

**Region V Systems  
Consumer/Family Advisory Committee  
(CFAC)  
Funding Application**

Date Rec'd at Region V:	_____
Date Entered:	_____
Date Sent to Funding:	_____
Date Sent to CFAC:	_____
Date CFAC Approved:	_____

**GENERAL INFORMATION**

Title of Project: \_\_\_\_\_

Project Manager: \_\_\_\_\_

Street Address: \_\_\_\_\_

City, State, Zip, County: \_\_\_\_\_

Phone: \_\_\_\_\_ Fax: \_\_\_\_\_

E-mail Address: \_\_\_\_\_

**Total Amount Requested for this Application: \$** \_\_\_\_\_

Project Manager Signature: \_\_\_\_\_ Date: \_\_\_\_\_

\*\*A signature is required prior to review by the Funding Committee\*\*

Regional Consumer Specialist Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Funding Committee Chair Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Regional Administrator/Designee Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Submit completed application to one of the following:

**E-mail**  
[pmccaul@region5systems.net](mailto:pmccaul@region5systems.net)  
**Phone**: 402.441.4361  
**Fax**: 402-441-4335

**Mail or drop off**  
Phyllis McCaul, Consumer Specialist  
Region V Systems  
1645 'N' Street  
Lincoln, NE 68508

## FUNDING APPLICATION NARRATIVE

Title of Project: \_\_\_\_\_

Beginning Date of Project: \_\_\_\_\_ Ending Date of Project: \_\_\_\_\_

### AREAS OF EMPHASIS

Please check which best describes the focus of the project:

- Promoting Recovery and Positive Change       Consumer Involvement/Advocacy  
 Social Connectedness       Other: \_\_\_\_\_

Please provide a description of the project and how it supports the area(s) of emphasis checked above:

---

---

### TARGET POPULATION

Briefly describe the target population:

The CFAC supports projects that are based on identified need and reflect the culture and diversity of the Region V geographic areas. \_\_\_\_\_

---

### FUNDING RESOURCES

Are you receiving funds from others for this project?       Yes       No

If yes, list the other funding source(s): \_\_\_\_\_

### PROJECT ACTIVITY DESCRIPTION

1. What are the overall goals of the project?

---

---

2. What are the specific activities and/or strategies and timeline to be used to meet the goals?

---

---

3. How will you know if the project was successful and the goal(s) of the project have been met?  
(Attach survey/evaluation form if applicable.)

---

---

4. If your project is a request to attend a training/conference, briefly describe how this will be beneficial to you and/or other Region V consumers.

(Please include a conference brochure or registration with your application.)

---

---

5. Will volunteers and/or partners be used in the project?      Yes      No  
*If yes, broadly identify who they are (consumers, parents, personnel, etc.) and what they will be doing?*
- 
- 

**PROJECT BUDGET**

Please complete the budget table below.

<b>Use of Funds (Eligible expenses)</b>	<b>Itemized Cost (Description and calculation of costs)</b>	<b>Total Project Cost</b>	<b>CFAC Funds Requested</b>
<b>Consultants &amp; Professional Fees (i.e. contractual)</b>			
<b>Materials (i.e. curriculum, promotional and other marketing materials)</b>			
<b>Printing and Postage</b>			
<b>Training and Conferences</b>			
<b>Travel</b>			
<b>Meals</b>			
<b>Other (be specific)</b>			
<b>Total</b>			

For more information on how to fill out this **Project Budget** page see the Project Budget Example on the website: <http://region5systems.net/how-we-help/consumer-family-advisory-committee/>