

Coordinated Service Teams (CST) Initiatives Supplemental Funding Application

Applicant Contact Information

1. Enter the name of your agency *

2. Enter your first and last name *

3. Enter your email address *

Please take extra care to enter your email address correctly.

Communications about this grant opportunity will be sent to this email address.

4. Enter your phone number *

Project Narrative

5. Describe the reason your tribal nation and county is applying for this grant, including the specific need that your proposed project will address. (Limit of 250 words) *

6. Describe your organization's plan for this grant project. How will you use the grant funds for system of care improvements, infrastructure development, and supporting youth with complex behavioral health needs? What types of activities will you conduct? What is your goal for this project and what outcomes do you anticipate? (Limit of 750 words) *

Budget and Justification

Page description:

Your project budget may not exceed \$10,000. The Division of Care and Treatment Services will negotiate a final budget with awarded applicants based on this submission.

Complete the basic budget form below for each anticipated item. Indicate how much each item will cost and list a justification explaining how the money will be spent.

Example:

- Item cost - \$2,000
- Item justification - Trauma-informed room will be created. Items may include books, couch, and paint to create a wall mural.

7. Enter the cost for items in your proposed project*

Item 1

Item 2

Item 3

Item 4

0 out of \$10000 Total

8. Enter the justification for items in your proposed project*

Item

1

Item

2

Item

3

Item

4

9. Do you have more than four items in your proposed project?*

Yes

No

10. List the cost and justification for your additional items