

## WCCMHB Program Year 5 - Program Year 6: Renewal Application Questions

Please note that this information is for reference purposes only. All submissions must be made through the Google Form.

# Program Year 5 - Program Year 6: Renewal Application:

Winnebago County Community Mental Health Board

Description: This is an application for renewal of funding. This is to be completed by a currently funded lead organization for projects currently funded with one-year funding agreements

PLEASE CLICK TO ACKNOWLEDGE BEFORE COMPLETING:

YES NO

## 1. Organization and Program Information

- a. Organization Name
- b. Service, Program, or Project Proposal Name
  - i. Who is the best person to contact with questions about the renewal application including the narrative and the budget?
    1. Program Contact Name
    2. Program Contact Title
    3. Program Contact Address, Phone, Email

## 2. Is it your intent to continue the program if awarded additional funding?

- a. Yes
- b. No

## 3. Proposal Description / (Update) / Outcomes

- a. Has any part of your programming changed since your application in PY4?
  - i. If so, please describe below:

As a reminder, reviewers will have your previously submitted outcomes, for the history of your funding, when looking at your application.

- b. Have there been any changes in programming that have affected your Outcomes since your application in PY4?

## 4. Personnel

- a. Has there been any changes to personnel since your application in PY4?
  - i. If so, please describe below:

## 5. Budget / Finances

- a. Has there been any changes to your budget since your application in PY4?

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- i. If so, please describe below:
- b. Has your status for billing Medicaid / Medicare or commercial insurance changed since your application in PY4?
  - i. If so, please describe below:

### **6. Acknowledgments**

Please utilize this section to affirm that you possess these items and the status has not changed since your application in PY4:

- Agency's current accreditation(s)
  - o Included accreditations could be from: Commission on Accreditation of Rehabilitation Facilities (CARF), Joint Commission, Healthcare Facilities Accreditation Program, Council on Quality Leadership and/or Council on Accreditation.
- Risk Management Plan or Policy
- Medicaid / Medicare certifications
- Insurance

### **7. Non-supplanting funds**

The WCCMHB is not able to disburse funds that supplant other sources of funding.

Please acknowledge your understanding below:

- We will not use WCCMHB funding to supplant other sources of funding

### **8. Additional Information:**

- a. If there is anything additional you would like included with your application for renewal, please provide below: