

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>

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 Application Rubric](#)

This is the **new CAPITAL application**. 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

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

Overview:

Organization Name:

Character Limit: 250

Project Name

Character Limit: 100

Amount Requested:*

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

Character Limit: 20

Agency Description:

Please describe your organizations capacity to successfully implement the proposed project?*

Character Limit: 5000

How many FTE's does your organization employ?*

Character Limit: 10

How will this project integrate into the CCBHC?*

This can be a preexisting collaboration or plans for a collaboration

Character Limit: 3500

Transformative Impact:

How many individuals is this project expected to serve yearly, once at scale and fully operational?*

Character Limit: 10

How will this project expand the current services offered or the availability of services?*

Character Limit: 3500

How will this project alter or improve the current mental health/substance use system of care?*

Character Limit: 3500

Timeline:

Please provide a timeline of the project below.*

Please include key milestones, expected dates, and brief descriptions. Projects must be completed by the end of PY9 (May 31, 2030)

Character Limit: 3500

Budget:

What is your agency's most recent operating budget?

Character Limit: 20

Please provide a budget breakdown of how funds will be utilized.*

Character Limit: 3500

Please describe how your organization maintains financial stability and sustainability*

Character Limit: 3500

Thank You

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

Please review the responses carefully before submitting the application. Once submitted, you will receive an email verification that the Mental Health Board has received the Agency's application. We may contact you with further questions if necessary.

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