Institute of Mental Hygiene
Proposal Cover Sheet

Name & Address of Organization: Website Address:		Date
Contact person for this proposal Title Email	Telephone number	Fax number
Amount Requested from IMH (list each year separately)	Total Budget for this project/program	Total Organizational Budget (excluding this project)
Project Title Projected Start Date for Program/Project		
Provide a very brief description of this request		

Other funding sources being solicited for this project/program	Amount each	Status/results

Signature of Board Chairman	Signature of Executive Officer
_____ Print Name Date	_____ Print Name Date

For IMH Use Only

Date Logged	Program Type	Staff Comments	Board Action/Date
	❑ CMH ☐ ECMH ❑ TA ☐ ECH Mini		