Enclosure 1A

Mental Health Services Act
Workforce Education and Training

Directions for Completion of an Application for Funding for Regional Partnerships.

a) Enter the date the Application for Funding is submitted.

b) Enter the name of the County completing this form.

c) List the Counties who are participating in the Regional Partnership that you plan to support, and who are in agreement with your Application for Funding. Note: This information is subject to verification by the DMH.

d) Provide a short description of the activities the requested funds will be used for that are consistent with the listing of potential Regional Partnership actions and activities listed in this Information Notice.

e) Provide a listing of Objectives to be achieved.

f) Enter the amount of funds requested by fiscal year. Note: A County may not request funds that exceed the amount listed for its region in Enclosure 3.

g) Provide a budget justification that describes how staffing costs, operating costs and administrative overhead were derived.

h) Ensure that the Application signed by the County Mental Health Director, certifying that all the listed conditions are met.

Note: Enclosure 2 provides a sample completed Application for Funding.