

Lake County ADAMHS Board  
SFY11  
Non-Medicaid Request For Proposal Manual  
March, 2010

**Section I**

Instructions to Proposers and General Conditions

**Section II**

SFY11 Proposal Form  
Provider Profile

**Section III**

Fiscal Specifications

**Section IV**

Service Specifications

**Attachment 1**

Program Summary

**Attachment 2**

Reporting Requirements

**Attachment 3**

Lake County ADAMHS Task Force Strategies Matrix

**Attachment 4**

Board Fee Schedule

**Attachment 5**

Budget Worksheets

Grant Line Item Expense Budget Form

Grant Line Item Revenue Budget Form

For Mental Health Service Proposals:

DMH-UCR-FIS-047

Medicaid Rate Sheet

For Alcohol and Drug Addiction Service Proposals:

ODADAS-UCR-FIS-047

ODADAS-FIS-052

Medicaid Rate Sheet

For Proposals that include Medicaid Reimbursements:

Estimated Source of Matching Funds

**Attachment 6**

Quality Improvement Plan

**Attachment 7**

Lake County ADAMHS Board Population Priorities