

**Enclosure D**  
**PEI STATEWIDE PROGRAM FUNDING REQUEST**  
**Implementation of Statewide and/or Replicable Programs**  
**Through Multi-County Collaborative**

County Name: \_\_\_\_\_

**1. Amount of Funds Requested**

**For “statewide programs”** to be implemented through multi-County collaborative:

<u>From FY</u>	<u>For FY</u>
08-09	
09-10 _____	09-10 _____ 10-11 _____
10-11 _____	

**For “replicable” programs** to be implemented through multi-County collaborative:

<u>From FY</u>	<u>For FY</u>
08-09	
09-10 _____	09-10 _____ 10-11 _____
10-11 _____	

**2. Identify the specific “recommended actions” identified from the State Strategic Plans to be implemented either as “statewide” and/or “replicable” programs by title and number. (See link to State Strategic Plans provided on Page 1 which includes “recommended actions” by number.)**

For example, if identifying Suicide Prevention activities for “statewide” and/or “replicable” program implementation, provide the following type of information under Suicide Prevention, Statewide and/or Replicable Program Activities based on the specific “recommended actions” chosen for implementation:

**Suicide Prevention:**

Statewide Project Activities:

*Example of information to be provided:*

*SP 1.5 – Expand the number and capacity of accredited suicide prevention hotlines based in California.*

*SP 1.6 – Create statewide consortium of suicide prevention hotlines.*

Multi-County Replicable Program Activities:

*Example of information to be provided:*

*SP 3.6 – Build grassroots outreach and engagement efforts to coordinate with and tailor the statewide suicide prevention education campaign and activities to best meet community needs.*

**Stigma and Discrimination Reduction:**

Statewide Program Activities:

Multi-County Replicable Program Activities:

**Student Mental Health:**

Statewide Program Activities:

Multi-County Replicable Program Activities:

**2A. Recommended actions identified above must address all three of the program areas unless:**

- 1) The multi-County collaborative involves **only** very small counties with populations less than 100,000. In that instance a multi-County collaborative is required to address one program area.

**or**

- 2) Information is provided about how “recommended actions” to be implemented in one program area address goals and strategies identified in other program areas.

**If either or both (a) and (b) applies to this funding request provide explanatory information.**

### **3. Program Description**

Provide a detailed program description for each proposed program to be implemented.

*(This narrative should be no longer than one page per program.)*

### **4. Budget Detail by Program**

Provide budget information for each program on the PEI Statewide Program Funding Request Budget Forms F, F.1 and F.2 enclosed. (See Budget Instructions provided with budget forms.)

### **5. Evaluation**

#### **a. Statewide Programs**

Describe the methodology for evaluation of each statewide program proposed.

#### **b. Replicable Programs**

Describe the methodology for evaluation of each replicable program including how information and evaluation findings will be shared and disseminated for possible program replication in other areas of the state. Confirm participation of County staff or contractors in any statewide evaluation conducted that includes a focus on the expenditure of PEI Statewide Funds.

### **6. Collaboration**

- a. Identify other Counties involved in the multi-County collaborative implementing the “recommended actions” identified in this funding request. If the Counties involved vary between those proposing to implement statewide programs and those proposing to implement replicable programs please provide that information.
- b. If collaboration has included shared resources such as joint staffing, joint operations and/or shared infrastructure please describe that collaboration.