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

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

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**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.* \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

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**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?**

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

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

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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.)*

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

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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.)*

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

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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?*

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

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**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)