

Wood County Alcohol, Drug Addiction and Mental Health Services Board

Policy 4

REQUEST FOR FUNDING

Any organization, agency or individual seeking to provide services to the Wood County Alcohol, Drug Addiction and Mental Health Services Board shall provide the following information in the following format.

TO: The Wood County Alcohol, Drug Addiction, and Mental Health Services Board (ADAMHS)

FROM: (Official Name of Organization/Agency)

REGARDING: ADAMHS Fiscal Year ___ Request for Funding

DATE: (date submitted to ADAMHS Board office)

The purpose of this memorandum is to transmit _____'s Fiscal Year _____ Request for Funding from the Wood County Alcohol, Drug Addiction and Mental Health Services Board.

Brief History of (Organization/Agency) and its Purpose

(Organization/Agency's) Administrative staff and Members of its Board of Directors

Does the organization /agency have a written affirmative action program? Does the agency have a policy in place for communication with limited-English proficient persons? Does the organization have a policy in place for auxiliary aids for sensory-impaired persons?

Discussion of (Organization/Agency) Overall (Fiscal Year or Annual) Budget (including other revenue sources)

Request for Fiscal Year 2016 Funding from the WCADAMHS Board

-Continuing Programs and Financial History with WCADAMHS allocations

-Numerically cite each defined program(s), support services, administrative costs, fee for services, matching funds, targeted groups/individuals, client needs addressed, estimated number of clients to be served, specific outcome measures, indirect and direct service costs, justification of continuity of program, is there a manner in which this program(s) may be consolidated with other community or regional programs, program endorsements

-Will this program be sustained without WCADAMHS funding?

Approved by the Board July 11, 2016; resolution number FY2016-60

-How does this programs(s) achieve the WCADAMHS Strategic Plan Goals and Objectives and meet the requirements of the Community Plan?

-Proposed New Program(s) and Request for funding

-Numerically cite each proposed program(s), support services, administrative costs, direct and indirect service costs, fees for services, matching funds, targeted groups, proposed outcomes measurements, analysis of duplication of services, merger with other existing programs, identification of possible funding sources other than WCADAMHS, program endorsements

-Will this proposed program be initiated without WCADAMHS Board Funding?

-How does this program(s) achieve the WCADAMHS Strategic Plan Goals and Objectives and the Community Plan?

Submission of IRS designation and ODMHAS certification. Will Provider establish a physical presence (office) in Wood County accessible to all county residents in compliance with the A.D.A. Other Information that would be helpful to the WCADAMHS Board and Staff in reviewing proposed funding

Signature Lines; Organization/Agency Executive Director AND Organization/Agency Board Chair

The organizations/agency requesting funds from the ADAMHS Board shall submit sufficient copies of their request for distribution to all ADAMHS Board members and staff.

The Executive Director shall forward request for funding to all WCADAMHS Board members shall submit with a cover memorandum providing his or her and the Program Committees comprehensive review of the request and provide funding recommendations.