**Attachment A**

**2019 Grant Summary Page**

**Mental Health, Chemical Dependency, and Therapeutic Courts RFP**

**Kitsap County Human Services Department**

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

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

**Please Check One 🞏 New Grant Proposal 🞏 Continuation Grant Proposal**

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

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

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

|  |
| --- |
| **Proposal Summary:** |

Requested Funds Amount: $\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Matching/In-kind Funds Amount: $\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Street Address:

City: State: Zip:

Primary Contact: Phone: E-Mail:

Non-Profit Status: 501C3 of the Internal Revenue Code? 🞏 Yes 🞏 No

Federal Tax ID Number: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

* If incorporated, attach a list of the members of the Board of Directors, including names and addresses.
* If not incorporated (sole proprietor or partnership), attach a list of the names and addresses of the principals.

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Signature Title Date