

# RIVER FOREST TOWNSHIP MENTAL HEALTH COMMITTEE

## PROJECT OUTREACH FUNDING – PILOT

### **FY 2019 GENERAL OUTREACH APPLICATION FOR FUNDS**

(please complete one application for each program )

**Submitted by (agency):**

**Topic (title or topic area):**

**Length of Project:**

**Check Type of Outreach 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 \$** \_\_\_\_\_