**BOARD GRANT APPLICATION FORM**

Limited grants are available to community groups and/or self-help groups for the purpose of meeting needs not otherwise financed by the Board or its funded agencies. Applications are to be submitted to the Executive Director or the Board. Applications will be evaluated according to the projects value to the Board Mission Statement; and its compliant efforts by the funded agencies.

Name of Group:

Contact Person

Mailing Address

Phone Number

Target Population to be Addressed:

Amount Requested:

Previous Board Support:

Summary of Request: (Briefly describe the purpose of your request)

(Purpose/Outcomes – Goals/Objectives)

Attempts to Seek Alternate Funding:

Signature of Applicant: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Approved: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Amanda Kern, Executive Director WCADMHS