**2021 Suicide Prevention Mini-Grant Application**

Person Completing Application:

Email Address: Phone:

Name of Organization: Federal Tax Identification #:

Fiscal Agent of Funds: Address for reimbursement: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Amount of Funds Requested: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**WORK PLAN**

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| **NEED** | **GOALS & OBJECTIVES** | **INPUTS** | **ACTIVITIES & PROJECTED DATES** | **TARGETED PARTICIPANTS** | **INTENDED OUTCOMES** |
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**NARRATIVE**

Please clearly explain the intended activities of the mini-grant, how they complement region activities without duplication, and what outcomes the applicant hopes to see as a result of this mini-grant.

**BUDGET**

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| **ITEM** | **COST** | **FUNDS REQUESTED** | **MATCHING FUNDS** | **TOTAL COST** |
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| **TOTALS** |  |  |  |  |