

Program Years 7 - 9: New PROGRAMMING

Winnebago County Community Mental Health Board

Instructions:

Instructions for the Collaborate Feature:

The Collaborate feature (the lightbulb at the top right of the page) can be used to invite other people to work on this request.

- From the Collaborate pop-up, enter the email address of the person with whom you wish to collaborate.
- Set Permission to either **View** (the collaborator can only view forms in the request), **Edit** (the collaborator can view and edit the request), or **Submit** (the collaborator can view, edit, and submit the request).
- Include a message about what you are asking your collaborator to do and select **Invite**.
- You can revoke this permission at any time.

An email will be sent to the collaborator containing your message, their username, and a link to the login page. After clicking the link, they will be taken to the login page. If this is their first time logging into the system, they will be asked to create a password.

Collaborator Tutorials:

- <https://support.foundant.com/hc/en-us/articles/4523887747223-Applicant-Tutorial-Collaboration>
- <https://support.foundant.com/hc/en-us/articles/28664505675927-Collaborator-Tutorial>

Instructions for the Copy Feature:

To copy responses that correspond to identical questions on additional applications, click the blue "Copy Previous Answers" button at the top right of any subsequent applications you complete.

The owner of the request can use the Copy Feature, but it is only available if the same applicant submitted the previous application as is submitting this one. The owner is the person who receives the follow-up forms automatically, which some organizations have changed over the course of the grant. This does not include those permitted as collaborators, only the person who owns the request.

To use the Copy Feature:

1. Start the new application in the account of the person who owns the request you wish to copy.
2. Click the Copy Previous Answers button on the top right of the screen.

3. Select the request you would like to copy answers from, and this will copy all answers into identical questions on the new application.
4. Add collaborators as needed.

Copy Feature Tutorials:

- <https://support.foundant.com/hc/en-us/articles/4523861991575-Applicant-Tutorial-Copy-Request-Responses>
- <https://support.foundant.com/hc/en-us/articles/4523861991575-Applicant-Tutorial-Copy-Request-Responses>

If you are experiencing issues with the abstract or need assistance identifying the request owner, please contact Alex at amccann@r1planning.org.

Acknowledgement PY7-9:

Acknowledgement:*

Click here to access the WCCMHB Funding Resources Page. The following documents are also linked below:

- Strategic Plan 3.0
- PY7-9 Funding Policy
- PY7-9 NOFO
- PY7-9 New Program Abstract Rubric

This is a **NEW Programming** abstract. This is for projects that...

- are entirely new
- PY4-6 programs that have changed structure or function significantly
- PY4-6 programs whose requests **exceed** the 10% increase allotment

Choices

I acknowledge that I have read and understand the above documents and instructions

Program Contact:

Who is the best person to contact with questions regarding this abstract?*

Please enter their name, title, and email if they are not the applicant. If the applicant is the best point of contact, please enter N/A.

Character Limit: 250

Organization Overview:

Organization Name:*

Character Limit: 250

What type of agency is your organization?*

Choices

Government Entity

Not For Profit

Hospital or Healthcare Organization

Evidence for Length of Time in Existence*

Please attach evidence that this organization has been in existence for at least 3 years. This could include tax returns, articles of incorporation, or other relevant documents.

File Size Limit: 20 MB

What is your agencies most recent operating budget?*

Character Limit: 20

Attach most recent independent financial audit, balance sheet, revenue/expenses & cash flow report*

If the agency is not required to receive an independent financial audit, attach the most recent unaudited balance sheet, revenue/expenses, and cash flow report.

File Size Limit: 10 MB

Proposal Information:

Project Name*

Character Limit: 100

Is this proposal an extension of PY4-6 Core Funding?*

For example, adding additional staffing or expanding the scope of work to include additional services

Choices

Yes

No

Elevator Pitch:*

Please provide a brief overview of the proposed program. If you chose 'yes' above, please include how it will be incorporated into the renewal programming.

Character Limit: 2500

Please choose the target population(s) your proposed program will serve***Choices**

Infant and Early Childhood (0-5)
Serious Emotional Disturbance (3-21)
Serious Mental Illness (18+)
Substance Use Disorder (All Ages)
Co-Occurring (0-17)
Co-Occurring (18+)

What funding gap will your proposal address?***Choices**

Eating Disorder Treatment
Perinatal Mental Health
Harm Reduction
Older Adults (50+) Mental Health and/or Substance Use Treatment
Veterans' Mental Health and/or Substance Use Treatment
Rural Mental Health and/or Substance Use Treatment
Other

Other:

If 'other' was chosen above, please explain why it is a gap within the community, and how the current WCCMHB-funded programs do not meet this need.

Character Limit: 1500

Please provide a brief overview of how this proposal aligns with Strategic Plan**3.0***

Character Limit: 5000

Financial Information:

Amount Requested:*

As a reminder, the minimum request amount is \$300,000.00 (\$100,000.00 per year), with a maximum request amount of \$3 million (\$1 million per year).

Character Limit: 20

Budget Breakdown:*

Please give a brief breakdown of how the funds will be allocated (personnel, commodities, equipment, etc).

Character Limit: 5000

Evidence-Base:

What evidence base(s) will your proposed program use?*

Choices

Evidence-Based

Best Practice

Promising Practice

Rationale:*

Please upload and/or link any research, publications, or other paperwork that supports your proposal's evidence base.

Character Limit: 2500 | File Size Limit: 20 MB

Goals and Outcomes:

What are your proposals anticipated goals and outcomes?*

Character Limit: 3500

Thank You

This concludes the Winnebago County Community Mental Health Board (WCCMHB) PY7-9 New Programming abstract.

Please review the responses carefully before submitting the abstract. Once submitted, you will receive an email verification that the Mental Health Board has received the Agency's abstract. We may contact you with further questions if necessary. If the abstract is selected to proceed to a full application, we will also reach out for further information.

Thank you for the submission and interest in serving the residents of Winnebago County.