**One-Time Funding Request Form**

*Use this form to complete your proposal. Use a separate form for each proposal.*

**Organizational Overview**

**Organization Name:** Click or tap here to enter text.

**Organization Address:** Click or tap here to enter text.

**Designated Contact Name:** Click or tap here to enter text.

**Contact Email Address:** Click or tap here to enter text.

**Contact Phone Number:** Click or tap here to enter text.

**Will your organization use a Fiscal Agent?** Yes [ ]  No [ ]

**If yes, list the name of the Fiscal Agent:** Click or tap here to enter text.

**Brief Description/Summary of Proposal:** Click or tap here to enter text.

**Total Amount Requested:** Click or tap here to enter text.

**Proposal Narrative**

*Use this section to describe your proposal in detail. The text boxes below will expand as you type. You can create multiple paragraphs, but it is anticipated that one paragraph should be enough for each question.*

1. **Organizational Background and Capacity – 8 points**
	1. Provide an overview of your organization, its experience relevant to this proposal, and who will be responsible for managing the implementation, funding, and reporting of funded proposals.

Click or tap here to enter text.

* 1. Describe whether your organization is a minority and/or woman owned or led business.

Click or tap here to enter text.

1. **Project Proposal – 17 points**
	1. Describe the proposal in detail: what is the request and how will it improve behavioral health and wellness for people in Baltimore City? Will the proposal benefit consumers of your organization, people in the community surrounding your organization, family members, a specific focus population, etc.?

Click or tap here to enter text.

* 1. Describe which of the priority areas this proposal is aligned with. The priority areas are: 1) behavioral health equity, 2) innovation, 3) increased access to care, 4) consumer/peer inclusion, 5) integration of behavioral health (MH & SUD) and somatic health care services, 6) behavioral health promotion.

Click or tap here to enter text.

1. **Proposal Budget – 20 points**
	1. Attach a separate line item budget that outlines all expenses for this proposal. There is no specified format, but it should be clear what the costs are and how funds would be spent.

Budget Attached? Yes [ ]  No [ ]

* 1. Provide a budget narrative by describing each line item from the budget, how costs were calculated, and how each item supports the project.

Click or tap here to enter text.

1. **Implementation Timeline – 5 points**
	1. Describe the implementation timeline for your proposal that shows all activities completed and funding spent by June 30, 2020. Please note that award notifications are anticipated in March 2020.

Click or tap here to enter text.

1. **Attachments – mark that each is attached**

[ ]  Line-Item Budget (one per proposal)

[ ]  Certification of Good Standing (one per organization)