

**OHIO DEPARTMENT OF HEALTH (ODH)  
WISHES FOR SICK CHILDREN FUND SFY25  
APPLICATION FOR FUNDS**

**Interested Organizations:** This application is due by May 31, 2025. Use this form to apply for SFY25 Wishes for Sick Children available funds. 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. Organization Information**

<b>Organization</b>	
Federal Tax ID Number	
Street Address	
City, State, Zip	
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 Sept. 29, 2015, 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 \$250,000 per year for each of the last three years in furtherance of the purpose described in division (A)(2) of this section;
- 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; and
- F. Will submit any requested additional documents in regard to programming related to awarded funds.

**III. By May 31, 2025, 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/>.

**OHIO DEPARTMENT OF HEALTH (ODH)  
WISHES FOR SICK CHILDREN FUND SFY25  
APPLICATION FOR FUNDS**

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 2025 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.

---

Signature of Person Completing Application

Date

---

Print Name and Title

Application to be submitted electronically via email to:

Christopher M. Crepage, MBA

Bureau of Health Improvement and Wellness – Chronic Disease

Ohio Department of Health

[christopher.crepage@odh.ohio.gov](mailto:christopher.crepage@odh.ohio.gov)

As to the approval of the Application and for the purpose of executing the funding agreement.

---

Bruce Vanderhoff, MD, MBA  
Director of Health

Date

**OHIO DEPARTMENT OF HEALTH (ODH)  
WISHES FOR SICK CHILDREN FUND SFY25  
APPLICATION FOR FUNDS**

**TERMS AND CONDITIONS**

**Term.** A fully executed Application shall serve as the funding agreement between ODH and Applicant. The funding agreement will become effective upon execution by both parties and shall remain in effect until the parties' obligations are complete, or this Application is otherwise terminated by ODH.

**Compliance with Federal and State Laws, Rules, and Regulations.** The parties agree to comply with all federal and state laws, rules, regulations, and auditing standards that are applicable to the performance of this Application.

**Applicable Law; Disputes; Partial Invalidity.** This Application shall be governed by the laws of the State of Ohio, and the venue for any disputes will be exclusively with the appropriate court in Franklin County, Ohio.

**Liability Requirements.** Each party agrees, to the extent permissible by law, to be responsible for any liability, suits, losses, judgments, damages, or other demands brought as a result of their own respective negligent actions or omissions in the performance of this Application.

**Non-Appropriation and OBM Certification.** Notwithstanding any other terms of this Application, ODH's funds are contingent upon the availability of lawful appropriations by the Ohio General Assembly and/or other contract funding sources. If the General Assembly or other contract funding source fails at any time to continue funding for the payments or any other obligations due by ODH under the Agreement, ODH will be released from its obligations on the date funding expires.

**Entirety of Agreement.** All terms and conditions of this Application are embodied herein. No other terms and conditions will be considered a part of this Application unless expressly agreed upon in writing and signed by both parties. Any proposed alteration to an OPRC's quote must be submitted to ODH for its approval.

[space intentionally left blank]