Promoting wellness and recovery

Mike DeWine, Governor • Lori Criss, Director • 30 E. Broad St. • Columbus, OH 43215 • (614) 466-2596 • mha.ohio.gov

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Ohio Department of Mental Health and Addiction Services
30 E. Broad Street, 36 Floor
Columbus, Ohio 43215

To whom it may concern:

I certify that _____will comply with the following conditions with regard to all sub-awards received from OhioMHAS and funded in whole or part with federal funds. I further certify that _____ will require all subrecipients funded with these funds to certify compliance with the conditions:

> Grant funds may not be used, directly or indirectly, to purchase, prescribe, or provide marijuana or treatment using marijuana. Treatment in this context includes the treatment of opioid use disorder. Grant funds also cannot be provided to any individual who or organization that provides or permits marijuana use for the purposes of treating substance use or mental disorders. See, e.g., 45 C.F.R. § 75.300(a) (requiring HHS to "ensure that Federal funding is expended… in full accordance with U.S. statutory…requirements."); 21 U.S.C. §§ 812(c) (10) and 841 (prohibiting the possession, manufacture, sale, purchase or distribution of marijuana). This prohibition does not apply to those providing such treatment in the context of clinical research permitted by the DEA and under an FDA-approved investigational new drug application where the article being evaluated is marijuana or a constituent thereof that is otherwise a banned controlled substance under federal law.

I certify that I have appropriate authority to bind _____ to these assurances.

_____ _____

Signature Date