

**Five County Mental Health Authority  
System of Care Proposal**

**I. Identifying Information**

Name: \_\_\_\_\_

E Mail \_\_\_\_\_

Physical Address: \_\_\_\_\_

Phone Number: \_\_\_\_\_ Fax Number: \_\_\_\_\_

Director: \_\_\_\_\_

Contact Person and Title (if not director): \_\_\_\_\_

Phone # \_\_\_\_\_ E mail \_\_\_\_\_

Grant Request: (Amount) \_\_\_\_\_

Total Project Budget: \_\_\_\_\_

Please email the proposal to Alex Fonvielle, at [afonvielle@kerrtarcog.org](mailto:afonvielle@kerrtarcog.org)

**Brief Summary of project request: (1 or 2 paragraphs)**

II. Describe the program/service for which you seek funding, why you decided to pursue this project and whether it is new or ongoing.

III. What are the goals, objectives and activities/strategies involved in this request?

IV. Briefly describe your plan for evaluating the success of the project or for your organizations work. What questions will be addressed? Who will be involved in evaluating this work? (Staff, board, constituents, community). How will the evaluation results be used?

V. Budget: Projected budget for upcoming year: (see next page)

