TMD Community Mini-Grant Application

PLEASE DOWNLOAD AND COMPLETE

Project Title	
Project Lead (include name, phone number, email address)	
Project Contributors (individual or organization; include name, phone number, and email address)	
If you are partnering with an established nonprofit or organization, list the organization name, address, and leadership.	
What is the purpose of this project?	
Who will you serve? How many residents will you support/ serve with this funding? (Include target population and zip code)	
How will this project promote resilience and increase Mental Health awareness in the community?	
What percentage of the population served is considered low-income?	
What steps will you take to lift off your project? Please include a rough timeline of when the project will begin and duration.	
How will you know if your project was successful? (what would you measure?)	
What would you use the funding for?	
List or attach your project budget	Total Budget request: $ _____ How will you use those funds?
Additional Comments/ Information about your project	
Please list your availability for a 30-minute interview the week of June 30th.	Option 1: Option 2: Option 3: Option 4:

Final Report Template

Complete this report and email it to “samantha@parker.consulting” by September 15, 2020.

(*Complete one form for each event*)

Date of event/program:				
Location of event/program:				
Number in Attendance:				
Breakdown of Number in Attendance:	# of Men:	# of Seniors over 62:	# of Veterans:	# enrolled in MH/SUD services:
	# of Women:	# of Children under 18:	#employed:	
Narrative explaining who organized the event:				
Narrative explaining who was in attendance: (ie. volunteers, parents, employees, etc.)				
Narrative describing what was provided to the group and the evidence-based method it was delivered:				
How did this project promote resilience and increase Mental Health awareness in the community?				
Email addresses of those who attend: (please do not include name with email address)				