**San Miguel Behavioral Health Solutions (BHS)**

**Common Grant Application**

*The San Miguel Behavioral Health Solutions Panel invites applications from the community that address one of our identified priorities. We are interested in programs, projects, or initiatives in the following categories:*

* *Clinical Workforce Support*
* *Community Trainings*
* *Spanish Language Resources*
* *Substance Use Programming*
* *School-Based Services*
* *Suicide Prevention Programing*

*We encourage new initiatives, or the expansion of existing programs, and are interested in funding both those programs that provide individual interventions as well as those which have broader impacts on behavioral health landscape of San Miguel County.*

*Grant requests can be for 1 -3 years. We also encourage the applicant to consider the sustainability of these initiatives should funding not be available after the grant cycle.*

*Grant applications for initiatives proposed by BHS will be due September 15, 2023 to be reviewed for the following year’s grant cycle.*

*Grant applications for ad-hoc requests not proposed by BHS will be reviewed by BHS quarterly.*

*BHS holds the right to include applicant in meetings to discuss the application or funding at any time.*

*Any questions regarding this grant application, should be directed to the Administrative Team for the San Miguel Behavioral Health Solutions Panel at Tri-County Health Network:* BHS-Panel@tchnetwork.org (970) 708-7096.

Name organization/entity/individual applying: Click or tap here to enter text.

Date:Click or tap to enter a date.

Program Title/Project Title: Click or tap here to enter text.

Proposal Summary (100 words max): Click or tap here to enter text.

Amount Requested:Click or tap here to enter text.

**CONTACT INFORMATION**

Project Lead:Click or tap here to enter text.

Mailing Address:Click or tap here to enter text.

City:Click or tap here to enter text. Zip Code:Click or tap here to enter text.

Telephone Number:Click or tap here to enter text. Email:Click or tap here to enter text.

Name of Person Completing Application:Click or tap here to enter text.

Position:Click or tap here to enter text.

Telephone Number:Click or tap here to enter text. Email:Click or tap here to enter text.

**FUNDING INITIATIVE**

[ ] Clinical workforce support

[ ] Community trainings

[ ] Spanish language resources

[ ] Substance use programming

[ ] School-based services

[ ] Suicide Prevention Programming

**FUNDING REQUEST** (check all that apply)

[ ] Direct mental health services

[ ] Maintain/Expand existing program

[ ] Create new program

[ ] Program staffing

[ ] Technology

[ ] Education

[ ] Training

☐Professional Development

☐General Operations

**DESCRIPTION OF PROGRAM AND SCOPE OF WORK**

What will the grant funding be used for? *Be specific. Use this narrative to mirror your budget and explain what these funds are paying for. Note: if the scope of your project changes, you must proactively communicate with BHS.* Click or tap here to enter text.

Identified needs: *To help us understand how your program creates or contributes to a healthier community with improved mental health outcomes, provide documentation of a need or gap that exists. What is the problem this project is trying to solve? Incorporate data specific to the population your project intends to serve:*  Click or tap here to enter text.

Goals: *What do you hope to accomplish with this project? Please limit to 3 goals.*

1. Goal 1: Click or tap here to enter text.
2. Goal 2: Click or tap here to enter text.
3. Goal 3: Click or tap here to enter text.

Activities: What activities do you propose to accomplish these goals? Activities are concrete and specific in how the goals will be achieved. Please limit to 4 activities per goal:

1. Goal 1 Activities: Click or tap here to enter text.
2. Goal 2 Activities: Click or tap here to enter text.
3. Goal 3 Activities: Click or tap here to enter text.

Outcomes: *What impact are you going to make and what are the expected outcomes? Outcomes reflect what the expected result is at the end of the funding period.* *How will you know if you made a difference? If applying for multiyear funding, please provide Outcomes for each year.*

Provide up to 3 outcomes:Click or tap here to enter text.

Scope of Work: *Provide a timeline for your work that includes a clear strategy to implement and manage the proposed project*. *What are you going to do? What specific steps are you going to take and when*? *What evidence will you have to show that the activities took place as described and that your goals were reached?*: Click or tap here to enter text.

Describe any partnerships or collaborations required to implement this program and identify the organizations you are collaborating with: Click or tap here to enter text.

If these funds are for a program or curriculum, is the program or curriculum either an evidence-based or promising program? Yes [ ]  No [ ]  If neither, please explain the validity of your proposal: Click or tap here to enter text.

**POPULATION OF FOCUS**

Describe the population to be served by this project:Click or tap here to enter text.

How many individuals are expected to be served by this project:Click or tap here to enter text.

**EVALUATION**

*Describe how you will evaluate this program. List each goal, explain in detail how you will measure the project’s progress and impact. For one year asks, you will be required to submit a grant report 6 months after your grant is approved and an annual report. For multi-year asks, you will be required to submit a grant report annually and 6-months before the end of your grant cycle. A final report at the end of the grant period is also required.*

1. Goal:Click or tap here to enter text.
	1. Measurement: Click or tap here to enter text.
2. Goal: Click or tap here to enter text.
	1. Measurement: Click or tap here to enter text.
3. Goal: Click or tap here to enter text.
	1. Measurement: Click or tap here to enter text.

**PROGRAM BUDGET**

*You must submit a completed budget for this program.*

Program Budget Amount total: Click or tap here to enter text.

What percentage of your proposed program budget does the amount requested from BHS represent: Click or tap here to enter text.

What are other funding sources have you secured for this program? list funders name & amount: Click or tap here to enter text.

If none – what other funding sources including state or federal funding, can be pursued to help fund this program? Click or tap here to enter text.

**SUSTAINABILITY PLAN -** During *your grant reporting, you will be asked to provide any sustainability strategies and or activities you implement during the reporting period.*

Describe a plan to sustain your program after the grant ends? *Be specific. We want to know what steps you are or will take to continue this program if funds are not available after this grant ends.* Click or tap here to enter text.

What is the long-term funding strategy for your work? Click or tap here to enter text.

I understand that if I am a recipient of these funds that I agree to executing a Funding Agreement with the County.

Name Click or tap here to enter text. Date Click or tap here to enter text.

Signature Click or tap here to enter text.