

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 2020 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 \$ _____