

Signatory Certification Worksheet

FY2027v1

Checklist of Attachments Uploaded

□ Party Details Tab Completed/Uploaded □ Addresses Tab Completed/Uploaded □ Contacts Tab Completed/Uploaded □ All Documents Uploaded to Documents Tab □ Insurance Requirements Worksheet □ Contracting Provider Financial Risk Assessment □ Most recent financial audit □ Current organizational chart □ Proof of Active UEI □ Clients Rights and Grievance Worksheet	
☐ Most Recent Client Rights/Grievance Policy/Pro ☐ Most Recent Seclusion, Restraint, and Time-Ou	
☐ Most Recent Consumer Satisfaction	
☐ Funding Request Worksheet	
☐ Completed Grant-Funded Position Form (if app	licable)
☐ All Documents Uploaded to Licenses Tab	
☐ National Accreditation certification (if applicable) ☐ Ohio Department of Behavioral Health certification (if applicable) ☐ Ohio Recovery Housing certification (if applicable)	olicable)
☐ All Documents Uploaded to Insurances Tab	
☐ General Liability Insurance ☐ Certificate of Professional Liability Insurance ☐ Certificate of Employers' Liability Insurance ☐ Certificate of Automobile Insurance ☐ Verification of OBWC Certificate of Premium Payment ☐ Certificate of Employee Dishonesty Insurance Coverage ☐ Certificate of Directors and Officers Insurance ☐ Claims-Made Insurance Policy (if applicable)	
☐ Completed Questionnaires Tab (if applicable)	
NOTE: Should funding be awarded, the following will require completion and submission (due in late June): • FY27 OMHAS Agreement and Assurances Attachment 4 - Standard Affirmation and Disclosure Executive Order 2011-12K • Any additional attachments to the FY27 OMHAS Agreement and Assurances requiring provider completion and submission.	
Certification	
I hereby attest that this submission is a true and complete reflection of our organization and the services/project(s) being proposed for funding.	
Organization	
Organization	
Signatory Name	Title
Signature	Date