



**Mental Health
Recovery Board**
Serving Warren & Clinton Counties

MINI GRANT APPLICATION

FY 2021

**Release Date:
February 12, 2021**

**Submission Deadline:
Rolling**

MHRS Grant Application

Tip: Use Tab button to move from field to field)Project Proposal

Organization Information

Business Name:

IRS EIN:

Business Address:

Mailing Address (If different):

Contact Person:

Phone Number:

E-mail address:

Anticipated Start Date:

Anticipated End Date:

Organizational Description

Please provide a short history of your business/organization:

Total number of staff in business/organization:

Current number of clients served:

Problem, Opportunity or Need

This section should provide a description of the issue to be addressed and may include any data or other information that helps to explain the issue to be addressed:

MHRS Grant Application

Project Proposal

This section should include a concise description of the proposed project including the following components.
NOTE: In order to receive priority scoring, the applicable priority components must be specifically addressed in this section.

Who is the target population for this project?

What will be provided?

How will it promote positive mental wellness and/or prevent suicide among your employees and/or clients?

When will project be conducted?

Project Partners – Will you be partnering with any other businesses to provide services to their employees and/or clients? Will you be partnering with any agencies to provide services to the target population? (If so, please provide partnership letters)

Sustainability – Do you plan on sustaining the project once this funding is gone? If so, how?

Evaluation Plan:

Anticipated number of people to be served by project:

Anticipated outcomes of project:

How will your outcomes will be measured:

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Timeline for Implementation

Month, Year	Description of task(s) to be completed

Checklist of Attachments

- Budget: Use provided Budget Form (**Note:** Provide Budget/Narrative as it related to the proposed project only)
- Budget Narrative showing detail of each expense line on Budget Form (what is included and how it was calculated).
- IRS form W-9
- Partnership Letters (if applicable)
- List of organization's Board of Trustees/Directors or School Board, if applicable.

Business Officer Certification

I hereby attest that this application is a true and complete reflection of our business/organization and the project being proposed for funding.

Business Officer Name:	
Business Officer Signature:	Date:

NOTE: Application should not exceed 4 pages in length (excluding attachments).

For more information, or for technical support, please contact:
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 Mental Health Recovery Board serving Warren and Clinton Counties
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