

County of Los Angeles-Department of Mental Health
Mental Health Services Act (MHSA) Funding Request

Instructions: The Department of Mental Health (DMH) seeks proposals for programs and services that align with MHSA guidelines and funding criteria. Los Angeles County stakeholders are encouraged to complete this form if they have a program or project they would like to propose for funding consideration. Completed forms should be submitted electronically to mmmckay@dmh.lacounty.gov.

1. Date of Submission: _____
2. Name of Proposer: _____
3. Organization/Affiliation: _____
4. Contact Information (address/phone/email): _____

5. Funding Proposal

- a. Name of Program/Services _____

- b. Estimated Start Date _____
- c. Duration of funding requested (i.e. one/two years? Ongoing?) _____
- d. Total Amount of Funding Requested _____
- e. Will this project require new staff to be recruited and hired? If so, how many? What disciplines?

- f. Are there any one-time or start costs needed for this new project? (e.g. equipment, vehicles, etc.)

- g. Which MHSA Funding component does this project fit? (place an "X" for all that are appropriate)
_____CSS _____PEI _____WET _____INN _____CF/IT
- h. What is the target population to be served by the proposed project/services?

- i. What is the estimated number of people that will be served by the proposed project/services?
