



Mental Health Local Advisory Council Mini Grant Committee

A mental health local advisory committee serving Gallatin County and surrounding areas in the most productive manner to strengthen public mental health services and raise awareness, education and local community engagement.

MINI GRANT APPLICATION

Mini Grants are for the purpose of increasing local public participation and awareness of mental health issues and care. Grants may be used for training, implementation and facilitation of new or existing programs, or for innovations to improve mental health services in Gallatin County. Grants will typically be for up to \$300.

Please send inquiries and completed application to: **commission@gallatin.mt.gov**

Name of Project _____

Name of Agency/Applicant: _____

Date of Application: _____

Supervisor/Contact for the Agency: _____

Address: _____

Phone: _____ Cell _____

Email: _____

Agency Website: _____

Equipment/Project/Activity

Equipment/Project/Activity Description: _____

Projected Date: _____

Goal or Mission for the project: _____

How will this equipment/activity/project support the mission of the Mental Health Local Advisory Council (MHLAC)? Please be creative but specific: _____

311 West Main * Room 306 * Bozeman, Montana 59717

http://gallatincomt.virtualtownhall.net/Public_Documents/GallatinCoMT_BComm/mentalhealth/mentalhealth



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Who will benefit and what is the anticipated number of participants (or scope/reach)? _____

A **Press Release** will need to be issued to announce the funding of the project if the Mini Grant request is approved. Please attach a draft of that release: _____

Where, how and when will you do your Press Release? _____

Would the Agency or individual still sponsor this Event/Project if not funded by the MHLAC Mini Grant committee? YES NO

What other options for funding have been explored? _____

Money Request

Please list all items needed or applicable. Please be as specific as possible in requesting funds.

List all expenses:

- A) _____ \$ _____
- B) _____ \$ _____
- C) _____ \$ _____
- D) _____ \$ _____
- E) _____ \$ _____

Total Projected Expenses \$ _____

Additional Comments: _____

Print Name of Authorized Agent: _____ Date: _____

Signature of Authorized Agent: _____

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