



AMHI Project Application – (2025-2026)

(Due by June 5, 2024)

Note all applications must be Typed besides signatures

APPLICATION COVER SHEET

Project Name: _____

Total Dollar Amount of the Request: _____

Total Unduplicated Clients Receiving Services: _____

(Please indicate if your data is not unduplicated data)

Total Dollar Amount Received last year: _____

*Minimum Dollar Amount needed to stay operational: _____

Contact Person for the application:

Name _____

Address _____

Phone/e-mail address: _____

All projects must have a Fiscal Host. This is a legal entity that agrees to accept responsibility for the project – this includes receiving the funding, assuring the appropriate use of the funds, and completion of the work plan as attached. The fiscal host is responsible for expending the funds in accordance with the brass code definition and providing the proper, required documentation to Region 4 South AMHI for the expenditure of project. Failure to do so could result in the entity paying back funding.

Fiscal Host for the Project: _____

Contact Person: _____

Address: _____

Phone/e-mail address: _____

I have reviewed and support the planned project narrative and budget, accept fiscal and programmatic responsibility for the project, and recommend it for funding.

Signature of fiscal host: _____

Date: _____

DESCRIBE THE CONSUMERS WHO WILL RECEIVE SERVICES FROM YOUR PROPOSED PROJECT, INCLUDING GEOGRAPHIC AREAS

If this is a renewal project please describe the population served or community reached during the grant period. Use numbers and demographics such as race/ethnicity, gender, age or geographic location.

How many individuals did your project serve? Unduplicated Numbers.

| Year | Quarter 1 | Quarter 2 | Quarter 3 | Quarter 4 |
|-------------|------------------|------------------|------------------|------------------|
| 2022 | | | | |
| 2023 | | | | |
| 2024 | | To Date: | NA | NA |

DESCRIPTION OF PROPOSED PROJECT

This summary will be used by the Consortium as part of its grant application to DHS as well as the Consortium's report to the Governing Board be both comprehensive and concise in describing your project

2025-2026 ACTIVITIES, GOALS, AND INTENDED OUTCOMES

Describe your work plan for 2025-26 - what activities you will undertake, what goals you will accomplish, and what outcomes you will achieve if this project is funded. For ongoing projects – include any changes you are proposing for the future grant period. These changes may be the result of strategies that didn't work, new efficiencies your project can achieve, or any kind of project expansion you are envisioning in 2025-26.

How will you advertise or promote the services offered? If current vendor, talk about current advertising and success or failures etc.

Renewal Projects/Vendors please complete the section below (new vendors skip to page 5 Data Collection):

2023 & 2024 ACTIVITIES, GOALS, AND INTENDED OUTCOMES

If this is a **renewal project**, briefly discuss what your planned outcomes were for the 2023-24 project grant year. How many have been met to date for the project, and if you are on target to accomplish your goals and objectives.

*What activities led to meeting these goals and objectives?

Did you have to turn away any consumers from services? If so, please explain.

Were there any identified barriers for individuals to access your services/program? Please describe.

Did your program serve any consumers who did not have insurance or were ineligible for MHCP insurance? What would you estimate that number to be?

Will you make any changes based on these results?

How do you ensure (or plan to) consumer satisfaction or measure the quality of services?

How do you ensure the services you provide are culturally appropriate?

DATA COLLECTION AND REPORTING 2024

It is expected that at a minimum all projects will report by calendar quarter if there is expenditure and will include a count of unduplicated clients on a year to date basis as well as the monthly/quarterly units of service delivered, along with a detailed list of expenditure. All projects must also submit the new quarterly DHS reports which at this time includes collecting a client identifier and other specifics noted in the separate reporting document provided by the Consortium coordinator. List any other data your project will collect to demonstrate the success of your project and how you will report that data to the Consortium.

Policy & Procedure Requirements 2025-26

It is expected that each brass code will have a policy and/or process in place for programing or expenditure of funds. This can include protocol on using funds, eligibility/requirements, tracking, and times able to utilize funds. Renewal projects please submit policy/procedure copies at end of application and new applicants please initial that you are aware this will be required to be submitted if awarded grant funds.

Initial: _____

2025-26 CRITERIA FOR AMHC PROJECT APPLICATIONS

REGION 4 SOUTH AMHC MISSION:

Our mission is to assist and help people avoid crisis and find appropriate services in conjunction with Region IV South Adult Mental Health Initiative goals and objectives.

REGION 4 SOUTH AMHC GOALS:

- Securing residence in safe, adequate and affordable housing
- Increased employment opportunities and job satisfaction
- Reduction in the use of the Community Behavioral Health Hospital inpatient psychiatric services

1. How does the project fit with the AMHC's mission & goals?
2. How does the project benefit adults with a mental illness?
3. How does the project plan include what is needed to achieve the desired outcomes? Clear timelines, if appropriate?
4. Does the project utilize Evidence-Based practices?
5. How is the project realistic/achievable?

Completed project applications can be mailed or delivered in person to: Region 4 South Adult Mental Health Consortium, 507 N Nokomis Street #203, Alexandria, MN 56308, faxed to 320-335-5115; or e-mailed as an attachment to christine.bradley@r4south.org. Note if you are faxing the application please call the main office at 320-335-5100 to confirm your fax was received.

