



**Region 7E Adult Mental Health Initiative (AMHI) FUNDING REQUEST**

**Date:**

**Agency Name:**

**Counties Served within Region 7E (Mille Lacs, Kanabec, Pine, Isanti and Chisago)**

**Name of Individual and contact information of who is making the request:**

**Name or Type of Project:**

**Amount requested and proposed budget: (*Attach Budget with Request Form*)**

**Are there any other sources of funding?**



**Is this a request for ongoing funding or one time funding?**

**Description of project:**

**Timeline of project:**

**Describe the benefit to the region or regions' consumers with the implementation of this project:**

**Explain how this fits into the priorities of the AMHI:**

**What gaps in services does this proposal address:**

**What is the potential number of individuals that will benefit from this service development?**



**What are the expected outcomes you hope to achieve with this service development?**

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***Funding Requests will be reviewed within 45 business days of submission for prioritization. Actual funding dependent of budgeted funds available.***

***Please Note:*** Non-County Agencies awarded R7E AMHI Funds will be required to use the Mental Health Information System (MHIS) for reporting client information **and** complete the required reporting. Based on the amount of award, contracted agencies must also agree to participate in an annual financial review.

**Submit completed Request form to Natalie Matthewson- [nmatthewson@resourcecoop-mn.gov](mailto:nmatthewson@resourcecoop-mn.gov).**