Attachment A-3

**DEPARTMENT OF DEVELOPMENTAL SERVICES’**

**MENTAL HEALTH SERVICES ACT PROJECTS**

**CYCLE V - FISCAL YEARS 20/21 THROUGH 22/23**

|  |
| --- |
| **APPLICATION SUMMARY**  |
| **Project Title**  |       |
| **Amount requested per fiscal year** | **FY 20/21** | **FY 21/22** | **FY 22/23** |
| $      | $      | $      |
| **Total for all three fiscal years** | $      |
| **Projected number of individuals impacted:** |
| **Consumers #:**  |       | **Clinicians #:**  |       |
| **Families #:**  |       | **Service Providers #:**  |       |
| **Other Professionals #:**  |       | **Other #:****(Please List)** |       |
| **Catchment Area** |       |
| **Has your regional center had previous MHSA projects?** | Yes[ ]  No [ ]  |