**Form GP3**

# TALBOT FAMILY NETWORK REQUEST FOR PROPOSALS

**COVER PAGE – Mental Health Programming FY23**

Name of Administrative Organization:

Contact Person/Project Director:

Organization Address:

Phone: E-mail:

Organization's Federal ID #:

Name of Fiscal Officer (responsible for fund monitoring): Phone: E-mail:

Project Title:

Brief Description of Project (50 words or less)

Project Location:

Project Duration:

Amount Requested $:

Executive Director/Agency Director Date

Most recent audit/financial review or most recent IRS Form 990 are attached.

Proposals without these may not be reviewed.

# TALBOT FAMILY NETWORK

**PROJECT BUDGET – Mental Health Program FY23** (minimum grant amount $20,000/applicant) **Form GP4**

Organization Name:

Project Title*:*

|  |  |  |  |
| --- | --- | --- | --- |
| **EXPENSES** | **JUSTIFICATION – Show calculations for all expenses** | **Amount Requested** | **Other Funding** |
| **PERSONNEL** |  |  |  |
| Salaries |  |  |  |
| Fringe Benefits (provide detail) |  |  |  |
| **OPERATING EXPENSES** |  |  |  |
| Communications |  |  |  |
| Postage |  |  |  |
| Advertising |  |  |  |
| Office Supplies |  |  |  |
| Insurance |  |  |  |
| Printing |  |  |  |
| Information Technology |  |  |  |
| Vehicle Operation |  |  |  |
| **CONTRACTUAL SERVICES** |  |  |  |
| Training | (e.g. 2-day ACES/Restorative Justice training for 25 staff) | $8,500 |  |
| Consultant | (e.g. coaching for ACES/RJ model implementation 40 hrs x $80/hr) | $6,400 |  |
| **OTHER** |  |  |  |
| Program Supplies |  |  |  |
| Food | (e.g. food for training: $300 day x 2 days) | $600 |  |
| Other (specify) |  |  |  |
| Other (specify) |  |  |  |
| **TOTAL REQUESTED** |  |  |  |

# Describe other sources of financial and in-kind support for this project, if any (matching funds are NOT required).