FORM D, PROPOSED PROJECT SUMMARY

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| **Agency Name** |  |
| **Proposed Project Name** |  |
| **Instructions:** Complete *all* cells shaded in green. | |

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| **Proposed Project Information** | |
| **Grant funds requested** | $ |
| **List all counties proposed to be served.** |  |
| **Executive Summary**  In 100 words or less to provide a description of the Proposed Project that includes services and anticipated outcomes. |  |
| **Is the proposed project a new and/or innovative service, treatment, and/or delivery system?** | Yes  No |
| **Is the proposed project enhancing, scaling, and/or expanding existing services?** | Yes  No |
| **Does the proposed project’s service(s) utilize an evidence-based practice(s)?** | Yes  No |