

Forsyth County Behavioral Health Funding

Application 2021-2022

INSTRUCTIONS FOR REQUESTING FORSYTH COUNTY FUNDS

Please complete the FY21-22 Behavioral Health Funding Application and return to the Forsyth County Budget and Management Office by **Friday, March 5, 2021**. Ensure the application is thoroughly completed and a budget is returned as well. If information is not adequately completed then a follow-up will be needed before any grant agreement can be executed. **GRANT FUNDS ARE SUBJECT TO RECOMMENDATION BY THE FORSYTH COUNTY HEALTH AND HUMAN SERVICES BOARD AND APPROVAL OF THE FORSYTH COUNTY BOARD OF COUNTY COMMISSIONERS.**

APPLICATION FOR FUNDS

SECTION 1 – Fill out the organizational information.

SECTION 2 – Provide information about the agency’s Mission and Goals/Objectives.

SECTION 3 – Insert amount of requested funds and specify whether it is continued or new funding.

SECTION 4 – Select the priority service area that your organization or program will address

SECTION 5 – List (or attach) your entire agency’s Board of Directors and their respective affiliation.

SECTION 6 – Answer the questions regarding how the agency/program will utilize Forsyth County funding. Use as much or as little space as you feel is needed.

6A – Purpose of Grant – Explain what the effect will be on targeted clients/residents.

6B – Targeted Demographic

6C – Accomplishments **Proposed for Next Fiscal Year (FY 2022)** – Indicate the specific accomplishments the program is planning in the fiscal year for which funds are requested (July 1, 2021 – June 30, 2022).

6D – Program/Agency Action Plan – Describe agency/program activities, how accomplishments will be achieved, and how goals/objectives will be measured. If needed briefly describe strategic planning efforts.

6E – Accomplishments **Achieved in Prior Fiscal Year (FY 2020)** – Indicate the specific accomplishments the program achieved in the most recently completed full fiscal year (2020). Like the purpose, these should be in terms of the impact on the clients.

6F and 6G – Uses of County Funds – Explain what programs and services will be provided by County funds. Explain how County funds will be used. Also, provide detail on what type of expenditure line-items will be covered by County funds (example: personnel expenses, facility expenses, etc.).

ESTIMATED ACTUAL & PROPOSED BUDGET

Part A – The REVENUE section is designed as a matrix to provide two types of information about resources. Across the top of the form are listed a number of potential sources of funds. Down the side are time periods during which the funding is expected to be available. Part B – The EXPENDITURE section is designed for you to indicate the amount of money from each source listed at the top of the page to be used for each of your budget line items. No specific line items have been pre-printed on the form. Please use the expenditure categories that you use in your agency’s budget. We hope that this will simplify your work by eliminating the need to determine how your budget categories compare to the County’s. All resources and expenses for the agency or project must be included in Sections A and B. Total resources and total expenditures should be equal. If these are not equal, please explain why the difference exists.

ESTIMATED ACTUAL FOR CURRENT FISCAL YEAR (FY 2021) – Estimate the actual resources and expenditures of the agency or program for the current year which will end June 30, 2021. The figures you enter may be more than, less than, or the same as the original budget. The purpose is to determine as accurately as possible what your actual receipts and expenses will be during the current fiscal year.

PROPOSED BUDGET FOR NEXT FISCAL YEAR (FY 2022) – For each funding source, enter the amount of money for which you expect to be eligible during the time period. For expenses, enter the amount of money from each source listed at the top of the page to be used for each of your budget line items.

NAME OF ORGANIZATION – Self-explanatory.

AUTHORIZED SIGNATURE/TITLE/DATE – The application should be signed by the Director or an officer of the agency. Enter the title of the person signing the application and the date.

Please contact Budget & Management Office if you need assistance @ 336-703-2896

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SECTION 1. General Organizational Information and Contact Information (**The primary contact for**

| | | | |
|--------------------------------------|--------------|-------------------------------|-------------|
| Official Organization Name: | | | |
| Physical Address: | | | |
| Mailing Address: | City: | State: NC | Zip: |
| Phone: | Fax: | | |
| Website: | | | |
| Executive Director/CEO: | | | |
| Primary Contact for Proposal: | | Title: | |
| Primary Contact Email: | | Primary Contact Phone: | |

your agency will work directly with the Forsyth County Budget Office)

SECTION 2. Provide your agency's mission and goals/objectives (include as many goals/objectives as you need or feel is appropriate).

| | |
|--------------------------|----|
| Mission: | |
| Goals/Objectives: | 1. |
| | 2. |
| | 3. |
| | 4. |
| | 5. |

SECTION 3. Requested grant funds from Forsyth County

| | |
|---|--|
| Forsyth County Funds Requested: | \$ |
| Is this new funding or continued funding: (Check one box) | <input type="checkbox"/> Continued/Renewal Funding <input type="checkbox"/> New Funding (no funding last fiscal year) |
| Is this funding for specific programs or entire agency: (Check one box) | <input type="checkbox"/> Entire Agency <input type="checkbox"/> Specific Program |
| If funding is for a program, list the program here: | |

Application materials are due by 5 pm Friday, March 5, 2021

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SECTION 4. Select the service area(s) that your organization or program will address.

| | |
|---|---|
| <input type="checkbox"/> 1. Jail and/or Emergency Department Diversion | <input type="checkbox"/> 6. Transitional Housing |
| <input type="checkbox"/> 2. Peer Support Services | <input type="checkbox"/> 7. Trauma Focused Cognitive Behavioral Therapy or Trauma Informed Counseling |
| <input type="checkbox"/> 3. Psychological, Substance abuse treatment, evaluations & assessments | <input type="checkbox"/> 8. Transportation to treatment/appointments |
| <input type="checkbox"/> 4. Education, outreach, and/or training efforts | <input type="checkbox"/> 9. Developmental Disabilities Support Services |
| <input type="checkbox"/> 5. Harm reduction services | <input type="checkbox"/> 10. Respite services |

SECTION 5. List all Board Members and their affiliation or company (Community Member or Volunteer may be used for those not representing an employer or another agency in the community). If it is easier, an attachment with this information will suffice.

| Name: | Affiliation or Company: |
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SECTION 6. Please answer the following questions related to the purpose of the requested grant. (Use as much/little space as you feel is necessary)

A. Explain the purpose of this grant (statement of need). What is the need in Forsyth County?

B. Describe your targeted demographic.

C. State the specific accomplishments which the program is **proposing to achieve** for the next fiscal year (FY 2022) (Should be measurable and related to Purpose and Goals/Objectives. Provide Outcome/Performance Measures and Output Data).

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- D. State the specific accomplishments which the program **actually achieved in the prior fiscal year** (FY 2020) (Should be measurable and related to Purpose and Goals/Objectives. Provide Outcome/Performance Measures and Output Data).
- E. Please describe the Action Plan related to the program/agency that will receive Forsyth County funding. Include information on what steps the agency will take to ensure its goal are successfully accomplished.
- F. Explain how your agency/program will utilize Forsyth County funds.

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G. Which line-item expenditure(s) will be offset with County funding. If the Forsyth County Board of Commissioners approves funding for your agency then the contractual agreement will include

| | |
|--------------------------|---|
| <input type="checkbox"/> | Personnel/Staff Expenses |
| <input type="checkbox"/> | Utility or Facility Expenses |
| <input type="checkbox"/> | Program Related Service Expenses |
| <input type="checkbox"/> | Administrative Operating Expenditures |
| <input type="checkbox"/> | General Support – Nothing Specific, All of Above, Various, etc. |
| <input type="checkbox"/> | Other, Please Specify |
| | |

this information. (Check all that apply – if funding is used for general support then check only the general support box).

SECTION 6. Please submit a copy of your most recent financial audit.

SECTION 7. Acknowledgements.

This organization acknowledges that, if it receives funding from Forsyth County, it shall be subject to audit by the County, and this organization shall supply all records, information, or verification of expenditure of funds requested by Forsyth County. This organization agrees not to provide any gifts, payment, or other benefits to any Forsyth County Commissioner or County official. This organization shall not request that any Commissioner or County official intervene on its behalf with regard to any request for funding or any of the organization's business that comes before the Board of Commissioners.

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