# Appendix A: Behavior Health Grant FY 2024 Application

**\*Required for all LEAs\***

**Proposal Cover Page**

Institution/Agency/Jurisdiction Name: Click or tap here to enter text.

Project Title: Click or tap here to enter text.

Date of Submission: Click or tap here to enter text.

Name of Contact Person: Click or tap here to enter text.

Institution/Agency Address: Click or tap here to enter text.

Contact Person Phone: Click or tap here to enter text.

Contact Person Email: Click or tap here to enter text.

Amount of the request for grant period (July 1, 2023 – June 30, 2024): $29,000

(Should agree with Proposed Budget and not to exceed $29,000)

Signature of Behavioral Health Coordinator or Director of Student Services Supervisor Date

Signature of Superintendent of Schools Date

Please Check One:

LEA does not intend to use these grant funds

Application is completed and submitted

# Project Proposal

|  |  |
| --- | --- |
| **Project Proposal**  **Refer to the page 6 of the information document for guidance.** | |
| Project Description: | Select from the Use of Funds list on page 5 of the information document. Include the item here along with a brief description. |
| Extent of Need: | Click or tap here to enter text. |
| Goals: | Click or tap here to enter text. |
| Measurable Outcomes: | Click or tap here to enter text. |
| Strategies: | Click or tap here to enter text. |
| Evidence of Impact: | Click or tap here to enter text. |

# Application Budget

**Personnel and Wages**

|  |  |  |  |
| --- | --- | --- | --- |
| **Line Item** | **Calculation** | **Requested** | **Total** |
| Click or tap here to enter text. | Click or tap here to enter text. | Click or tap here to enter text. | Click or tap here to enter text. |
| Click or tap here to enter text. | Click or tap here to enter text. | Click or tap here to enter text. | Click or tap here to enter text. |

**Contracted Services**

|  |  |  |  |
| --- | --- | --- | --- |
| **Line Item** | **Calculation** | **Requested** | **Total** |
| Click or tap here to enter text. | Click or tap here to enter text. | Click or tap here to enter text. | Click or tap here to enter text. |
| **Total Contracted Services** | | | Click or tap here to enter text. |

**Supplies & Materials**

|  |  |  |  |
| --- | --- | --- | --- |
| **Line Item** | **Calculation** | **Requested** | **Total** |
| Click or tap here to enter text. | Click or tap here to enter text. | Click or tap here to enter text. | Click or tap here to enter text. |
| **Total Supplies & Materials** | | | Click or tap here to enter text. |

**Other Charges**

|  |  |  |  |
| --- | --- | --- | --- |
| **Line Item** | **Calculation** | **Requested** | **Total** |
| Click or tap here to enter text. | Click or tap here to enter text. | Click or tap here to enter text. | Click or tap here to enter text. |
| **Total Other Charges** | | | Click or tap here to enter text. |

**Equipment**

|  |  |  |  |
| --- | --- | --- | --- |
| **Line Item** | **Calculation** | **Requested** | **Total** |
| Click or tap here to enter text. | Click or tap here to enter text. | Click or tap here to enter text. | Click or tap here to enter text. |
| **Total Equipment** | | | Click or tap here to enter text. |
| **Total Requested** | | | Click or tap here to enter text. |

*Add additional rows, where needed.*

|  |  |
| --- | --- |
| **Additional Funds**  Additional funds may be available if all funding is not exhausted.  **Please include project information and amount** | Click or tap here to enter text. |

## Budget Narrative

The budget narrative must describe a clear relationship between the activities described in the application and the proposed allocation of grant funds. The budget narrative must also address the necessity and rationale of proposed costs.

|  |
| --- |
| Click or tap here to enter text. |