

1. GRANT OVERVIEW

Program/Project Title
Executive Summary
Amount Requested
Period of Performance Dates*

**Default is 10/1/2021-9/30/2022 but shifts up to three months will be considered.*

2. CONTACT DETAILS

Organization Legal Name, Organization Business Name, Tax ID (EIN), Organization Type, Organization Website, Department, Organization Address, City, State, Zip, Mission, Number of Employees, Headquarters (Optional)

Is this grant application being submitted with the appropriate authorization and approval from your organization?

PRIMARY CONTACT, PROGRAM/PROJECT DIRECTOR, GRANT SIGNATORY:
Name, Title, Organization, Email Address, Phone Number, Address, City, State, Zip

3. PROGRAM DESIGN

Statement of Need and Population of Focus

Describe the unmet need(s) or emerging problem(s) to be addressed by your proposed program/project and how this problem impacts Larimer County residents.

Describe your population(s) of focus (including cultural and racial/ethnic considerations), as well as information about the geographic area you intend to reach. Include demographic characteristics of these population(s), the extent of need, barriers to care, and gaps in service for this population.

If your program will specifically reach underserved and/or minority populations, describe how you will provide effective, understandable, and respectful quality care and services that are responsive to the specific needs of those populations. (Optional)

Implementation Approach and Measurement

Define the specific goals for this program/project along with your overall strategy to achieve them. Be sure to align your strategy with the previously stated needs and cite any existing evidence to support your theory of change.

Program Design Worksheet

Objective Text	Measures of Success	Objective Type	Associated Costs	Start Date	End Date	Notes
		Professional Development/ Training; Community Collaboration; Increase Organizational Capacity; Implement New Practices; Public Awareness Campaign/ Education				

Expand on the measures of success mentioned in your Program Design Worksheet. Describe specifically how data will be collected, analyzed, and interpreted, as well as how the outcomes of your work will be measured and communicated.

Community and Organizational Support

Give a brief summary of how your organizational size, structure, competencies, and/or experience will support your proposed project.

If applicable, describe any collaborations your organization is proposing and how they will benefit this program/project. (Optional)

4. FINANCIAL INFORMATION

Budget: See outlined budget worksheet

PROPOSAL REVENUE SECTION

	Total Program/Project Budget	Larimer County Request	Notes
Larimer County			
Other Government Grants			
Foundation Grants			
Individual Support			
Corporate Support			
Special Events			
Earned Revenue			
Contract Revenue			
In-kind			
Total Revenue			

PROPOSAL EXPENSES SECTION

	Total Program/Project Budget	Larimer County Request	Notes
Personnel/Staffing			
Fringe Benefits			
Travel			
Equipment			See Guidance
Supplies			
Consultants			
Professional Development			
Other Costs			

EXPENSE TOTALS SECTION

	Total Program/Project Budget	Larimer County Request	Notes
Total Direct Costs			
Indirect Costs (max 20%, if desired)			
Total Program/Project Costs			

Total Income/Revenue For Your Organization's Current Fiscal Year
(Calculated) % Of Request Of Total Income - Cannot exceed 25%

If applicable, explain anything else you would like us to know about your project's budget. (Optional)

5. SUPPLEMENTAL MATERIALS

Grant Selection Type

Select which grant type you are applying for: Targeted (includes Gary A Darling) or Responsive

If applying for a Targeted Grant or the Gary A. Darling Grant, please select the Targeted Grant you would like to be considered for:

TGT1: Behavioral Health Care Coordination across Services

TGT2: Moderate/intensive care coordination for those with complex needs

TGT3: Behavioral Health Workforce Development and Retention

TGT4: Enhancing First Responder and Behavioral Health Crisis-to-Care Collaboration Efforts

TGT5: Increasing Access to Behavioral Healthcare in Non-traditional Settings

TGT6: Prevention Education and Early Intervention for Vulnerable Youth

GAD: Gary A. Darling Grant (Intersection of Criminal Justice and Behavioral Health)

Describe how your proposed goals and objectives will specifically meet the needs of this targeted grant.

For GAD applicants only:

How does your proposed program specifically sit at the intersection of Behavioral Health and Criminal Justice?

For Responsive applicants:

No additional questions are required

Repeat Applicants

If this application is for the same program/project that received a 2020 Impact Fund Grant: Summarize the specific goals of the previous project period and emphasize the progress made toward their achievement with BHS Impact Fund grant dollars. Make sure to specify how additional funding is needed to further the effort.

Additional Comments

Anything else you would like to upload or explain to support your application (Optional)