

APPLICATION FORM

OMHSAS EDUCATION PLUS PROJECT

NAME OF COUNTY or JOINDER:

COUNTY MH/MR ADMINISTRATOR:

ADDRESS:

CITY, ZIP-CODE:

PHONE: _____ FAX: _____

E-MAIL: _____

LEAD PERSON FOR PROJECT COORDINATION:

PHONE: _____ FAX: _____

E-MAIL: _____

**PLEASE ANSWER EACH OF THE FOLLOWING
QUESTIONS OR STATEMENTS**

The purpose of the Education Plus project is to provide training and technical assistance to a county or joinder interested in developing a sustainable supported education program. There are no cash awards associated with this technical assistance project.

Applicants for the Education Plus Project should complete a brief narrative, not to exceed 6 pages, addressing the following questions or issues:

- 1) Briefly describe the agency/provider you propose as coordinator for the Education Plus model program development in your county. Describe the area and location of the agency, current services provided and the proximity to post secondary schools.
- 2) Identify any previous or current experience with educational services.
- 3) Please identify all stakeholders who will be involved in the successful development of the Education Plus Project and their support/commitment to the project. Please list the college(s) and also include names of college representative(s). Clearly describe their role, and commitment to the project along with any past relationship with MH Services.
- 4) How will you provide financial support for development for the development of the Education Plus Program? What is your plan for continued funding and long-term sustainability of the Education Plus Program?
- 5) Provide a brief summary explaining why the Education Plus model of supported education is a priority in your county array of recovery –oriented services.

_____ is applying for
(Name of County MH Program)

participation in the Education Plus Project and agree to the guidelines set forth in the project concept paper and included in attachment requirements for participation. I agree that if selected for the Education Plus Project our County will provide the resources delineated in the Application Qualification section of the Request for Proposals.

Signature of the County MH/MR Administrator

Signature of College or University Lead Representative to the Project

**THIS APPLICATION SHOULD NOT EXCEED 6 PAGES. APPLICATIONS
MUST BE POSTMARKED BY MARCH 28, 2008 AND SENT TO:**

**CAROL WARD -COLASANTE
OFFICE OF MENTAL HEALTH AND SUBSTANCE ABUSE SERVICES
2ND FLOOR BEECHMONT BUILDING
P.O. BOX 2675
HARRISBURG, PA 17105**