MHSA – REQUEST FOR ADDITIONAL FUNDS

*Mental Health Services Act (MHSA) funding is contingent on availability and stakeholder approval. Requests for under 3% of current contracted single programs may be approved by the Behavioral Health Department.*

* A separate form should be completed for each program an increase or new funding is requested
* Total submitted request should be no more than 4 pages

# ORGANIZATION

# PROGRAM NAME

# AMOUNT OF FUNDING INCREASE/NEW FUNDING REQUESTED

## Provide the current program funding along with the increase requested (both dollar amount and percentage of increase) or the new funding requested



# JUSTIFICATION FOR ADDITIONAL FUNDING/NEW FUNDING

## Provide how the program is performing to date, and why additional/new funding is needed

# WHAT THE ADDITIONAL FUNDING/NEW FUNDING WILL BE USED FOR

## Provide a detailed explanation of the staff that will be affected, additional staff, equipment, etc. requested, and data outcomes that will be maintained or increased due to the increase of funding

# EXPLAIN THE IMPACT IF ADDITIONAL OR NEW FUNDS ARE NOT GRANTED

# Once complete, please submit documentation to corresponding County mhsa program coordinator

## PEI: Landon King at [lking@co.slo.ca.us](mailto:lking@co.slo.ca.us)

## CSS: Karina Silva Garcia at [ksilvagarcia@co.slo.ca.us](mailto:ksilvagarcia@co.slo.ca.us)

# after the county mhsa program coordinator has reviewed, and if the request is over the 3% threshold, the mhsa program coordinator will schedule a presentation at a future mhsa advisory committee meeting.

# This form has a rolling submission. if a presentation at a future mhsa advisory committee (MAC) meeting is required, this form must be submitted 30 days prior to the mac meeting in which it is being presented.