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2019 Mental Health Grant Application

- Instructions:**
- 1) Please stay within the word limits specified
 - 2) Please Read Guidelines before submission
 - 3) Save this application with your organization’s name as the document name before emailing

Application Deadline: May 22, 2019

Organization Information

Organization Name:		Organization Phone #:	
Organization Address:		City, Zip:	
Contact Person:	Title:	Email:	
Total Organization Budget: \$	#FT Staff:	#PT Staff:	# Volunteers:
#of Board Members:	% of Board Members who financially support the organization:		
Program / Project Title:	Project Budget:	Amount Requested:	

Provide a brief history of your organization and its mission. (175 words or less)

Program or Project Information

1) Describe your project, service or program this proposal is addressing (200 words or less)

2) Project Goals & Projected Outcomes (please list)

3) Provide a brief project timeline- beginning and ending dates

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)

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
	\$	\$		\$
	\$	\$		\$
	\$	\$		\$
	\$	\$		\$
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	\$	\$		\$
	\$	\$		\$
TOTALS	\$	\$		\$