

**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.