FORM E, COMMUNITY NEED

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| **Agency Name** |  |
| **Proposed Project Name** |  |

**Instructions:** Address all questions. Do not delete the question itself. Responses for questions 1 through 3 are limited to 4 pages in total.

**Community Need**

1. Describe local unmet behavioral health needs that the proposed project aims to address. Applicants must include any qualitative and quantitative data.
2. Describe how community partners have participated in developing and/or have agreed to implement proposed project goals and intervention strategies.
3. Describe how the proposed project uses a collaborative approach within the community to maximize existing resources and avoid duplication of effort within a continuum of care.