

Program Years 7 - 9: New CAPITAL

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>

If you are experiencing issues with the application 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 Capital Abstract Rubric

This is the **new CAPITAL abstract**. This is for projects that...

- Are one-time projects
- NOT new programs or projects that need sustained funding
- Are projected to be completed by the end of PY9 (May 31st, 2030)

Choices

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

Proposal 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 agency's most recent operating budget?*

Character Limit: 20

Proposal Information:

Project Name*

Character Limit: 100

Elevator Pitch:*

Please provide a brief overview of the project:

Character Limit: 5000

What gap does this project address?***Choices**

Emergency Room or Urgent Care Expansion

Supportive Housing Units

Inpatient Bed Capacity Expansions

Crisis Response Expansions

Other

If 'Other' is selected above:

Please explain the gap your project is addressing

Character Limit: 3500

Amount Requested:*

As a reminder, the maximum request amount is \$2 million.

Character Limit: 20

Budget Breakdown:*

Please give a brief breakdown of how the funds will be allocated.

Character Limit: 2500

What is the timeline for this project?*

Please ensure that the project is completed by the end of Program Year 9 (May 31st, 2030).

Character Limit: 3000

What are the anticipated impacts and outcomes of this project?*

Character Limit: 4000

Are there multiple sources of funding contributing to this project outside of any WCCMHB funding?***Choices**

Yes

No

If Yes**Please list out the other funding sources and their estimated contributions:**

Character Limit: 1000

Thank You

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

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