

# Accelerator Award

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*Winnebago County Community Mental Health Board*

## *Application Questions*

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**Proposal Name:\***

*Character Limit: 100*

**Organization Name:\***

*Character Limit: 250*

**Is the Organization Currently Funded by WCCMHB?:\***

**Choices**

Yes

No

Unsure

**Area of Capital to Improve or Impact (select all that apply):\***

**Choices**

Human

Social

Physical

**Location(s) of Initiative or Proposal:\***

*Character Limit: 250*

**Proposal Description:\***

Include how area of capital will be improved or impacted

*Character Limit: 10000*

**If your proposal includes serving individuals, please indicate an estimated number annually:**

*Character Limit: 50*

**Collaborations:\***

If applicable, list all collaborators and their level of contribution.

*Character Limit: 10000*

**Estimated Total Proposal Budget:\***

*Character Limit: 20*

**How will WCCMHB investment improve system capacity long-term:\***

*Character Limit: 5000*

**Timeline for Proposal:\***

Include year-by year breakdown if a multi-year ask

*Character Limit: 5000*

**Proposal Goals & Anticipated Outcomes:\***

*Character Limit: 10000*

**Expense Categories:\***

What expense categories will the awarded funds cover? If funds will be used for other expense categories, please indicate Other and utilize text box to describe.

**Choices**

- Construction
- Purchase of Vehicles
- Salaries and Labor
- Contracted Programming
- Rent/Mortgage/Non-Construction Facility Upgrades
- Communications/Marketing
- Other

**Additional Information:**

If you chose Other for Expense Categories, please utilize text box to describe.

*Character Limit: 250*

**Financial Stability:\***

Should your proposal be awarded funding, how will your organization institutionalize this program or become financially sustainable without WCCMHB support?

*Character Limit: 5000*