Provider Funding Request Form

Submission of a Funding Request does not guarantee that the request will be granted. This Form must be completed in its entirety in order for your request to be considered. Please allow adequate time for the approval process to occur. For details around the approval process, you may reference the Provider Funding Proposal Protocol on the Reimbursement and Claims Procedures page of the Western Highlands Network (WHN) website at www.westernhighlands.org.

Date of Request:______________________________

Section I: Agency Information

1. Legal Name of Organization (as used for tax reporting purposes):

____

2. Organization Legal Entity Type (Non-profit, for profit, LLC, etc.): ____

3. Amount of Request: ____

Section II: Project Description

1. Indicate the type of funding requested:

☐ Advance in payment
☐ Continuation of programming
☐ Development of new programming (**For request of new programs attach system/service and clinical outcome measurements**)
☐ Other (describe briefly):____

____

2. Indicate target population of clients to be served:____

3. List counties to be served:____

4. Complete the table below with regards to your current caseload in each County:

County	# of consumers served
Buncombe	
Henderson	
Madison	
Mitchell	
Rutherford	
Polk	
Transylvania	
Yancey	

5. **Attach a narrative description of each of the following;**
   - **Expected impact of program**
   - **Timeline for implementation**
   - **How this project fits with an impacts other services**

Section III: Financial Information

1. Is your agency currently receiving any county Maintenance of Effort funds? ☐Yes ☐ No
   If yes, indicate county and amount received: ____

2. Does your agency have any pending request for county Maintenance of Effort funds? ☐Yes ☐ No
   If yes, indicate county and amount requested:____

3. Indicate the average amount of monthly IPRS billing submitted by your agency in the past 6 months:______________________

4. **Please attach a narrative description of each of the following;**

- **Proposed budget including start-up costs**
- **Current title and salaries of top five agency staff (including CEO) with a total of all salaries and benefits percentage**
- **If request is for an advance of funds, attach a proposed repayment schedule including anticipated monthly billing and impact repayment may have on your agency**
- **Current financial statements (balance sheet and income statement)**
- **Most recent certified audit report or tax return.**

I hereby certify that all of the information provided within this request and its attachments are true and accurate to the best of my knowledge. I further understand that any false or misleading information may be cause for denial or termination of any and all contracts or agreements with Western Highlands Network.

By signing below, I have also attested that I am not aware of any conflict of interest existing between Western Highlands Network and the organization applying for a funding within this request.

____

Signature of Legally Authorized Representative Date

____

Printed Name and Title

Please mail completed application with all required attachments as indicated in **bold** above to;

Western Highlands Network
356 Biltmore Avenue
Asheville, NC 28801
c/o Donald Reuss, Director of Provider & Consumer Relations