



Regional Investment Funds Application

**Eastern Iowa MHDS Region
Cedar, Clinton, Jackson, Muscatine, and Scott Counties**

Regional Vision

The Region exists to support an array of services designed to promote community integration for individuals diagnosed with mental illness, intellectual disability, developmental disabilities and/or brain injury.

Request for Regional Investment Funds (RIF)

The Eastern Iowa MHDS Region invites providers and organizations to submit a proposal for Regional Investment Funds of the Regional fund balance. The application must show alignment with the Eastern Iowa MHDS Management Plan to address core services, additional core services, and evidence based practices as mandated by Senate File 2315.

Funding Priorities of the Proposal

Funding priorities for RIF will be based on Iowa Code for services that are:

- Core Service Domains referenced in IC 331.397(4) *or*
- Additional Core Service Domains referenced in IC 331.397(6) *or*
- Evidence Based Practice IC 331.397(7).

Exclusions for Expense Items

Capital expenditures are not considered an allowable use of funds.

Submission Requirements

Applications shall be submitted to Lori Elam, CEO for the Eastern Iowa MHDS Region at: lori.elam@scottcountyiowa.com by January 31, 2018. All applicants will receive a notification of the Governing Board’s decision within 45 days of approval depending on receipt of application and approval period.

The Region cannot guarantee funding; however, all applications will be reviewed and considered, as the Region is committed to supporting services that enhance the continuum of care for its citizens.

Agencies, coalitions or community groups, known as the applicant, must complete the Regional Investment Funds application. The supporting documentation shall not exceed three pages.

Regional Investment Funds Application

<u>Applicant Contact Information</u>	
Legal name of agency, coalition or community group:	
Primary contact person:	
Address:	
Phone number:	Email:

Financial Information

Provide the funding justification for each expense item of the proposal including the amount of requested Regional Investment Funds. Provide any amount of matching funds your agency is receiving to support the justification. **Please provide the information in a chart under Attachment “A” located on a separate sheet of this application.**

Scope of Services

Please elaborate on the following statements in Attachment “B” located on a separate sheet of this application.

1. Describe the proposed request and the community need.
2. How does this request align with the Vision of the Region (as stated above)?
3. Name the specific population the project will serve.
4. If the request includes collaboration with any other entity, list those involved and their role.
5. Explain the timeframe of the proposed request.
6. Any additional comments.

Evaluation

The Applicant will be required to report outcome data on a quarterly basis as mutually agreed upon by the agency, coalition or community group and the Region.

Hold Harmless, Indemnification and Liability Insurance

Applicant Hold Harmless and Indemnification. The Applicant shall defend, hold harmless and indemnify the Region against any and all claims, liability, damages or judgments asserted against, imposed or incurred by the Region that arise out of acts or omission of Applicant or Applicant’s employees, agents or representatives in the discharge of its responsibilities under this Agreement.

Region Hold Harmless and Indemnification. The Region shall defend, hold harmless and indemnify Applicant against any and all claims, liability, damages or judgments asserted against, imposed or incurred by Applicant that arise out of acts or omission of the Region or the Region's employees; agents; or representatives in the discharge of its responsibilities under this Agreement.

Applicant Liability Insurance. The Applicant shall procure and maintain, at the Applicant's own expense, professional liability insurance and comprehensive general or umbrella liability insurance. Evidence of insurance shall be provided at the time of execution of this Agreement and may be provided in the form of a certificate of insurance.

Attestation

I confirm that I have been authorized to submit this application for Regional Investment Funds on behalf of the agency, coalition or community group.

Agency, coalition or community group name (print)

Date

Authorized Entity Signature

Send, Email or Fax Applications to:
Scott County Administrative Center
C/o Lori Elam, Regional CEO
600 W 4th St, Davenport IA 52801

Office: 563.326.8723
Fax: 563.326.8730
Email: lori.elam@scottcountyiowa.com

Attachment "A"					
Expense Items	Funding Justification		RIF Fund Request	Matching Funds	Total RIF Fund Request (less matching funds)
	(Highlight & Select F9 to recalculate total RIF Fund)	Total Project Costs	\$ 0.00	\$ 0.00	\$ 0.00

Attachment “B”

Please elaborate on the following statements.

- 1.** Describe the proposed request, including a reference to the Iowa Code Funding Priority, and the community need.
- 2.** How does this request align with the Vision of the Region?
- 3.** Name the specific population the project will serve.
- 4.** If the request includes collaboration with any other entity, list those involved and their role.
- 5.** Explain the timeframe of the proposed request.
- 6.** Any additional comments.