**Date: 9/1/2020**

**Topic: Provider Stabilization Request Form**

Community Mental Health Partnership of Southeastern Michigan

Provider Financial Stabilization Worksheet

CMHPSM is dedicated to sustaining its provider network throughout the COVID pandemic. In order to do so, CMHPSM endeavors to help its providers find all the financial assistance available. This questionnaire asks questions about the assistance a provider may have already sought through other agencies and asks questions to determine the level of severity of the need.

Please answer the following questions as fully as possible.

1. The regional finance group will review the application as a regional submission for financial assistance. To which of these four counties do you currently provide behavioral health or Substance Use Disorder services; Lenawee, Livingston, Monroe or Washtenaw counties?
2. What specific services do you offer within the four-county region for either the county mental health agencies or the Community Mental Health Partnership of Southeastern Michigan?
3. Have you requested or received any assistance under the FFCRA or CARES act including any PPP loans? If so, what was the level of assistance you received?
4. Please describe what factors have contributed to your request for assistance at this time?
5. Please provide whatever information you believe is relevant to understanding how your level of services provided has changed since March 2020.
6. Please provide a copy of your latest audited financial statements. If unavailable, please provide either a US Form 990 or other financial statement prepared on an annual basis.
7. Please provide the latest internal financial statement and balance sheet prepared prior to April 1, 2020.
8. Please provide the latest financial statement and balance sheet prepared after April 1, 2020. If none if available, please provide a copy of your checking account statement from March 2020 up to the latest available.
9. Please tell us what specific assistance you are requiring right now and if you anticipate requiring additional assistance into the future.

This worksheet as well as the supporting documentation requested above, should be returned to CMHPSM Chief Financial Officer: Matt Berg bergm@cmhpsm.og to initiate regional review of the request for provider financial stabilization.