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2017 Mental Health Grant Application

Application Deadline: May 12, 2017 1) Please stay within the word limits specified **Instructions:**

2) Please Read Guidelines before submission

3) Save this application with your organization's name as the document name before emailing

Organization information						
Organization				ization		
lame:			Phone #:			
Organization			City, Z	ip:		
Address:						
Contact	Title:			Email:		
Person:						
Total Organization	#FT	#PT		# Volunteers:		
Budget: \$	Staff:	Staff:				
#of Board Members:	% of Board Members who financially support the organization:					
Program /	Project Budget:			Amount		
Project Title:				Requested:		
				'		
Provide a brief history of your organizati	on and its mission	n. (175 w	ords or	less)		

Program or Project Information

1) Describe your project, service or program this proposal is addressing (200 words or less)						
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2) Project Goals & Projected Outcomes (please list)						

3) Provide a brief project timeline- beginning and ending dates						
4) Chara and story of how this program or project has imposted or will impost youth (under 24 years of ass) in the						
4) Share one story of how this program or project has impacted or will impact youth (under 21 years of age) in the North Coastal area. (100 word maximum)						
North Coastal area. (100 word maximum)						

Please remember to Review Grant Application Guidelines Review Eligibility Requirements listed in Guidelines Use Checklist before submission of your application

Total Project or Program Budget

Expense Item Description	Enter Amount Requested from CCF (B)	Enter Amount from Other Resources (C)	What are the Source of Other Income for the item (ie.fdn. grant, event income, donors)	Total Budget Item B+C
TOTALS				