**Mental Health, Chemical Dependency and Therapeutic Court Program**

**2020 Continuation Grant Proposal Summary Page**

Continuation Grant Proposals should be submitted by current grantees whose projects were funded during the 2019 Grant Cycle to request one additional budget period of funding for a project period that would otherwise expire. Continuation Grant Proposals will only be accepted from organizations who attended the **MANDITORY** Continuation Grant Proposer Conference and submitted a **MANDATORY** Continuation Grant Proposal Letter of Intent.

**Organizational Information**

Organization Name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Primary Contact: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

 Name Email Phone

Organization Address: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

 Street City State Zip

Federal Tax ID Number: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Legal Status of Organization: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Individual Authorized to Sign Contracts: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

 Name Title

**Continuation Grant Proposal Information**

Proposal Title: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Number of Individuals Screened: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Number of Individuals Served: \_\_\_\_\_\_\_\_\_

Requested Amount of Funding: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Matching Funds: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**Please check which area(s) of the Continuum this project addresses:**

|  |  |
| --- | --- |
| 🞏 Prevention🞏 Early Intervention🞏 Crisis Intervention🞏 Outpatient treatment | 🞏 Medical and Sub-Acute Detoxification🞏 Acute Inpatient Care🞏 Recovery Support Services |

**Please check which area(s) of the County this project is focused:**

|  |  |
| --- | --- |
| 🞏 South Kitsap🞏 Central Kitsap🞏 North Kitsap | 🞏 City of Bremerton🞏 Other City: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_🞏 County-Wide |

**Proposal Summary**

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| --- |
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Signature Title Date