## Organization Contact Information

<table>
<thead>
<tr>
<th>Organization Name</th>
<th></th>
</tr>
</thead>
<tbody>
<tr>
<td>Mailing Address</td>
<td></td>
</tr>
<tr>
<td>City ST ZIP Code</td>
<td></td>
</tr>
<tr>
<td>Contact Person</td>
<td></td>
</tr>
<tr>
<td>Federal ID #</td>
<td></td>
</tr>
<tr>
<td>Work Phone</td>
<td></td>
</tr>
<tr>
<td>E-Mail Address</td>
<td></td>
</tr>
</tbody>
</table>

## Area of Support

**Please indicate the Disability & Age Group to be served.**

<table>
<thead>
<tr>
<th>Disability Area</th>
<th>Age Group</th>
<th>Counties</th>
</tr>
</thead>
<tbody>
<tr>
<td>Mental Health</td>
<td>Child/Adolescent</td>
<td>Cherokee</td>
</tr>
<tr>
<td>Substance Abuse</td>
<td>Adult</td>
<td>Clay</td>
</tr>
<tr>
<td>Developmental Disability</td>
<td>Older Adult</td>
<td>Jackson</td>
</tr>
</tbody>
</table>

**Please indicate the counties where support will be utilized.**

- Cherokee
- Clay
- Jackson
- Graham
- Haywood
- Macon
- Swain

## Type of Activity

Tell us in which areas you will be utilizing the funding requested.

- Public Information/Education
- Prevention
- Treatment
- Infrastructure
- Other
Summary of Grant Request

Briefly describe your request here and attach a detailed description of your request to the application.
Outcome to be Achieved

Describe the outcome to be achieved and how it directly impacts consumers or families of consumers with mental health, substance abuse or developmental disability challenges.

Grant Period/Grant Amount

Describe the time period to be covered by the request and the total amount requested. Please attach a copy of a detailed budget showing all expenditures and other revenue sources being utilized to fund this request.
Sustainability

If this request is for other than a one-time expenditure (capital purchase etc.), please describe how the program supported by this request will be able to sustain itself after the grant period expires.

Agreement and Signature

By submitting this application, we affirm that the facts set forth in it are true and complete. We understand that if we are funded under this request, any false statements, omissions, or other material misrepresentations made by us on this application may result in my immediate termination of the grant.

Name (printed)  
Signature  
Date