
Region V Systems
Consumer/Family Advisory
Committee

Funding Procedures Manual

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CONSUMER/FAMILY ADVISORY COMMITTEE VISION AND PURPOSE

VISION: The Consumer/Family Advisory Committee (CFAC) envisions a Behavioral Health System in Region V where consumers, families, organizations, and communities work together to achieve recovery and positive change, to eliminate stigma and discrimination, realize independent choices, and honor consumers with dignity and respect.

PURPOSE: CFAC's purpose is to promote the interests of behavioral health consumers and their families. CFAC member's efforts may include, but are not limited to, encouraging involvement in all aspects of governance, service design, planning, implementation, provision, education, evaluation, and research related to behavioral health issues.

STRUCTURE AND USE OF MANUAL

The purpose of this manual is to assist interested individuals to apply for CFAC grant funding, and if awarded funding, to meet grant requirements. Outlined in this manual are funding criteria, grant application cycles and processes, directions on completing the funding application form, and grant recipient requirements. Included in the Attachments are relevant forms which may be found on the Region V Systems website <http://region5systems.net/how-we-help/consumer-family-advisory-committee/> or received upon request from the Region V Systems (RVS) Regional Consumer Specialist. Grant requirements and guidelines are based on applicable federal and/or state legislation, regulations and policies. The Nebraska Department of Health and Human Services, Division of Behavioral Health and the Region V Behavioral Health Authority requires documentation be used to administer grant projects.

Things to Remember as You Read this Manual

- The Project Manager is the lead contact person for the proposed project and responsible for submitting all required documentation.
- All correspondence or communication to RVS, the Regional Consumer Specialist and/or the CFAC, must include the applicant's Project Title, name of the Project Manager, and Agency (if applicable).
- Applications must be submitted on the required form(s) and meet the required deadlines.
- **Original signatures** are needed on forms that have a signature line. For applications, **a signature is required prior to review by the Funding Committee.**
- Applications must be consistent with at least one of the CFAC Areas of Emphasis:
 - Promoting Recovery and Positive Change
 - Consumer Involvement/Advocacy
 - Social Connectedness
- If there are any questions, contact Regional Consumer Specialist at 402-441-4361

INTRODUCTION

RVS is responsible for allocation and administration of CFAC grant projects. Annually, RVS determines the amount of funds allocated to consumer activities, including the CFAC. Under these auspices, the CFAC engages in strategic planning and a grants application, funding, and monitoring process. Procedures and guidelines are developed to assure proper and efficient administration and use of public funds awarded to grantees. All funding is subject to availability of funds. The CFAC or RVS may set award limits. If you have questions, contact the RVS Regional Consumer Specialist.

FUNDING CRITERIA

Funding applications may be submitted by anyone living or working in the Region V geographic area. There are minimum standards for submitting applications for review.

1. Applications must be complete; incomplete applications WILL NOT be reviewed.
2. Applications must be submitted on time; those submitted past the due date WILL NOT be accepted for that grant application cycle.

RVS, CFAC, and the CFAC Funding Committee use a set of criteria to determine which applications will be funded. Criteria, currently in use, are listed below.

1. Applications must promote the interests of behavioral health (mental illness, substance use, or other addictive disorders) consumers and their families.
2. Primary consideration will be given to proposals addressing the CFAC Areas of Emphasis. However, an application *not* identified as such, may receive consideration based on identifiable consumer or community need. The applicant must make the case for such need in the application.
3. Application selections will be based on the potential impact of the proposed activity on the targeted behavioral health audience.
4. If more than one application for similar activities is submitted from the same general locale, RVS or the CFAC *may* ask applicants involved to coordinate their efforts and resubmit a combined application.
5. In case of competing applications, the proposed project likely to have a greater impact on the targeted behavioral health audience may be selected.
6. In case of competing applications, priority consideration may be given to proposals that are from new applicants (applicant has *not* previously received a CFAC grant).

GRANT APPLICATION CYCLES AND PROCESSES

CFAC has monthly application cycles throughout the Fiscal Year. The Fiscal Year runs from July 1 through June 30. Dates for Fiscal Year 2017/2018 are listed in the chart below. An Application Process Flow Chart is printed on the following page. The grant application cycles are subject to change.

NOTE: The specific due dates within each month are set annually by the CFAC Funding Committee and are publicized on the website:

<http://region5systems.net/how-we-help/consumer-family-advisory-committee/>

Consumer/Family Advisory Committee Funding Cycles

Fiscal Year 2017/2018

Applications received on or before the 15th of every month	Applications will be reviewed by the funding committee	Applications to be voted on by Advisory Committee
July 15, 2017	July 27, 2017	August 8, 2017
August 15, 2017	August 31, 2017	September 12, 2017
September 15, 2017	September 28, 2017	October 10, 2017
October 15, 2017	October 26, 2017	November 14, 2017
November 15, 2017	November 30, 2017	December 12, 2017
December 15, 2017	December 28, 2017	January 9, 2018
January 15, 2018	January 25, 2018	February 13, 2018
February 15, 2018	February 22, 2018	March 13, 2018
March 15, 2018	March 29, 2018	April 10, 2018
April 15, 2018	April 26, 2018	May 8, 2018
	All projects need to be completed by the end of the fiscal year (June 30, 2018)	
Fiscal Year 2017/2018		

APPLICATION PROCESS FLOW CHART

The CFAC Grant Application Cycle is Announced and Publicized

Check CFAC website: <http://region5systems.net/how-we-help/consumer-family-advisory-committee/>
for forms & specific dates.

- Timelines are specified for the cycle
- Areas of Emphasis *may be* identified
- Maximum Funding Amounts *may be* identified

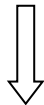
Applications received by CFAC/RVS



Applications reviewed by CFAC Funding Committee



Recommendations forwarded to CFAC membership for action



CFAC members vote to approve or deny funding for applications in current cycle



Recommendations forwarded to RVS administration for review and action



RVS sends Award/Denial Letters to applicants



Applications Recommended for Approval by RVS Communicated with Advisory and Governing Boards

RVS CFAC FUNDING APPLICATION INFORMATION AND FORM

A copy of the CFAC Funding Application Form is located in Attachment A. The form is available on the Application Region 5 Systems Website: <http://region5systems.net/how-we-help/consumer-family-advisory-committee/> . This application is required before any grant funding can be approved or funds can be released to a grantee. The Funding Application Form must be filled out in its entirety, signed and dated by the Project Manager and submitted by the due date. If submitted electronically, **a signature will be required prior to review by the Funding Committee**. General information about completing the form is found below. **Something to keep in mind:** The information you provide may be the only information that reviewers will see. Please be clear and thorough as you complete the application.

Process for Completing the Application:

Step 1:

- Review the current CFAC Areas of Emphasis available on the Region 5 Systems website and Funding Application Form.
- Complete the Funding Application Form.
- If needed, request technical assistance from the RVS Consumer Specialist and/or Funding Committee Chair.

Step 2: Submit the completed application to RVS.

- **Hard Copy or via US Mail**
 - Address your application to:
Regional Consumer Specialist
Region V Systems
1645 'N' Street
Lincoln, NE 68508
 - If you choose to hand deliver your application, the RVS receptionist will date stamp the application. **A copy of the first page (as proof of receipt) may be requested at this time.**
 - The RVS receptionist will then forward the application to the Regional Consumer Specialist.
 - The Regional Consumer Specialist will send the applicant an email verifying receipt of the application.
- **On-line submission**
 - Applications may be e-mailed to the Regional Consumer Specialist. The email address of the current Regional Consumer Specialist is included at the bottom of the General Information page of the Application Form.
 - Upon receipt, the Regional Consumer Specialist will send the applicant an email verifying receipt of the application.
 - Applicant must stop in the RVS office and provide a written signature on the Funding Application Form before the application is reviewed by the Funding Committee.

Step 3:

- Applications will be sent to the Funding Committee Chair, who will initiate the application review process.
- If there are questions about an application, a member of the Funding Committee will contact the Project Manager for clarification.

Completing the Application Form (Attachment A)

The Application Form contains three major parts as described below.

1. General Information
 - a. Make sure to complete all of the information on this page.
 - b. An original signature of the Project Manager and date of completion is required.
2. Funding Application Narrative
 - a. In answering the questions on this page, describe the proposed project and explain how it relates to the CFAC Areas of Emphasis as well as how it will benefit the target audience (consumers and/or family members in the Region V area).
 - b. The overall goals of your project describe the “big picture” of what you want to accomplish.
 - c. Please list the specific activities and/or strategies to be used to accomplish the goals and the project timeline. Keep in mind your project must be completed by June 30.
 - d. You will need to determine if the project was successful in reaching its goals. How will you measure success? If you intend to use a survey or other evaluation form, attach a copy of your survey/evaluation form to the application. A sample of a survey form is included in Attachment B.
 - e. If you will be attending a training/conference, you will need to include a conference brochure or registration form with your application.
 - f. The use of volunteers and/or partners are encouraged and valued. Broadly identify who they are (consumers, parents, personnel, etc.) and what they will be doing.
3. Project Budget
 - a. The applicant must complete the Project Budget form in a complete and thorough manner. An example of a completed Project Budget is available on the Region 5 Systems website alongside the Funding Application. Please use the example as a guide to completing the Project Budget form.
 - b. The ‘Use of Funds’ column includes a list of eligible expenses. The ‘Other’ category may be used for expenses that do not fit in the other listed eligible expenses. **If you have questions regarding an eligible expense**, please consult the Regional Consumer Specialist.
 - c. You must describe and calculate project costs in the ‘Itemized Cost’ column for each eligible expense you are requesting.
 - d. A total of the itemized costs for each eligible expense must be included in the ‘Total Project Cost’ column.
 - e. A total of the funds you are requesting for each eligible expense must be included in the ‘CFAC Funds Requested’ row.
 - f. Totals must be calculated for the ‘Total Project Cost’ and the ‘CFAC Funds Requested’.

Do not begin your project before you receive an award letter. Reimbursement is NOT guaranteed for any activities related to the proposal until the Project Manager has final approval and has been notified by email or mail.

REQUIREMENTS FOR GRANT RECIPIENTS

1. All applicants will receive written notification of award or denial. Applications may be funded in whole or in part as determined by the CFAC or RVS.
2. An actual or perceived conflict of interest requires full disclosure by the applicant.
3. Applicants will be required to complete, sign, and date a W9 form (when applicable). RVS will supply you with the W9 form if required.
4. Following project implementation, all requests for reimbursement must be submitted to the Regional Consumer Specialist as outlined in your award notification letter. The Expense Reimbursement Request Form BH4a (Attachment C) must be accompanied with itemized receipts of your purchases. The **Project Manager's** signature is required on the form. Special arrangements for upfront expenses needed to begin your project may be made with the Regional Consumer Specialist.
5. Awarded funds need to be spent during the approved project period. At the end of the fiscal year, the final Expense Reimbursement Request Forms BH4a and itemized receipts must be submitted no later than June 30.
6. You may also be requested to complete a CFAC Funded Project Work Activity Log Sheet (Attachment D).
7. Any revisions to the project (for example, timelines or budget line items) must be submitted in writing along with a revised budget (if applicable) to the CFAC Funding Committee Chair. The request is subject to approval by the Funding Committee with final approval of RVS prior to implementation.
8. The frequency of progress reports for each project is determined by the Funding Committee during the Application Review Process and explained in the Award Notification Letter. Interim reports also may be requested by the CFAC Executive Board or RVS. An example of the Monthly/Quarterly Progress Report is included in Attachment E.
9. **A written final report;** including outcomes, project survey data (when applicable), and a final accounting of the project; must be received within 30 days of the end of the project. The Final Progress Report Form is included in Attachment F. **Future applications will not be considered if the applicant fails to submit a final written report.**
10. The people reading your reports do not know as much about your project as you do and are interested in learning more. Be thorough in your explanation. Progress Reports and the Final Report may be used by the CFAC and RVS to update CFAC members, the RVS Advisory Committee, and the Regional Governing Board. All CFAC members will have access to your written reports.
11. Funding recipients may be asked to attend at least one CFAC meeting to present results of their projects. Funding recipients also may be requested to present at meetings of other RVS groups.
12. If a project cannot be completed as planned, the Project Manager shall inform the Regional Consumer Specialist (in writing) as soon as possible.
13. For some projects, the books, videos, or curricula materials developed or purchased with RVS CFAC funds become the property of RVS and must be returned to RVS upon completion. These items will be maintained as resources available to consumers, providers, and the community. The Funding Committee and RVS determine which projects require the return of materials to RVS.

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
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.

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

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/>

This form is intended as informational and is not to be used to submit an application to the CFAC. Please see the above website for the Funding Application in either a writable or editable format.

PROJECT BUDGET EXAMPLE

Non-Conference Budget Example

Use of Funds (Eligible expenses)	Itemized Cost (Description and calculation of costs)	Total Project Cost	CFAC Funds Requested
Consultants & Professional Fees (i.e. contractual)	1 Consultant @ \$25 per hour for 20 hours.	\$500	\$250
Materials (i.e. curriculum, promotional and other marketing materials)	Pathway to Recovery Books: \$15 per book for 15 books.	\$225	\$225
Printing and Postage	100 Flyers printed and mailed @ \$1.00 per flyer.	\$100	\$100
Training and Conferences	N/A	N/A	N/A
Travel	Rides to group @ 10 miles per session for 10 sessions at \$.56 per mile.	\$56	\$56
Meals	\$25 Refreshments at each session @ 10 sessions.	\$250	\$250
Other (be specific)	N/A	N/A	N/A
Total		\$1,131	\$881

For more information:

pmccaul@region5systems.net

Phone: 402.441.4361

Fax: 402-441-4335

Phyllis McCaul, Consumer Specialist
Region V Systems
1645 'N' Street
Lincoln, NE 68508

More information is available on the website:

<http://region5systems.net/how-we-help/consumer-family-advisory-committee/>

THIS IS A SAMPLE

**GRANT FUNDED PROJECT
CONSUMER SATISFACTION SURVEY**

Project Activity:

We want to know what you think about this project by asking the following questions.

Please check the category that best describes you.

Behavioral Health consumer Family Member Other

Please check either Yes or No to tell us your opinion about the following statements:

1. I (or my family member) was treated with respect during this project activity.
 YES NO
2. I (or my family member) have more choice and control as a result of this project.
 YES NO
3. I (or my family member) can do more things in my community as a result of this project activity.
 YES NO

Please circle the number that best describes your opinion.

4. I am satisfied with the project activity.

4	3	2	1
Strongly Agree	Agree	Disagree	Strongly Disagree
5. My life is better because of this project activity.

4	3	2	1
Strongly Agree	Agree	Disagree	Strongly Disagree
6. What has been helpful or not helpful about the project activity?:
7. I learned the following from participating in the project activity?:

Other comments:

EXPENSE REIMBURSEMENT DOCUMENT

Behavioral Health Services Reimbursement Report

PROJECT:

PROJECT COORDINATOR:

BILLING FOR MONTH/YEAR:

DATE SUBMITTED:

A	B	C	D	E
EXPENSE CATEGORIES	CURRENT MONTH'S EXPENSES	+ TOTAL OF PRIOR EXPENSES BILLED	= TOTAL EXPENSES BILLED TO DATE	APPROVED TOTAL BUDGET
Consultants and Professional Fees (i.e. contractual)	\$ -	\$ -	\$ -	
Materials (i.e. curriculum, promotional and other marketing materials)	\$ -	\$ -	\$ -	
Printing and Postage	\$ -	\$ -	\$ -	
Training and Conferences	\$ -	\$ -	\$ -	\$ -
Travel	\$ -	\$ -	\$ -	
Meals		\$ -	\$ -	
Other (be specific)	\$ -	\$ -	\$ -	
TOTALS	\$ -	\$ -	\$ -	\$ -

(PLEASE COMPLETE)

Payment Payable To:

Mail Payment To:

*** NOTE: Receipts for Current Month's Expenses and/or Log of Activities must be attached along with a copy of the approved budget.**

Signature: Authorized Project Coordinator

For Completion by Region V Systems only:

MONTHLY OR QUARTERLY PROGRESS REPORT FORM

Project Title:

Project or Agency Lead:

Reporting Date: _____ to _____
Date Date

Report Submitted by:

Signature

Date

(Add as many goals as you have for the project as identified in your application)

Goal 1 of the Project:

Accomplishments and activities for the reporting period:

Please identify any problems in reaching goal(s) that the project is experiencing?

Funds expended for the reporting period:

Would you like technical assistance from the CFAC or RVS? If yes, please describe.

Date received:

FINAL PROGRESS REPORT FORM

Project Title:

Project or Agency Lead:

Reporting Date: _____ to _____
Date Date

Report Submitted by:

Signature _____ Date _____

Project Accomplishments and Results (per goal):

Impact of project activities on the target population:

Barriers or problems encountered and actions taken to overcome the problems:

Funds expended on the project:

Satisfaction Survey Data:

Date received: