

RIVER FOREST TOWNSHIP MENTAL HEALTH COMMITTEE

This application is for one-time funding only. Prevention for on-going annual funding should be requested on the regular funding application.

FY 2019 GENERAL PREVENTION APPLICATION FOR FUNDS

(please complete one application for each program and check type of program)

Submitted by (agency or individual):

Topic (title or topic area):

Check Type of Prevention Activity:

- General education about mental health**
- Program(s) targeting at-risk group(s)**
- Program(s) to build support network(s)**

Rationale: Identified need or value of this program:

Target Audience (age group and/or other identifier) & projected number of persons served:

Projected Key dates/Timetable:

Content Outline:

Learning Objectives:

Marketing (describe intended public notification efforts):

Consumer & Other Outcome Evaluation (describe methods):

Please use additional pages if necessary.

BUDGET

I. Expenses

A. Personnel _____

Subtotal Personnel \$ _____

B. Equipment/Materials _____

Subtotal Eq./Mat. \$ _____

C. Other (itemize)

Subtotal Other \$ _____

TOTAL EXPENSES \$ _____

II. Revenues

A) River Forest Mental Health Committee \$ _____

B) Other Revenue \$ _____
_____ \$ _____

(itemize inc. in-kind)

Subtotal Other \$ _____

TOTAL REVENUES \$ _____