

Accelerator Award

Winnebago County Community Mental Health Board

Question Group

Proposal Name:

Character Limit: 100

Organization Name:*

Please include name of the Organization completing Accelerator Award Application.

Character Limit: 250

Is the Organization Currently Funded by the WCCMHB?*

Choices

- Yes
- No
- Unsure

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

Choices

- Human
- Social
- Physical

Does this proposal adequately impact the intended area(s) of capital indicated?*

Choices

- Yes
- No
- More Information Needed

If the proposal indicates serving individuals, is the provided number adequate for the proposal?

Choices

- Yes
- No
- More Information Needed

Does this proposal include collaborators?*

Choices

- Yes
- No
- More Information Needed

Does the proposed budget fit the scope of work presented?*

Choices

- Yes
- No
- More Information Needed

How well will this proposal improve system capacity?*

Choices

- Yes
- No
- More Information Needed

Does the proposed timeline fit the intended outcomes of the proposal?*

Choices

- Yes
- No
- More Information Needed

Do the proposed goals and anticipated outcomes align with the WCCMHB strategic plan?*

Choices

- Yes
- No
- More Information Needed

Does the organization have an adequate plan to address financial stability without WCCMHB funding?*

Choices

- Yes
- No
- More Information Needed

Does the proposal indicate any safety or risk concerns to mitigate?*

Choices

- Yes
- No
- More Information Needed

Overall evaluation comments (select all that may apply):*

Choices

- Application to proceed to WCCMHB for full vote
- Additional information needed from organization
- Organization to come to WCCMHB meeting and provide a presentation

Additional Information:

If you chose additional information needed, please indicate what you are requesting.

Character Limit: 250