

**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

The following signatures may not be required due to COVID-19:

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
CFAC@region5systems.net

Subject Line:
Funding Committee

Mail or drop off
CFAC Funding Committee
Region V Systems
1645 'N' Street
Lincoln, NE 68508
Fax: 402-441-4335

FUNDING APPLICATION NARRATIVE

Title of Project: _____

Beginning Date of Project: _____ Ending Date of Project: _____

(All funds must be spent before June 15th of the current Fiscal Year)

(Please reference the Funding Procedures Manual for guidance)

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

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?

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/>

PROJECT BUDGET

Please complete the budget table below.

See also example 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)	<p>EXAMPLE: Pathway to Recovery Books: \$15 x 15 = \$225.00 Shipping = \$30.00 Not to exceed: \$275.00 (Please include invoices for materials to be purchased by Region 5) (Prices for materials and shipping may change, round up the amount)</p>		
Printing and Postage			
Training and Conferences	(Please include a conference brochure or registration with your application)		
Travel			
Meals			
Other (be specific)			
Total			

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