



Mini Grant Application

The Butte-Silver Bow Behavioral Health Local Advisory Council (LAC) is a coalition of community members and agency representatives who assess, plan and strengthen behavioral health services in the community.

If the amount requested is over \$500, after review by the LAC, the applicant may be provided with a letter of recommendation and an accompanying applicant for a grant from the ESAA.

Mini Grants are for the purpose of increasing local public participation and awareness of behavioral health issues and care. Grants may be used for training, implementation, and facilitation of new or existing programs, or for the innovations to improve behavioral health services in Butte-Silver Bow County.

Please send inquires and completed application to the Butte-Silver Bow Behavioral Health Local Advisory Council - bhlac@bsb.mt.gov

Date of Application: _____

Name of Project _____

Name of Agency/Applicant: _____

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 Butte-Silver Bow's Local Advisory Council? Please be creative but specific: _____

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



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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 BHLAC Mini Grant committee?

YES

NO

What other options for funding have been explored? _____

Money Request Please list all items needed or applicable to this grant request. Please be as specific as possible in requesting funds:

A) _____ \$ _____

B) _____ \$ _____

C) _____ \$ _____

D) _____ \$ _____

E) _____ \$ _____

Total Expenses for which Grant Funds are Requested \$ _____

Additional Comments: _____

Print Name of Authorized Agent: _____ Date: _____

Signature of Authorized Agent: _____