



MAKING BRIGHTER DAYS POSSIBLE PROPOSAL COVER SHEET & EXECUTIVE SUMMARY

Name of Applicant Organization: _____

Project Title: _____

Amount of Request to VHCF (18 month period): \$_____

Total Project Cost (18 months): \$_____

Please briefly describe how VHCF funds will be used:

Example: Portion of salary and benefits for a full-time BH clinician _____

Applicant Information:

Name of Executive Director of Applicant Organization: _____

Telephone: _____ Mobile Phone: _____

E-mail Address: _____

Address: _____

City, State, Zip Code: _____

Fax: _____ Web Address: _____

Check One: 501(c)3 Public Entity Other

What is the first month of your fiscal year? _____

Is there an organization other than the applicant acting as a fiscal agent for this project?

Yes No

If yes, please indicate the following:

Name of Fiscal Agent Organization: _____

Contact Person: _____

Telephone: _____ Mobile: _____

Name of Project Director (If Different from Executive Director): _____

Project Director Title: _____

Telephone: _____ Mobile: _____ E-mail Address: _____

Please list the **independent city(s) or county(s)** that make up your organization’s service area and indicate the percent of your **total patient population** that comes from each.

Service Area	% of Total Patient Population
<i>Example: Richmond City</i>	75%

EXECUTIVE SUMMARY

*Please provide a brief reply to each of the following.
The Executive Summary should be no more than two pages.*

Describe your project.

How will the VHCF grant address the need for increased behavioral health services in your community?

List the specific objectives, outcomes and timeframes for achievement if project is successful.

Who are the key players in the design, implementation, and operation of this project?

What community commitments and collaborations support this project?

How does this project relate to your organization’s strategic plan and vision?

Does your proposal include? *(Incomplete proposals may not be reviewed)*

- Cover Sheet & Executive Summary
- Evidence of the prospective grantee’s tax-exempt status

- Organizational chart indicating which component of the organization is accountable for project success and which are involved in the initiative
- Budget on the form provided and a budget narrative describing how funds will be used (*18 month grant period*)
- List of organization's Board of Directors and their affiliations
- Job description for position(s) to be funded
- Budget of applicant organization