

IN-SOC Development Fund Request Review

The Indiana System of Care (IN-SOC) Development Fund is a resource provided to Indiana as a part of the SOC Expansion Implementation Grant to provide financial assistance for activities that support sustainable, state-wide system of care (SOC) development and expansion (e.g., resource materials, training, development and implementation of EBPs, support local SOC infrastructure development activities that could be replicated in other communities, etcetera).

The IN-SOC Governance Board and the Youth & Family Subcommittee are responsible for monitoring use of the funds to ensure usage meets criteria for IN-SOC Development Funds (as approved by SAMHSA in the SOC Expansion Implementation Grant); and to assess the impact of those funds on Indiana's SOC development and expansion. All requests for SOC Development Funds are reviewed by the SOC Implementation Grant team, who will provide approval for use of the funds based upon the merit of the proposal presented and the potential impact on Indiana's SOC expansion efforts.

APPLICANT INFORMATION

Applicant's Name:	
Agency:	
Local SOC Region (Name or County):	
Project/Initiative:	
Amount Requested:	

PROPOSAL EVALUATION CRITERIA

REQUIRED (Failure to meet this criteria disqualifies application for continued eligibility for funding)

Criteria	Met?	Comments
Does the proposed activity meet the following criteria?		
1) Proposed initiative aligned with the IN-SOC strategic plan? Which goal/objective?	<input type="radio"/> Yes <input type="radio"/> No (<i>Ineligible for funding</i>)	
2) Proposed activity demonstrates support or benefit to statewide SOC expansion efforts? How?	<input type="radio"/> Yes <input type="radio"/> No (<i>Ineligible for funding</i>)	
3) Project aligned with SOC values?	<input type="radio"/> Yes <input type="radio"/> No (<i>Ineligible for funding</i>)	
4) Does the project incorporate partnership with other stakeholders in the local SOC community?	<input type="radio"/> Yes <input type="radio"/> No (<i>Ineligible for funding</i>)	
5) Plan to involve youth and family in the planning, implementation and/or evaluation of the project	<input type="radio"/> Yes <input type="radio"/> No (<i>Ineligible for funding</i>)	
Is the following supporting documentation included?		
1) Letter of Support from the Local/Regional SOC Governance Board	<input type="radio"/> Yes <input type="radio"/> No (<i>Ineligible for funding</i>)	
2) Letter of Support from the Supporting Agency	<input type="radio"/> Yes <input type="radio"/> No (<i>Ineligible for funding</i>)	
3) Letter of Support from Collaborating Partners (if applicable)	<input type="radio"/> Yes <input type="radio"/> No (<i>Ineligible for funding</i>)	

SUPPLEMENTAL REVIEW CRITERIA

Criteria	Met?	Comments
Does the proposal include the required information?		

1) A description of the project/activity	<input type="radio"/> Yes <input type="radio"/> No	
2) Desired outcome or impact of completing this project/activity	<input type="radio"/> Yes <input type="radio"/> No	
3) Project timelines	<input type="radio"/> Yes <input type="radio"/> No	
Criteria	Met?	Comments
4) Project budget with justification	<input type="radio"/> Yes <input type="radio"/> No	
5) Process for evaluating the effectiveness of the project	<input type="radio"/> Yes <input type="radio"/> No	
6) Plan to sustain the benefits of this initiative without additional grant funding	<input type="radio"/> Yes <input type="radio"/> No	

SOC IMPLEMENTATION GRANT TEAM REVIEW OUTCOME & COMMENTS

Date of review:	
Approved for funding?	<input type="radio"/> Yes <input type="radio"/> No (Note rationale below)
Comments:	

NAMI REVIEW & APPROVAL

Signature: _____

Date: _____

Josh Sprunger, NAMI Indiana/IN-SOC Board Facilitator