

County: _____

Program Number/Name: _____

Date: _____

Select one:

- CSS
- WET
- PEI
- INN

CSS and WET										
Previously Approved										
No.	Question	Yes	No							
1.	Is this an existing program with no changes?	<input type="checkbox"/>	<input type="checkbox"/>	If yes, answer question #5 and complete Exh.E1 or E2 accordingly; If no, answer question #2						
2.	Is there a change in the service population to be served?	<input type="checkbox"/>	<input type="checkbox"/>	If yes, complete Exh. F1; If no, answer question #3						
3.	Is there a change in services?	<input type="checkbox"/>	<input type="checkbox"/>	If yes, complete Exh. F1; If no, answer question #4						
4.	Is there a change in funding amount for the existing program?	<input type="checkbox"/>	<input type="checkbox"/>	If yes, answer question #4(a); If no, complete Exh. E1 or E2 accordingly						
	a) Is the change within ±15% of previously approved amount?	<input type="checkbox"/>	<input type="checkbox"/>	If yes, answer question #5 and complete Exh. E1 or E2; If no, complete Exh. F1 and complete table below.						
		<table border="1" style="width: 100%; border-collapse: collapse;"> <thead> <tr> <th style="width: 33%;">FY 09/10 funding</th> <th style="width: 33%;">FY 10/11 funding</th> <th style="width: 34%;">Percent Change</th> </tr> </thead> <tbody> <tr> <td style="height: 20px;"></td> <td></td> <td></td> </tr> </tbody> </table>			FY 09/10 funding	FY 10/11 funding	Percent Change			
FY 09/10 funding	FY 10/11 funding	Percent Change								
5.	<p>For CSS programs: Describe the services/strategies and target population to be served. This should include information about targeted age, gender, race/ethnicity and language spoken of the population to be served.</p> <p>For WET programs: Describe objectives to be achieved such as days of training, number of scholarships awarded, major milestones to be reached.</p>									
Existing Programs to be Consolidated										
No.	Question	Yes	No							
1.	Is this a consolidation of two or more existing programs?	<input type="checkbox"/>	<input type="checkbox"/>	If yes, answer question #2; If no, answer questions for existing program above						
2.	Will all populations of existing program continue to be served?	<input type="checkbox"/>	<input type="checkbox"/>	If yes, answer question #3; If no, complete Exh. F1						
3.	Will all services from existing program continue to be offered?	<input type="checkbox"/>	<input type="checkbox"/>	If yes, answer question #4 If no, complete Exh. F1						
4.	Is the funding amount ± 15% of the sum of the previously approved amounts?	<input type="checkbox"/>	<input type="checkbox"/>	If yes, answer question #5 and complete Exh. E1 or E2 accordingly If no, complete Exh. F1						
5.	<p>Description of Previously Approved Programs to be consolidated. Include in your description:</p> <p>a) The names of Previously Approved programs to be consolidated,</p> <p>b) Describe the target population to be served and the services/strategies to be provided (include targeted age, gender, race/ethnicity, and language spoken by the population to be served)., and</p> <p>c) Provide the rationale for consolidation.</p>									

PREVIOUSLY APPROVED PROGRAM

Prevention and Early Intervention					
No.	Question	Yes	No		
1.	Is this an existing program with no changes?	<input type="checkbox"/>	<input type="checkbox"/>	If yes, complete Exh. E4; If no, answer question #2	
2.	Is there a change in the Priority Population or the Community Mental Health Needs?	<input type="checkbox"/>	<input type="checkbox"/>	If yes, completed Exh. F4; If no, answer question #3	
3.	Is the current funding requested greater than 15% of the previously approved amount?	<input type="checkbox"/>	<input type="checkbox"/>	If yes, complete Exh. F4; If no, answer question #4	
4.	Is the current funding requested greater than 35% less of the previously approved amount?	<input type="checkbox"/>	<input type="checkbox"/>	If yes, complete Exh. F4; If no, answer questions 5, 5a, and 5b	
5.	Describe the proposed changes to the Previously Approved Program and the rationale for those changes.				
5a.	If the total number of Individuals to be served annually is different than previously reported please provide revised estimates Total Individuals: _____ Total Families: _____				
5b.	If the total number of clients by type of prevention annually is different than previously reported please provide revised estimates:	Universal Prevention		Selective/Indicated Prevention	Early Intervention
		Total Individuals:			
		Total Families:			
Existing Programs to be Consolidated					
No.	Question	Yes	No		
1.	Is this a consolidation of two or more existing programs?	<input type="checkbox"/>	<input type="checkbox"/>	If yes, answer question #2; If no, answer questions for existing program above	
2.	Is there a change in the Priority Population or the Community Mental Health Needs?	<input type="checkbox"/>	<input type="checkbox"/>	If no, answer question #3; If yes, complete Exh. F4	
3.	Will the consolidated programs continue to serve the same estimated number of individuals?	<input type="checkbox"/>	<input type="checkbox"/>	If yes, answer question #4; If no, complete Exh. F4	
4.	Description of Previously Approved Programs to be consolidated. Include in your description: a) The names of Previously Approved programs to be consolidated, b) How the Previously approved programs will be consolidated; and c) Provide the rationale for consolidation				

PREVIOUSLY APPROVED PROGRAM

Innovation				
No.	Question	Yes	No	
1.	Is this an existing program with no changes	<input type="checkbox"/>	<input type="checkbox"/>	If yes, complete Exh. E5; If no, answer question #2
2.	Is there a change in the essential purpose?	<input type="checkbox"/>	<input type="checkbox"/>	If yes, complete Exh. F5; If no, answer question #3
3.	Is there a change to the learning goals?	<input type="checkbox"/>	<input type="checkbox"/>	If yes, complete Exh. F5; If no, answer question #4
4.	Are two existing programs being consolidated?	<input type="checkbox"/>	<input type="checkbox"/>	If yes, complete Exh. F5; If no, answer question #5
5.	Is the funding requested $\pm 15\%$ of previously approved amount?	<input type="checkbox"/>	<input type="checkbox"/>	If yes, answer question #6 and complete Exh. E5; If no, complete Exh. F5
6.	For all existing programs expanded or reduced, the County should describe the proposed changes to the most recent approved INN program and the rationale for the changes.			