Date Rec’d at Region V: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Date Entered: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Date Sent to Funding: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Date Sent to CFAC: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Date CFAC Approved: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**Region V Systems**

**Consumer/Family Advisory Committee**

**(CFAC)**

**Funding Application**

**General Information**

**Title of Project:**

**Project Manager:**

**Street Address:**

**City:**       **State:**       **Zip:**       **County:**

**Phone:**       **E-mail:**       **Fax:**

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

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

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

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

Regional Administrator Signature: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date: \_\_\_\_\_\_\_\_\_\_

Submit completed application to one of the following:

 **E-mail** **Mail or drop off**

pmccaul@region5systems.net Phyllis McCaul, Consumer Specialist

**Phone**: 402.441.4361 Region V Systems

**Fax**: 402-441-4335 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?**

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

1. **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.)*

1. **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.)*

1. **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) | TotalProject 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:** [**www.region5systems.net/consumer-family-coordination**](http://www.region5systems.net/consumer-family-coordination)