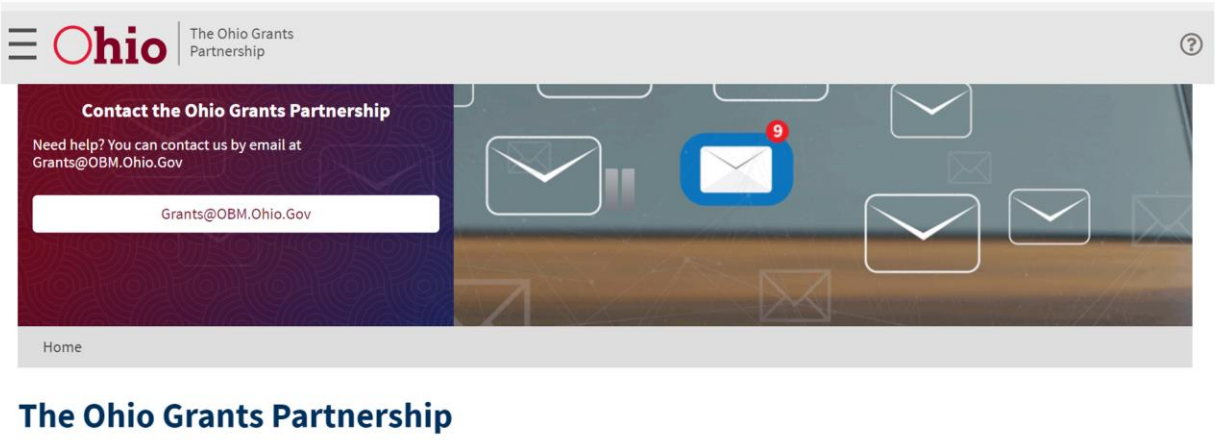
Opportunity #16922

INSTRUCTION FOR APPLYING FOR RELIEF FOR ASSISTED LIVING FACILITIES GRANT

1) Navigate your web browser to https://grants.ohio.gov/fundingopportunities.aspx

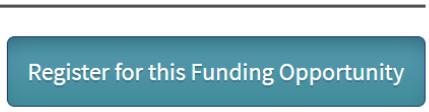


2) This step is only required for providers who do not have an OAKS Supplier ID.

   If you do not have a supplier ID, you should obtain one before you begin this application.

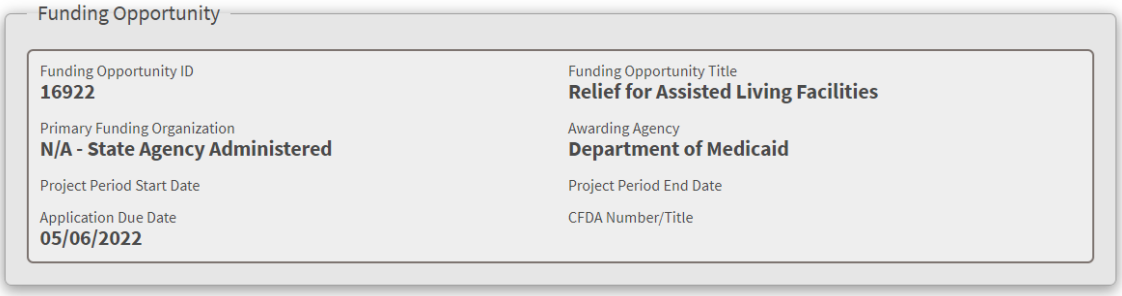
   If you need a supplier ID, please find the job aide in the attachments called: "SSR Instructions," follow those instruction and come back to the grants portal after you have a supplier ID.

3) Proceed to application by clicking "Register for the funding opportunity".

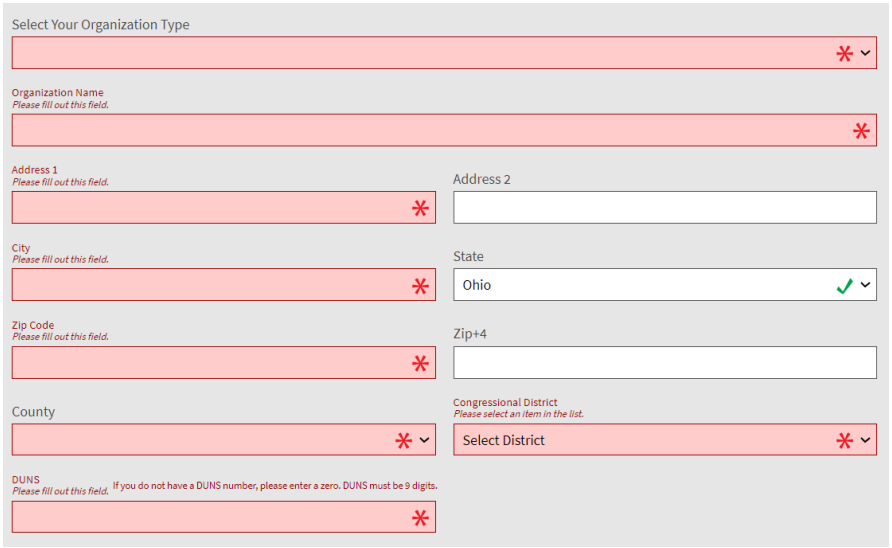


4) Please complete any fields with asterisks *. These are required to complete the application.

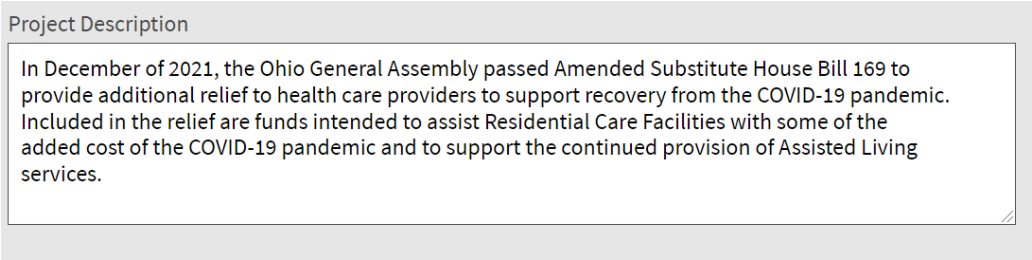
5) Verify basic funding opportunity information at top of page.



6) Enter MY ORGANIZATION INFORMATION:
*(*This information must correspond with your OAKS Supplier ID):*
   a) Select Your Organization Type
   b) *Address
   c) *City
   d) *Zip code
   e) *County
   f) Congressional District
   g) Please enter “0” for DUN



7) Application Overview:
   a) Below is a basic description of this funding opportunity.



8) Payment Information:
   a) You may search your State of Ohio Supplier ID to associate with this grant application. (Please note that the address you provide for your organization above must match at least one address on file with your OAKS Supplier ID).

9) Additional Questions:
   a. **Please enter your facility's 5-digit INVITATION NUMBER:**
   - This unique five-digit Invitation ID can be found on the homepage of the ODA COVID-19 Care Center. The code begins with '55' (e.g., '55000').

   b. **Please enter your 5-digit Residential Care Facility License Number:**
   - This is the license number provided by the Ohio Department of Health, ending in 'R'.

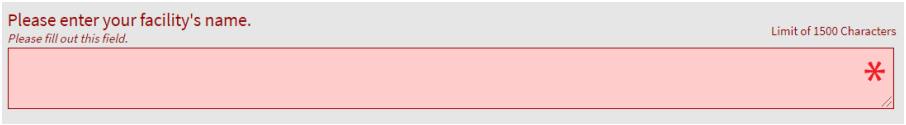
(e.g., '1234R').

c. Please enter your 10-digit OAKS Supplier ID:

-You must first register as an OAKS supplier to complete this application. PDF instructions are included on this application page under 'Attachments.'

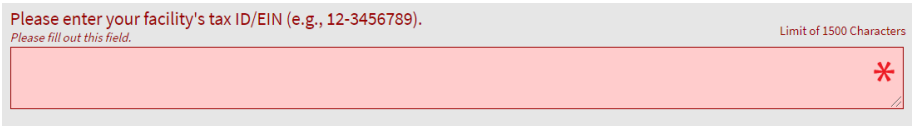
d. Please enter your facility's name:

-Please enter your facility name as it appears on your ODH license.



e. Please enter your facility's tax ID/EIN.

-Please enter your facility's 9-digit tax ID/EIN number. (e.g., xx-xxxxxxx).

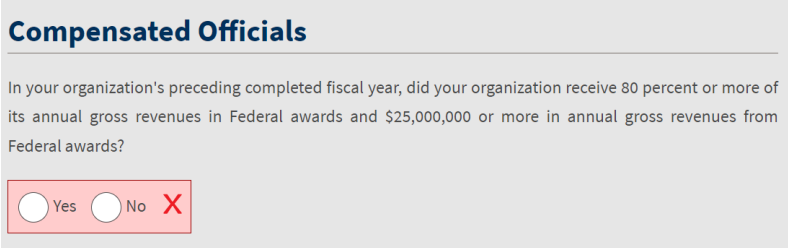


10) Required Documents:

-No documents need to be submitted with this grant application.

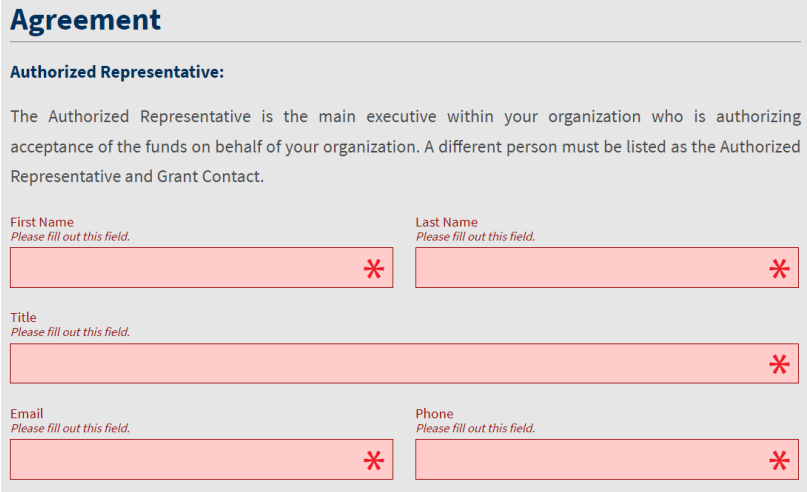
11) Compensated Officials:

-Please select the response that accurately reflects your facility's situation; most facilities will check 'NO'.



12) Agreement:

-Please enter the first name, last name, title, email address, and phone number of the "main executive" for the facility.



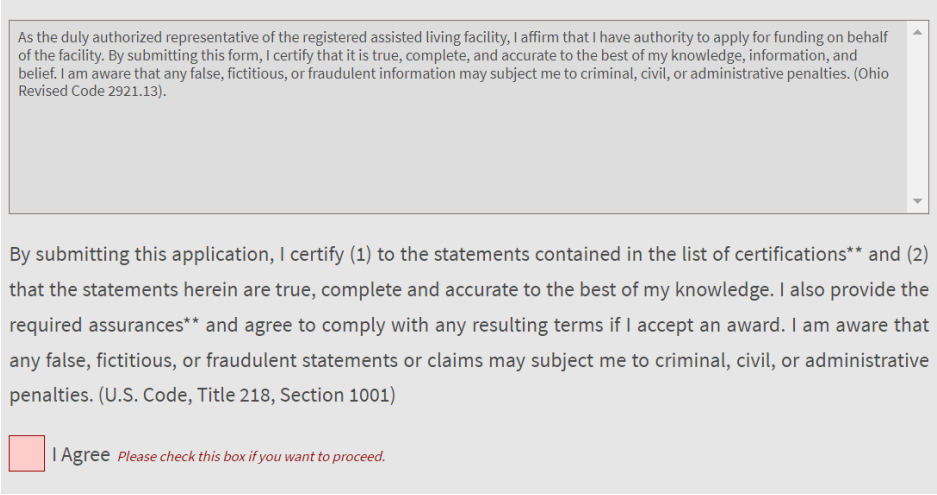
13) Grant Contact:

- Please enter the first name, last name, title, email address, and phone number of the person responsible for completing this grant application and responding to questions. This should be a different person from the main executive.

- If you name the same person for Executive and Contact, the structure of the portal still requires that you provide two different email addresses

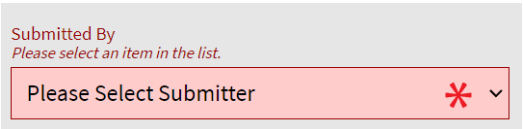
14) The "I Agree" box:

-The I AGREE box should be selected when you are ready to proceed with the final application.



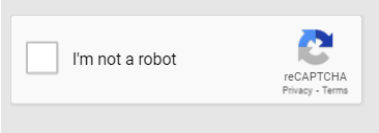
15) The "Submitted By" box:

-A drop-down-option is provided to allow you to choose either the Executive or Contact who you named above.



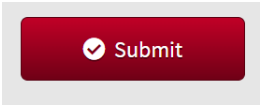
16) The "I'm not a robot" box:

-The" I'm not a robot" box must be checked for the final application.



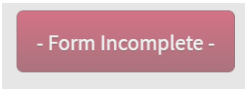
17) The "Submit button" box:

-The" Submit button" will finalize application. If you receive a Form Incomplete button, please review the application for any blank required fields. Once all required fields are complete, the "Submit Button" will appear.



18) The "form Incomplete Box" box:

If you do not have a Submit button, you should see a Form Incomplete button instead. Review your application. Any field that contains a red highlight is a required field that has not been completed. In addition, the "I agree" field must be checked on this page. You cannot submit until your application is complete and you agree to the terms.



19) **PLEASE NOTE:** This application must be completed in one sitting. You cannot save and return to finish the application at a different time.

20) If you have any further questions concerning this Grant or the application process, please contact: RCFRelief@medicaid.ohio.gov