

Provider Special Project Funding Request



CICS

Supporting Individuals. Strengthening Communities.

Provider Name: _____ Tax ID: _____

Provider Address: _____

Provider CSN ID#: _____
(Optional)

Please identify the funding being requested.

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

Project Name	Item or Service Funding is Being Requested For	Total Cost	Provider Funding Amount	Regional Funding Requested	Project Start Date	Project End Date

Explain how funding this project will benefit the clients of CICS and how it complies with the CICS Management Plan:

Explain why you need Regional Funding to complete the project:

Name of person submitting request: _____ Title: _____

Phone: _____ Email: _____ Request Date: _____

UNSOLICITED REQUESTS FOR FUNDS

The Administrative Team will apply the following criteria when reviewing unsolicited requests for funds:

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 CICS.

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.