

CBH Innovation Awards Application

Please complete the following questions. For your application to be considered complete, you **MUST** send via electronic mail attachment: a) a budget for how the funds will be spent if awarded **AND** b) a copy of the organization's 501(c)(3) tax certificate (unless the applying entity is a city/town/municipality as would be the case for a school). In addition it is an option to attach **ONE** supplemental document (e.g. an outcomes report, brochure, letter of support, etc.). All attachments must be received by the deadline and sent to Jessica Horton at: jhorton@donahue.umassp.edu *When sending the attachments please note in the subject line your organization's name and CBH Innovation Award App (e.g. XYZ Incorporated CBH Innovation Award App).*

* 1. Please supply the following contact information.

Name of primary contact
person for this
application

Organization name

Address

Address 2

City/Town

State/Province

ZIP/Postal Code

Title/role for primary
contact person

Email Address (for
primary contact)

Phone Number (for
primary contact)

* 2. If we are unable to reach the primary contact please provide secondary contact information.

Secondary contact name

Title/role

Email Address

Phone Number

* 3. Which of the areas below does your innovative program/practice address?

- Behavioral health care provision in schools
- Improving access to children's behavioral health care including creative delivery approaches or innovative technologies
- Behavioral health staff recruitment and retention strategies

* 4. Describe your organization's mission and core activities. (please limit to one paragraph or approximately 200 words)

* 5. Describe the innovative program or practice and its current stage of implementation at your organization. Please include details such as when it first began, why and how this approach was selected or developed, and who the program or practice benefits. (Please limit to one page or approximately 600 words)

* 6. How does it fill an unmet need or gap in the children's behavioral health care delivery system or otherwise respond to a wicked problem facing the children's behavioral health field? Include any available outcomes or data regarding the impact of the program or practice. (please limit to two paragraphs or approximately 400 words)

* 7. If awarded, how will the funding be used to further support/develop the innovation described above? Please include an estimated timeline for the project. If the project budget is more than \$10,000 how do you plan to secure the balance? (please limit to two paragraphs or approximately 400 words)

* 8. If the funding is awarded who is the person(s) or team who will be responsible for moving the innovation forward? Describe briefly why this person or team was selected AND how the *organization* plans to support that person/team? (please limit to two paragraphs or approximately 400 words)

9. If your proposal is to hire a consultant, please provide the name and describe their qualifications. (please limit to one paragraph or approximately 200 words)

Thank you for completing part 1 of the application. For your application to be considered complete, you **MUST** send via electronic mail attachment: a) a budget for how the funds will be spent if awarded **AND** b) a copy of the organization's 501(c)(3) tax certificate (unless the applying entity is a city/town/municipality as would be the case for a school). In addition it is an **option** to attach **ONE** supplemental document (e.g. an outcomes report, brochure, letter of support, etc.). All attachments must be received by the deadline and sent to Jessica Horton at: jhorton@donahue.umassp.edu *When sending the attachments please note in the subject line your organization's name and CBH Innovation Award App (e.g. XYZ Incorporated CBH Innovation Award App).*