

Provider Special Project Funding Request

Provider Name:	Tax ID:
Provider Address:	Provider CSN ID# (optional)
Person submitting request:	Title:
Date of Request:	
Email:	Phone:

Please identify the funding being requested.

You will be contacted by CCNIA to discuss this request. CCNIA will notify you of the decision on funding in writing with the stipulations for approval if any, or reasons for denial if applicable.

Project Name:	
Item or service funding is requested for:	
Total Cost:	
Provider Funding Amount:	
Regional Funding Request:	
Project Start Date:	
Project End Date:	

<p>Explain how funding this project will benefit the clients of CCNIA and how it complies with the CCNIA Management Plan:</p>	
<p>Explain why you need Regional Funding to complete the project:</p>	

If you require additional space, please attach a separate sheet with request.

Unsolicited Request for Funds- the following criteria will apply when reviewing unsolicited requests.

Provider Criteria:

Providers receiving funds must be licensed or accredited to provide the requested service. Organizations must demonstrate the following:

- Provider experience in providing the services
- Documented consumer outcomes, and family / consumer satisfaction
- Retention of consumers in other programs
- Coordination with other provider agencies
- Evidence of individualized services
- Relationship with other regions the agency serves
- Funding source for the service
- Financial viability of the agency
- Strong organizational leadership
- A mission that supports person centeredness, rehabilitation, recovery, cultural competency, multi-occurring capable
- Capability to plan and develop financial flexibility to support services
- Ability to integrate all services into the community
- Aptitude to create infrastructure to support staff supervision
- Capacity to involve clients in the implementation evaluation of the services

Required Elements:

Providers must submit a written proposal that includes the following:

Business Plan:

- Description of the service and the market
- Funding sources
- Non-financial outcomes
- Organizational Chart
- Financial needs (startup cost summary, personnel cost)
- Current business position

Documentation of Current Needs

- Current waiting list for the service
- Demographics of potential clients
- Access standard criteria (if applicable)

Letters of Support to include but not limited to:

- CEO of other regions (if applicable)
- Local Community Services Directors
- Integrated Health Homes or Case Managers

Most recent Audit Report by accredited auditing firm.

Existing Program Outcomes

Funding Options:

Providers must identify funding options through sources at the federal, state and local levels. It is the expectation that costs recouped through billing fee for services would be repaid to CCNIA.

Request Considerations:

Does the request meet the following priorities?

- priority for core and core plus services
- unmet need for the proposed services
- unmet access standard for proposed services
- evidence based practice services

If the request is approved, an agreement will be drafted to include the request in the provider agreement. Both the request and the agreement will be taken to the Governing Board for consideration.