

**Region 5 Systems
Consumer/Family Advisory Committee
(CFAC)
Funding Application**

Date Rec'd at Region 5: _____
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: \$_____.

If approved, please indicate the preferred method of payment:

☐ **Check in advance** (will be mailed to the address above, unless otherwise specified)

Make check payable to: _____

☐ **CFAC to purchase items directly** (include web links to items in the budget on page 4)

☐ **Reimbursement** (submit receipts with project report within 30 days of project completion)

Project Manager Signature: _____ Date: _____

A signature is required prior to review by the Funding Committee

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

Region5CFAC@gmail.com

Subject Line: Funding Committee

Fax: 402-441-4335

Mail or drop off

CFAC Funding Committee

Region 5 Systems

3600 Union Drive

Lincoln NE, 68516

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 for guidance:

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

AREAS OF EMPHASIS

Please check which area of emphasis best describes the focus of the project:

- ☐ Promoting Recovery and Positive Change
- ☐ Consumer Involvement/Advocacy
- ☐ Social Connectedness
- ☐ Other: _____

Please describe the project and how it supports the area(s) of emphasis checked above:

TARGET POPULATION

Briefly describe the target population:

The CFAC supports projects based on identified needs and those which reflect the culture and diversity of Region 5 geographic areas.

FUNDING RESOURCES

Are you receiving funds from others for this project? ☐ Yes ☐ No

If yes, please 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 5 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.

Required: Please complete the budget table on the next page.

For more information on how to fill out this Project Budget, please see the example on the website:
<http://region5systems.net/how-we-help/consumer-family-advisory-committee/>

PROJECT BUDGET

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)	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)		
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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Required: Project reports are due one month after the project end date listed in the application. Please fill out the project report on the next page and submit it to one of the above options.

PROJECT REPORT

Project Title: _____

Project Manager: _____

Project Dates: _____ to _____

Report Submitted by: _____
Signature Date

Project Accomplishments and Results (per goal):

Impact of project activities on the target population:

Barriers or problems encountered (if any) and actions taken to overcome the problems:

Total funds utilized for this project: \$_____.

If seeking reimbursement, email this report & all receipts to the following:

Taisa Brumagen, RCS: tbrumagen@winitiative.org

CFAC: region5cfac@gmail.com

*If there are barriers to sending an email, please contact Region 5 Systems at (402) 441- 4343

(Optional) Please attach any photos of your project. Photos may be included in the monthly newsletter.