

Region V Systems  
Consumer/Family Advisory  
Committee

Funding Procedures Manual

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## Table of Contents

CONSUMER/FAMILY ADVISORY COMMITTEE VISION AND PURPOSE .....	Page	1
STRUCTURE AND USE OF MANUAL.....	Page	1
INTRODUCTION .....	Page	2
FUNDING CRITERIA .....	Page	2
GRANT APPLICATION CYCLES AND PROCESSES .....	Page	3
APPLICATION PROCESS FLOW CHART .....	Page	4
RVS CFAC FUNDING APPLICATION INFORMATION AND FORM .....	Page	5-6
REQUIREMENTS FOR GRANT RECIPIENTS .....	Page	7
ATTACHMENT A. CONSUMER/FAMILY ADVISORY COMMITTEE FUNDING APPLICATION.....	Pages	8-11
ATTACHMENT B. SATISFACTION SURVEY EXAMPLES.....	Page	12
ATTACHMENT C. EXPENSE REIMBURSEMENT REQUEST FORM BH4a .....	Page	13
ATTACHMENT D. CFAC FUNDED PROJECT WORK ACTIVITY LOG SHEET.....	Page	14
ATTACHMENT F. FINAL PROGRESS REPORT FORM .....	Page	16

## **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 CFAC website [www.consumerfamilycoalition1.org](http://www.consumerfamilycoalition1.org) 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 three primary grant application cycles throughout the Fiscal Year. The Fiscal Year runs from July 1 through June 30. Dates for the three cycles 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.

<b>RVS CFAC ANNUAL GRANT APPLICATION CYCLES</b>			
	<b>Cycle 1*</b>	<b>Cycle 2*</b>	<b>Cycle 3*</b>
CFAC Grant Application Cycle is Announced. Notification to public (including early notice on the CFAC website) occurs throughout the month.	March	July	November
Applications received at RVS are dated and forwarded to Funding Committee Chair and then to all committee members.	March	July	November
Applications are reviewed by the Funding Committee. The committee decides to recommend funding (either in full or in part) or to recommend the denial of funding.	April May	August September	December January
Applications are sent to CFAC members prior to the CFAC meeting for members' review.	June	October	February
At the CFAC meeting, the Funding Committee Chair introduces motions for action. CFAC members vote on applications.	June	October	February
CFAC recommendations for award or denial are submitted to RVS.	June	October	February
RVS reviews applications and then notifies applicants by sending letters of award or denial.	June	October	February
Projects Begin.	July	November	March
Projects End. Final Reports due within 30 days.	Projects must be completed by end of the current fiscal year unless approved for carry-over.		

NOTE: The specific due dates within each month are set annually by the CFAC Funding Committee and are publicized on the website: [www.consumerfamilycoalition1.org](http://www.consumerfamilycoalition1.org)

# APPLICATION PROCESS FLOW CHART

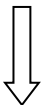
The CFAC Grant Application Cycle is Announced and Publicized (Cycle 1, Cycle 2, or Cycle 3)  
Check CFAC website ([www.consumerfamilycoalition1.org](http://www.consumerfamilycoalition1.org)) for forms & specific dates.

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

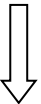
**Applications received by CFAC/RVS**



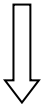
**Applications reviewed by CFAC Funding Committee**



**Recommendations forwarded to CFAC membership for action**



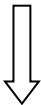
**CFAC members vote to approve or deny funding for applications in current cycle**



**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 CFAC Website [www.consumerfamilycoalition1.org/](http://www.consumerfamilycoalition1.org/) under “Resources and Forms.” 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 CFAC 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 included on the last page of the Funding Application form. 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 approved 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)**

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: \_\_\_\_\_

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)  
**Fax**  
402-441-4335  
**Phone**  
402-441-4361

**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 form 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. See example on next page.

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			

## BUDGET EXAMPLES

### Non-Conference Budget Example

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

**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:**

**Attachment C  
Expense Reimbursement Request Form BH4a**

**EXPENSE REIMBURSEMENT REQUEST FORM BH4A**  
 COALITION:  
 PROJECT TITLE:  
 BILLING FOR MONTH/YEAR:  
 DATE SUBMITTED:

EXPENSE CATERGORIES	CURRENT MONTHS 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)	\$	\$	\$	
<b>TOTALS</b>	\$	\$	\$	

**Payment Payable To:**

**Mail Payment To:**

**Note: Receipts for Current Month's Expenses must be attached along with a copy of the approved funding budget.**

**Authorized Project Coordinator Signature:** \_\_\_\_\_

**Date:** \_\_\_\_\_

**For completion by Region V Systems Only**

Region Consumer Specialist: \_\_\_\_\_ Date: \_\_\_\_\_  
 Regional Administrator: \_\_\_\_\_ Date: \_\_\_\_\_  
 Fiscal Administrator: \_\_\_\_\_ Date: \_\_\_\_\_

*\*Please attach Log of Activities*





**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:*