



**Appendix B**

**COMMITMENT LETTER  
OHIO FATHERHOOD INITIATIVE PROGRAM**

**AGENCY:** \_\_\_\_\_  
\_\_\_\_\_

**ADDRESS:** \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

**MAILING ADDRESS:** \_\_\_\_\_  
\_\_\_\_\_

**CONTACT PERSON:** \_\_\_\_\_  
Title: \_\_\_\_\_

**TELEPHONE:** (\_\_\_\_) \_\_\_\_\_

**FAX NUMBER:** (\_\_\_\_) \_\_\_\_\_

**E-MAIL:** \_\_\_\_\_

**DOLLAR AMOUNT REQUESTED:** \_\_\_\_\_

**PERSON WITH AUTHORITY TO SIGN CONTRACTS:**

**NAME:** \_\_\_\_\_

**TITLE:** \_\_\_\_\_

**TELEPHONE:** \_\_\_\_\_

**EMAIL:** \_\_\_\_\_

30 East Broad Street  
Columbus, Ohio 43215  
jfs.ohio.gov

**Identify which, if any, agencies (i.e. county department of job and family services, child support enforcement agencies, and/or children service boards) may be affected by this project.**

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**Copies of correspondence to any affected county agency must be attached to and submitted with this letter.**

**FEDERAL TAX IDENTIFICATION NUMBER:** \_\_\_\_\_

**NOTE: The Applicant must provide ODJFS with a completed and signed W-9 form. The W-9 form must be signed in blue ink.**

In addition to completing the above, the person authorized to address contractual issues for the applicant shall initial next to each box below. By initialing, the applicant organization is agreeing to adhere to these requirements.

- A. \_\_\_\_\_ The applicant agrees to operate within the final approved budget and shall request, in writing, any programmatic or budgetary changes for review and approval by ODJFS. The applicant organization will submit invoices to ODJFS on a monthly basis.
  
- B. \_\_\_\_\_ The applicant agrees to participate in a third party evaluation. The evaluator will be determined by ODJFS. The applicant will cooperate and provide information on the applicant's project to the evaluator and ODJFS.
  
- C. \_\_\_\_\_ The applicant will collect and maintain the necessary information identified by the evaluator and ODJFS. The following are examples of the general information that the applicant must collect, with additional items to be negotiated between the applicant and ODJFS during the readiness review phase. Types of information that the applicant will have to collect include, at a minimum: Data on the number of fathers served, number of visitations by non-custodial fathers, number of community-based activities both children and fathers attended, and demographic characteristics of the individuals served.
  
- D. \_\_\_\_\_ The applicant must comply with any audit put forth by ODJFS, Auditor of State, United States Government, or any public agency connected with this contract. The applicant must also comply with the Federal Office of

Management and Budget's Circular A-133 and assure that staff and any sub-grantees have reviewed Circular A-133 or the applicable circular and regulations.

- E. \_\_\_\_\_ The applicant agrees to provide ODJFS with copies of all Audits performed relative to the administration and performance of this contract.
- F. \_\_\_\_\_ The applicant agrees to allow on site monitoring by ODJFS or agents of ODJFS. ODJFS shall conduct on-site visits in order to monitor the activities of the applicant as necessary to ensure that the Federal TANF funds are used for authorized purposes, are in compliance with laws, rules, regulations, and the provision of this contract and that performance goals are achieved as established by ODJFS.
- G. \_\_\_\_\_ The applicant agrees to permit ODJFS and auditors to have access to the records, financial statements, and audits as necessary for ODJFS to comply with federal requirements.
- H. \_\_\_\_\_ The applicant agrees to comply with all applicable state and federal statutes and rules pertaining to the use of TANF funds; the Applicant shall work with ODJFS to make necessary programmatic changes in order to comply with federal and/or state requirements.
- I. \_\_\_\_\_ The applicant agrees to reimburse ODJFS, if the actual expenditures of the applicant are less than the funds provided. The applicant will reimburse ODJFS any excess funds in a timely manner, but no later than 30 days after the end of the State Fiscal Year.
- J. \_\_\_\_\_ The applicant agrees to submit a copy of their current non-profit (501 (c) 3) tax status with the Ohio Secretary of State.
- K. \_\_\_\_\_ The applicant agrees to included all properly completed documents in Section 8 page 30 with the grant application.

This letter must be completed in its entirety and returned **with the application package**.

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(Please print name of authorized agent with contractual authority)

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(Signature of authorized agent with contractual authority)

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(Date)