

Behavioral & Mental Health for Adults & Children

Applications are being accepted for proposals to provide counseling services and/or structured mental health programs to identify, treat, and track participants with unmet need for care coordination among children and adults with behavioral and/or mental health issues. (Examples include but are not limited to: anxiety, depression, and conduct disorders). Proposals up to \$50,000 will be considered; **deadline for submission: May 28, 2021.** *Proposals should include the following:*

- scope of the program;
- number of patients it will help,
- how the continuum of care will be improved;
- how access to effective mental health professionals will be achieved in a timely manner
- how patient progress will be monitored and tracked, ie: how outcomes will be measured
- If this proposal is not funded, how will the organization address this need?

Eligibility:

Applicants must be a 501©3 Rhode Island nonprofit in good financial standing; grants are awarded to organizations, not individuals. Preference given to new programs or services addressing critical gaps in unmet need as described above or substantial increase in proven programs. Incomplete proposals will not be considered.

Requirements:

In addition to the proposal description, please include a 12-month proposal budget, a current fiscal year organizational budget comparing actual revenue to expenses budgeted, a cover letter outlining **a brief executive summary of your proposal answering the 6 key points above**, your last two audits, and this application cover sheet. The 12-month proposal budget should include:

- detail of all income for the project that the organization currently has on hand as well as other anticipated funding sources; (include all other sources for which you have applied);
- break-down of all expenses including personnel and percentage of time spent on proposed program. *The Foundation discourages organizations from submitting proposals that focus directly/solely on staff hires or salary and benefit budget relief.*

Organization Name _____ Amount requested _____

Address _____

City State Zip _____ Phone _____

Contact person name & Email _____

Proposed Project Name _____

Federal ID # _____

SEND COMPLETE APPLICATION and all supporting documentation to Paula Iacono, Executive Director at grants@chartercarefoundation.org. No phone calls, please.