

Counties should complete the INN Funding Request to obtain funding for the INN component under the MHSA. Below are the specific instructions for preparing the MHSA INN Funding Request worksheet.

General: Round all expenditures to the nearest whole dollar.

Heading: Enter the County name and the date.

Previously Approved and New Programs

Previously Approved (Lines 1-15) and New (Lines 1-5)

Enter the program number and name. Identify whether the program is a new program (i.e., a program that has not previously been approved by the MHSOAC or is a previously approved program with changes to the primary purpose and learning goal.) Previously Approved programs are those that have been approved as part of the most recent Plan or update. Enter the proposed MHSA funding required. Funding requested for new programs should match the amounts requested on Exhibit F4.

Subtotal Programs - Previously Approved (Line 16) and New (Line 6)

Indirect Administrative Costs - Previously Approved (Line 17) and New (Line 7)

Counties may request up to 15% of the direct program costs (line 16 for Previously Approved or line 6 for New) for indirect administrative costs separately for previously approved and new programs. Enter the total INN indirect administrative costs. Contract providers and other County governmental organizations with management and support costs should include budgeted expenditures in the relevant INN program funding request. Indirect administrative costs should not exceed 15% of the direct program costs unless accompanied by a signed statement by the County Mental Health Director

18. Operating Reserve - Previously Approved (Line 18) and New (Line 8)

Counties may request up to 10% of the direct program costs (line 16 for Previously Approved or line 6 for New) and INN administration (line 17 for Previously Approved or line 7 for New) separately for previously approved and new programs for an operating reserve. The Operating Reserve should not exceed 10% of the sum of lines 16 and 17 (Previously Approved) or lines 6 and 7 (New).

19. Subtotal of Previously Approved or New Programs/County Admin./Operating Reserve - Previously Approved (Line 19) and New (Line 9)

This is automatically calculated as the sum of lines 16-18 (Previously Approved) or lines 6-8 (New).

20. Total MHSA Funds Requested for INN - (Line 10)

This amount is automatically calculated. This reflects the amount of funding requested for the INN component in FY 2011/12 under the MHSA. Include this amount on line B1 of Exhibit E - MHSA

County: _____

Date: _____

| INN Programs | | FY 11/12 Requested |
|-------------------------------------|--|--------------------|
| No. | Name | MHSA Funding |
| Previously Approved Programs | | |
| 1. | | |
| 2. | | |
| 3. | | |
| 4. | | |
| 5. | | |
| 6. | | |
| 7. | | |
| 8. | | |
| 9. | | |
| 10. | | |
| 11. | | |
| 12. | | |
| 13. | | |
| 14. | | |
| 15. | | |
| 16. | Subtotal: Programs | \$0 Percentage |
| 17. | Plus up to 15% Indirect Administrative Costs | #DIV/0! |
| 18. | Plus up to 10% Operating Reserve | #DIV/0! |
| 19. | Subtotal: Previously Approved Programs/Indirect Admin./Operating Reserve | \$0 |
| New Programs | | |
| 1. | | |
| 2. | | |
| 3. | | |
| 4. | | |
| 5. | | |
| 6. | Subtotal: Programs | \$0 Percentage |
| 7. | Plus up to 15% Indirect Administrative Costs | #VALUE! |
| 8. | Plus up to 10% Operating Reserve | #VALUE! |
| 9. | Subtotal: New Programs/Indirect Admin./Operating Reserve | \$0 |
| 10. | Total MHSA Funds Requested for INN | \$0 |

Note: Previously Approved Programs that propose changes to the primary purpose and/or learning goal are considered New.

Revised 12/29/10