



## FY' 17 MHR SB Mini-Grant Application Request for Funding Proposal Summary

---

### Organization Information

Organization Name: [Click here to enter text.](#)  
Project Name: [Click here to enter text.](#)  
Address: [Click here to enter text.](#)  
Phone Number: [Click here to enter text.](#)  
Contact Person: [Click here to enter text.](#)  
E-mail address: [Click here to enter text.](#)  
Anticipated Start Date: [Click here to enter a date.](#)  
Anticipated End Date: [Click here to enter a date.](#)

### Executive Summary

Maximum of 150 words which briefly describes organization, project, and anticipated outcome

### Organizational Description

Relevant Organizational History:

Organization's Primary funding sources:

Current services offered:

### Problem, Opportunity or Need

This section should provide a description of the need to be addressed and can include any needs assessment data or other information to substantiate the problem.



## FY' 17 MHR SB Mini-Grant Application Request for Funding Proposal Summary

---

### Project Proposal

This section should include a concise description of the proposed project including the following components:

What service will be provided (i.e. Project Methodology)?

Who is the target population for the project?

How will the program positively affect mental health and/or prevent substance abuse of Lucas County residents?

When will project be conducted?

How will participants be recruited to participate?

#### Evaluation Plan:

Anticipated number of people to be served by project? [Click here to enter text.](#)

#### Anticipated Outcomes of Project

How will outcomes be measured (be specific with regards to tools to be used/data to be collected as well as when the data collection will be conducted)?



# FY' 17 MHR SB Mini-Grant Application Request for Funding Proposal Summary

## Budget

Revenue	Project Revenue	
MHR SB Grant Funds Requested		
Other Funding: please list:		
1)		
2)		
3)		
4)		
Total Other Funds		
Total Revenue		

Expenses	Project Expenses	MHR SB Expenses	Other Funds /In-kind
Staff/Consultants			
Incentives			
Advertising/Marketing			
Mileage			
Printing & Copying			
Programming			
Scholarships			
Snacks			
Supplies & Equipment			
Other(Specify in narrative)			
Total Expenses			

NOTE: Application should not exceed 5 pages in length (excluding attachments).

For more information, or for technical assistance, please contact:  
 Kristal Barham, Community Engagement and Outreach Manager  
 Mental Health Recovery Services of Lucas County  
 419-213-4614 or kbarham@lcmhrsb.oh.gov