Specialty Project Grant Application Form

Name of Agency:							
Date of Primary Co Application:		ry Cor	Contact Person:		Telephone:		
					e-mail:		
Type o	f Grant Sough	nt:					
Project	t Name:						
□Continuation Grant for □Im			plementation Grant for		□Development Grant for		
	Existing Progra			new program		multi-agency collaboration	
Identify	the site(s) w	here the	prog	ram will be provided	d:		
Project	t Description:						
I. Desc	ribe the situ	ation y	ou int	end to address:			
Sit	i resiem etatement.						
uat	·						
ion your activities are designed to improve.							
	Describe the co						
problem							
	Describe the p						
	target population. Be sure to identify if you are targeting						
	any specialty or priority						
	population.						
Describe the data that tells you that this is a situation							
	that needs to b						
	If this is a congrant applicate your program's of success in a situation	ion, desc current	cribe level				



II. Describe the resources necessary to effectively address this situation:					
	urce is available to your project without cost to " If grant money will be used to obtain the ned	_	. •	•	•
Res	1.		Availabl e		Money Required
ourc es	2.		Availabl e		Money Required
	3.		Availabl e		Money Required
	4.		Availabl e		Money Required
	5.		Availabl e		Money Required
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III. Describe what you will do to address the situation:			
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are plan ning to mak e your prog ram			
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IV. E	vidence-Based Support for Ac	ctivities	
A c ti v it	Which of the following categories of evidence-based are the activities?	□Listed on a federal registry □ Published in peer reviewed journal(s) with positive results □ Other evaluation results not published □ None of the above (not evidence-based)	
	Provide a summary of the outcome results that qualified the activities as the category of evidence-based selected. If listed on a federal registry list the federal registry. If published in PRJ provide the citation, if other evaluation provide a description of who evaluated the program and the methodology used.		
	If the activities are not evidence based provide a rational for why the CMHSP should fund the program even though it is not evidence-based.		
V. Describe the goals you have established for the program. (do not have to be measurable)			
G o	1.		
a I s	2.		
3	3.		
	4.		



5.	

VI. Describe how you will measure your program's success at meeting its goals. (Please identify only those measures that make sense for your proposed program. Not all measurement categories identified below must be measured.			
u Desc t mea. hope c grant o indic m such e "how s bence meas.	t Describe (in specifically measureable terms) what you hope to achieve during this grant period. These process indicators should measure such things as "how many?" e "how often?" etc. Include	1. 2.	
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programmes		3.	
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	Impact: Describe the impact you expect the program will have upon your community, target population, and/or intervention practices. Impact measurement is different from outcome measurement in that it is not consumer specific.	1.	
		2.	
		3.	

