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

|  |  |
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| **Proposed Project Information** | |
| **Grant funds requested** | $ |
| **List all counties or cities/municipalities proposed to be served.** |  |
| **Which counties or cities/municipalities above have a population over 250,000?** |  |
| **Which counties or cities/municipalities above have a population between 100,000 and 250,000?** |  |
| **Which counties or cities/municipalities above have a population under 100,000?** |  |
| **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 |