

# Region V Systems Consumer/Family Advisory Committee

## Funding Procedures Manual

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## **CONSUMER/FAMILY ADVISORY COMMITTEE VISION AND PURPOSE**

### **VISION STATEMENT**

The Vision of the Consumer/Family Advisory Committee (CFAC) is for a Behavioral Health System in Region V in which Consumers, Family, Organizations and Communities work together in partnership to promote recovery and ensure positive change to reduce stigma, support independent choices, and to treat consumers with both dignity and respect.

### **MISSION**

The mission of the CFAC is helping to improve the quality of life for consumers and family members affected by mental health, substance use, or other addictive disorders.

### **PURPOSE**

The purpose of the CFAC is to promote the interests of behavioral health of consumers and their families. CFAC members 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 and to encourage peer leadership and initiative.

In 2004, Nebraska's State Legislature adopted LB 1083, the Nebraska Behavioral Health Services Act, which identified the following purposes:

- Ensure services are consumer-focused;
- Create services that emphasize beneficial outcomes based on recovery principles, and •
- Ensure consumer involvement in all aspects of service planning and delivery.

In 2007, a consumer specialist position was funded for each Region. In Region V, the consumer specialist developed and coordinates a "Consumer/Family Advisory Committee;" it is through these activities that Region V Systems ensures reform is consumer led. Recovery principles are also adopted at all levels of the system.

Consumer involvement coordination works to:

- Increase consumer and family involvement;
- Support the interests and development of consumers;
- Provide new opportunities for consumers to learn leadership skills
- Gain experience in developing partnerships.

## 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: <https://region5systems.net/how-we-help/consumer-family-advisory-committee/funding-opportunities/> 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 is 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.
- 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 402-890-0383.

## 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. Days of the month for Fiscal Year 2023/2024 are listed on page 5. An Application Process Flow Chart follows the funding cycles. The grant application cycles are subject to change.

### **Consumer/Family Advisory Committee Funding Cycles**

Fiscal Year 2023/2024

- **Applications are received on or before the 15th of every month**
- **Applications will be reviewed by the funding committee on the 3rd Wednesday of every month**
- **Applications will be reviewed by the executive committee on the 1<sup>st</sup> Tuesday of every month**

- Applications to be voted on by Advisory Committee on the 2nd Tuesday of every month

## APPLICATION PROCESS

1. Applications received by CFAC/RVS
2. Applications reviewed by CFAC Funding Committee
3. Recommendations forwarded to CFAC Executive Committee for action
4. CFAC members vote to approve or deny funding for applications in current cycle
5. Recommendations forwarded to RVS administration for review and action. Include funding application and expense reimbursement form.
6. CFAC notifies applicant of Award/Denial.
7. RVS will report out annually to advisory and governing boards through RVS annual report.

## RVS CFAC FUNDING APPLICATION INFORMATION AND FORM

A copy of the CFAC Funding Application Form is located on pages 8-11. The form is available on the Application Region 5 Systems Website: <https://region5systems.net/how-we-help/consumer-family-advisory-committee/funding-opportunities/>. 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. 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 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

- **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.

**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**

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. A 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 this manual.
- 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'.

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

## **REQUIREMENTS FOR GRANT RECIPIENTS**

1. All applicants will receive 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 and receipts must be submitted to the Regional Consumer Specialist. 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 reimbursement request and itemized receipts must be submitted no later than June 30.
6. 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. Final Progress Report Form can be found on page 13 of this manual.
7. The people reading your report do not know as much about your project as you do and are interested in learning more. Be thorough in your explanation. Final Reports may be used by the CFAC and RVS to update CFAC members, the RVS Advisory Committee, and the Regional Governing Board.
8. 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.
9. If a project cannot be completed as planned, the Project Manager shall inform the Regional Consumer Specialist as soon as possible.
10. 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.

11. If you or your agency would like to submit a request for educational materials from our inventory for use in your groups and other recovery related topics, please contact the Regional Consumer Specialist via email [kfandrich@winitiative.org](mailto:kfandrich@winitiative.org) for information.

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### **Funding Application (Writable Format)**

**Region V Systems  
Attachment A  
Consumer/Family Advisory  
Committee (CFAC)  
Funding Application**

**Funding Application  
Consumer/Family Advisory Committee**

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



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

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

Regional Administrator/Designee Signature: \_\_\_\_\_ Date: \_\_\_\_\_

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## 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):*

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### \_ PROJECT ACTIVITY DESCRIPTION

**1. What are the overall goals of the project?**

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

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**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.)*

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**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.)*

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**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?*

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## 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/>

Submit completed application to one of the following:

**E-mail Mail or drop off**

[cfac@region5systems.net](mailto:cfac@region5systems.net) **Subject Line:** Funding Committee

Region V Systems

1645 'N' Street

Lincoln, NE 68508

## **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**

**FINAL PROGRESS REPORT FORM**

Project Title:

Project or Agency Lead:

Reporting Date: \_\_\_\_\_ to \_\_\_\_\_

Report Submitted by:

Signature & Date

**Project Accomplishments and Results:**

**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:*