

**FUNDING PROCEDURES
OF
REGION 5 SYSTEMS
CONSUMER/FAMILY ADVISORY COMMITTEE**

December 2015
Rev. 1-12-2016
Rev. 2-13-2016
Rev. 3-2-2016
Revised 9.12.2017
Revised 08.09.2023
Revised 10.18.2024
Revised 5.6.2025

I. Purpose

To outline the procedures for requesting, receiving, and reporting on funding provided by Region 5 Systems Consumer Family Advisory Committee.

II. Funding Request Process

1. Funding Application

- a. All funding requests must be submitted using the CFAC Funding Application. The application is included at the end of this document, and available online at <https://region5systems.net/how-we-help/consumer-family-advisory-committee/funding-opportunities/>
- b. Applications must include a clear description of the project, a budget estimate, and an explanation of how the project aligns with CFAC's mission. This is outlined in the application.

2. Funding Options

The project manager must indicate which of the following funding options is being requested:

- a. **Check in advance** (payable to individual or organization)
- b. **CFAC to purchase items directly** (include web links to items in the budget table included in the application)
- c. **Reimbursement** (requires receipt submission post-purchase)

3. Application Process

- a. Applications received by the 15th of the month will be reviewed by the funding committee on the third Tuesday of that same month.
- b. Applications will be returned if not completed in entirety.
- c. On the first Tuesday of the following month (the month after the application was reviewed by the Funding Committee), applications will be reviewed by the Executive Committee.
- d. On the second Tuesday of the month (one week after Executive Committee), CFAC will vote to approve or deny funding applications.

- e. When the application is approved by CFAC, the Regional Consumer Specialist (RCS) will sign the application and send it to the Assistant Fiscal Director and the Regional Administrator within 2 business days.
- f. The Assistant Fiscal Director and Regional Administrator will review the application and communicate final approval or denial to the RCS and CFAC financial coordinator..
- g. The RCS and/or CFAC financial coordinator will communicate approval or denial to the funding project manager.

4. Purchase Timeline

- a. If CFAC is purchasing items, the Assistant Fiscal Director will purchase the items listed in the funding application. Purchases will occur no earlier than the following month's CFAC meeting. Items will be delivered to Region 5 Systems unless otherwise specified.
- b. If a check is requested, the Assistant Fiscal Director will send a check to the funding project manager within 7 business days from CFAC approval.
- c. If reimbursement is requested, a reimbursement check will be sent to the funding project manager within 14 business days from receiving the purchase receipts.

III. Funding Guidelines

1. Check Disbursement

- a. If requesting a check in advance, please ensure that the recipient's mailing address is accurate.
- b. Checks will be mailed directly to the address listed in the application unless otherwise specified in the application.
- c. Checks will be made payable to the project manager unless otherwise specified in the application

2. Price Variations

- a. Prices may vary at the time of purchase. If CFAC is purchasing items directly, the approved funds will be utilized but not exceeded, even if price has increased at time of purchase.

- b. If the actual cost exceeds the approved amount, the requester is responsible for paying the difference.
- c. If the actual cost is less than the approved amount, the requester must return the remaining funds to CFAC within 10 business days of purchase.

3. Reimbursement Requirements

- a. Purchases must be made separately to ensure receipts reflect only approved items.
- b. A copy of the full receipt is required for reimbursement.
- c. Receipts must be sent to the RCS. The RCS will coordinate with the Assistant Fiscal Director to send a reimbursement check to the funding project manager.
- d. Email the project report & all receipts to the following:

Taisa Brumagen, RCS: tbrumagen@winitiative.org

CFAC: region5cfac@gmail.com

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

IV. Communication

- 1. CFAC members or staff may contact requesters by phone or text to clarify funding details or verify shipping/purchase information.

V. Reporting Requirements

- 1. A Project Report is required from all recipients of CFAC funding. The project report can be found on the last page of the funding application, or on the web site.
- 2. Reports must be submitted to CFAC within 30 days of the project's end date.
- 3. The report should include:
 - a. A brief summary of the project
 - b. An explanation of how funds were used
 - c. Any receipts, photos, or materials produced (if applicable)

**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			

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

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.