



1115 Gillman Avenue
 Marietta, Ohio 45750
 (740) 374-6990

Small Project Request for Funding (under \$10,000)

Incomplete applications will be returned for completion

Name of Organization:

Director/CEO:

Email:

Phone:

Primary Project Contact Person:

Email:

Phone:

Total Amount Requested:

Funding Period Start Date:

Funding Period End Date:

Program(s) to be Provided:

I. Mission, Accomplishments, and Organizational Capacity

1. Provide a brief history of your organization and/or department, current mission and goals, and a description of current services, past accomplishments, and experience with similar projects.

2. Describe your organization's capacity and resources to implement your proposed evidence based practice, program, or service and the specific activities, efforts and steps taken to date to ensure readiness to implement.

II. Purpose/Need/Population Served

1. Provide a clear description of the proposed program or service and the rationale/need for it.

- | |
|--|
| <p>2. List essential elements of the community-based continuum of care (Crisis Services, Harm Reduction, Prevention, Recovery Supports, or Mental Health & SUD Treatment) addressed in the proposal.</p> |
| <p>3. Identify the age range of your target population, at-risk characteristics of the population, geographical area to be served, and the current and projected numbers of individuals to be served directly by the services.</p> |
| <p>4. Describe how your proposal will improve both the delivery of services and the behavioral health outcomes for the population served in Washington County.</p> |

III. Key Action Dates
<p>1. Start date for programs and/or services:</p>
<p>2. Length of proposed budget (how long will the request funding sustain program and/or services):</p>
<p>3. If requesting start-up funding, please include additional funding deadlines (other grant proposals you may be submitting).</p>

--

IV. Activities and Outcomes

1. Identify the Evidence-Based Practice (EBP) to be implemented and cite the specific source of credible research, evaluations, and literature that designates the practice as evidence-based.
--

2. Provide a description of how the organization plans to implement the program. The description should include: a. The name, title and brief description of their role (within the proposed project) of the persons responsible for implementation. b. A timeline identifying major activities that would occur during each quarter of the proposed contract or grant.

3. Describe the services and activities to be provided and the specific measurable results and outcomes that you wish to achieve during the proposed contract or grant.

4. If applicable, cite evidence that the proposed program, services, and activities are likely to lead to the desired outcomes. Such evidence may include, for example, research studies, proven models, and evaluations conducted by your organization.
--

--

V. Collaboration/Coordination with Other Resources

1. Identify collaborative partners and stakeholders and their roles in implementing your proposal.
--

2. Describe coordination with other resources required to implement the proposal and/or support broader systems/community changes.
--

3. If applicable, describe coordination with similar programs or services currently available for county residents.

4. Describe any other sources of financial support that you have sought and/or secured for the proposed project (if any) including grants, matching funds, or revenue from other sources.

VI. Evaluation

1. Explain how inputs, outputs, and outcomes of the program will be measured and reported, including the criteria and measures of success to be used in the evaluation.

2. Identify who will be responsible for performing the evaluation and describe how the results will be used and disseminated.

VII. Sustainability

1. Do you plan to continue the program following the end of the contract or grant? If so, how?

VIII. Reimbursement

1. If applicable, explain how you will seek reimbursement for services, using information from the American Medical Association (AMA) and National Correct Coding Initiative (NCCI) to submit claims via Electronic Data Interchange (EDI) to match the new mental health and substance use disorder code sets and billing requirements for the State of Ohio.

Budget and Budget Narrative

Expenditures Description-Please list expenditures for each budget category.

Personnel Services:

Personnel costs for each of the people whose time is spent working directly with the service/program should be listed here; include fulltime and part-time staff, consultants and trainers. Please list fulltime equivalency (FTE) units for each position (i.e. 1 FTE=40 hours), Please provide details regarding how fringe benefit amounts are arrived at.

Salaries Explanation:	Salaries Amount Requested:

Fringe Explanation:	Fringe Amount Requested:

Service/Program Materials and Supplies:

Includes costs of any program related materials or supplies directly related to the delivery of this program including but not limited to things such as office supplies, curriculums, brochures, training materials, books, videos, etc. Please provide the estimated number of materials to be purchased, along with the unit cost of each item.

Explanation:	Total Amount Requested:

Travel:

Includes any associated travel costs which are relevant to the service being proposed. Reimbursement for travel-related costs may not exceed the rate limits identified on the Allowable/Unallowable Expenditures Guidance document. As of January 1, 2023, travel rate is \$0.58 a mile.

Explanation:	Total Amount Requested:
Other: Provide any other expenses that are not personnel, service/program materials and supplies, or travel with a description of each expense.	
Explanation:	Total Amount Requested
Indirect: Provide a description of indirect costs or administrative fees, which are capped at 10%.	
Explanation:	Total Amount Requested:
Budget Summary:	
Please list the total amount requested from each category above.	Total Amount Requested
1. Personnel Services (Total of Salaries and Fringe)	
2. Service/Program Materials and Supplies	
3. Travel	
4. Other	
5. Indirect	
Total Requested Budget:	\$

Authorized Signature

Date