

CENTRAL SERVICE AREA AUTHORITY



## Central Service Area Authority

centralsaamontana.org

### Mini Grant Application

**Statutory purpose:** To collaborate with the AMDD and LAC's, to promote consumer and family leadership, and to foster individual choice and access to a continuum of mental health services in the Central Service Area.

**Statutory duties:** (1) Collaborate with the AMDD on the planning, implementation and evaluation of the mental health system. (2) Submit a biennial review and evaluation of mental health service needs and services within the service area. (3) Review and monitor crisis intervention programs within the service area.

Mini Grants are for the purpose of increasing local public participation and awareness of mental health issues and care. Grants can be used for the training, implementation and facilitation of new or existing programs, or for innovations to improve mental health services in the Central Service Area.

### Please submit grant applications to:

Name of Project: \_\_\_\_\_

Name of Agency/Applicant: \_\_\_\_\_

Date of Application: \_\_\_\_\_

Supervisor/Contact for the Agency: \_\_\_\_\_

Address: \_\_\_\_\_

Phone: \_\_\_\_\_ Cell: \_\_\_\_\_

Email: \_\_\_\_\_

Agency Website: \_\_\_\_\_

### Equipment/Project/Activity

Description: \_\_\_\_\_

Projected Date: \_\_\_\_\_

Goal or Mission for the project:

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How will this project support the mission of the CSAA and/or LAC:

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

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### Budget

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

ITEM	PURPOSE	QUANTITY	COST

Total Projected Expenses \$ \_\_\_\_\_

Additional Comments:

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**Print Name of Authorized Agent** \_\_\_\_\_

**Signature of Authorized Agent** \_\_\_\_\_

**Date:** \_\_\_\_\_