



Grant Application Form

Date:
Applicant / Organization (address):

Phone:
Fax:
E Mail Address

Name of Project:
Project Contact Person:

Project Summary incorporating Theoretical Framework & Scope of the Problem:

Project Information

Goal (Overall Purpose)

Objectives (specific measurable statements of what will be achieved through the project benefiting persons with Mental Health or Autism Spectrum)

- 1.
- 2.
- 3.

Describe how the project meets the Measures (as defined) by answering the questions found after each definition.

Innovative: New and unique ways to meet an emerging / changing issue or need

1. How is the project innovative?

Responsive: Meets an identified community need / issue

2. How is the project responding to a community need?

Inclusive: Is available to all segments of the community

3. What strategies will you implement to ensure that the project is inclusive, that it is made available to all who want to participate?

Accessible: Promotes equal access to services

4. What may limit access to project? What will you do to remove these barriers? How does this promote equal access to services?

Collaborative: Is developed and delivered with other agencies, community groups, and individuals

5. Who are your partners in this project? Please list the names and phone numbers of your confirmed partners and state how they are involved in this project.

Effective / Efficient: Planning is inclusive of stakeholders; measures are developed; evaluation process is implemented

6. Describe the processes and outcome measures you will use to evaluate the project.

Budget (Itemize all project costs and all requested sources of revenue, including your agency's and "in kind" contributions)

Provide as much detail of the expenditures as possible.	\$ Amount	Request to Laurel Foundation	Requests to others	If from others is amount Confirmed?
Total				

Activity Plan: (Specific action steps to meet objective)

Corresponding Timeline

1.	
2.	
3.	
4.	
5.	
6.	
7.	
8.	