

# Perry County ARP | Nonprofit Mental/Behavioral Health and Wellness Program

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*Community Foundation Alliance Inc.*

## **Project Title\***

*Character Limit: 100*

## *Organization Information*

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### **Indiana Secretary of State Business ID\***

*Character Limit: 10*

### **Date of Last Income Tax or Information Return Filed\***

*Character Limit: 10*

### **Are Any Returns Being Contested or Audited?\***

#### **Choices**

Yes

No

### **Entity Report**

Attach the organization's most recent Entity Report from the Indiana Secretary of State (if applicable).

*File Size Limit: 3 MB*

### **Form W-9\***

Attach the organization's Form W-9.

*File Size Limit: 3 MB*

### **Number of Years Operating in Perry County or Providing Services to Perry County Residents\***

*Character Limit: 3*

## *Contact Information*

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### **Application Contact Name\***

*Character Limit: 50*

**Phone Number\***

*Character Limit: 20*

**Email Address\***

*Character Limit: 254*

**Contact's Relationship to the Organization\***

*Character Limit: 50*

*Project Overview*

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**Challenges and Benefits\***

What challenge(s) will be addressed by the work supported with this grant? How will Perry County residents benefit from your organization's receiving this funding?

*Character Limit: 2000*

**Organizational Capacity and Programs/Services Sustainability\***

How is the organization positioned to address the previously identified challenge(s) and provide the needed service(s) or program(s)? How will it work to sustain the provision of the service(s) or program(s) after grant funding has expired?

*Character Limit: 2000*

**Types of Services/Programs\***

Which best describes the type of service(s) or program(s) the organization will provide through this grant? [Check All That Apply]

**Choices**

- Mental health treatment for adults
- Mental health treatment for children and/or adolescents
- Other behavioral health services for adults
- Other behavioral health services for children and/or adolescents
- Substance misuse treatment
- Hotlines or warmlines
- Crisis intervention services
- Wellness screenings
- Health risk assessments
- Nutrition education
- Other: Please describe in field below.

**Other Type of Service/Program**

If you checked "Other" above, please state the type of service or program in the field provided below.

*Character Limit: 50*

**How will funds be utilized?\***

Please provide a detailed description of how the funds will be utilized in relation to the service(s) or program(s) selected above.

*Character Limit: 2000*

**Staff Involvement\***

Please provide a detailed description of how the organization’s staff will be deployed to provide the identified service(s) or program(s) selected above.

*Character Limit: 2000*

**What do you hope to achieve with this funding? How will you measure success?\***

*Character Limit: 2000*

**Number of Individuals to be Served\***

Please estimate the total number of individuals that the organization anticipates serving with these funds.

*Character Limit: 20*

**Organizational Sustainability\***

How does the organization plan to remain sustainable and adapt to future negative economic conditions caused by pandemics, disasters, economic downturns, etc., specifically related to any programming or services these funds may support?

*Character Limit: 2000*

**Programs/Services Certification Statement\***

I certify that the service(s) or program(s) provided with the use of these grant funds will be carried out under the direction and supervision of licensed professionals where applicable and only for Perry County residents.

**Choices**

- Yes
- No

For Reference Only  
\*not for submission

**Budget Information**

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**Enter the total amount of funding requested.\***

*Character Limit: 20*

**Is this part of a matching grant?\***

**Choices**

- Yes
- No

## If you answered yes above, what is the match percentage?

*Character Limit: 10*

### Request Budget\*

Attach the budget for this request.

Click here to download the template. Once downloaded on your computer, you will need to complete and save the template and then upload it into the field provided below.

*File Size Limit: 3 MB*

## Other Information

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### Other Funding\*

Has the organization applied for funding from federal, state, or local sources for COVID-19-related purposes? If so, what were the sources and how much funding was requested? For what were the funds utilized?

*Character Limit: 2000*

### Previously Awarded Funds

Attach documentation (e.g. award letter, copy of check, etc.) of any previously awarded funds (e.g., CARES Act funds, Small Business Administration funds, local sources of funds, etc.).

*File Size Limit: 3 MB*

### American Rescue Plan funds from Other Entities\*

Does the organization intend to apply for American Rescue Plan funds from other entities? If so, which entities?

*Character Limit: 1000*

### Will the organization accept an award less than the amount requested?\*

#### Choices

Yes

No

## Agreement

### Application Submission Certification and Agreement\*

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By submitting this application, I certify and agree that I am the designated authorized agent of the organization and that all information submitted is true and correct to the best of my knowledge. I further agree that false or misleading statements will result in nullifying the grant application and require the immediate return of any allocated grant funds to Perry County. Failure to provide proper documentation of the information provided in this application to Perry County upon request shall render the grant application incomplete, and will result in the grant being nullified and require that all grant funds received be returned immediately to Perry County. I understand the information submitted will likely be public information, subject to disclosure, pursuant to the Indiana Access to Public Records Act (IC 5-14-3). I further understand that the use of grant funds cannot duplicate prior funding received for the same purpose and that Perry County may audit the use of the grant funds. A list of successful grant recipients will also be made public.

By providing a phone number and email address, you are authorizing Perry County to exchange information with you about your application using unencrypted email. This information may include private or nonpublic data. Unencrypted email is not secure. You accept the risk that data may be intercepted by someone other than the intended recipient and understand that Perry County is not liable for any damages caused by such interception. Providing a phone number and email address does not authorize Perry County to release private or nonpublic data to anyone other than the recipient, unless otherwise allowed by law.

Furthermore, I confirm that I understand that this is a competitive process and that the organization I represent may or may not be chosen.

#### Choices

Yes

No

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