Attachment A-3

**DEPARTMENT OF DEVELOPMENTAL SERVICES**

**MENTAL HEALTH SERVICES ACT PROJECTS**

**CYCLE VI- FISCAL YEARS 23/24 THROUGH 25/26**

|  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- |
| **APPLICATION SUMMARY** | | | | | | |
| **Project Title** | | |  | | | |
| **Amount requested per fiscal year** | | | **FY 23/24** | **FY 24/25** | | **FY 25/26** |
| $ | $ | | $ |
| **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 | | | |