

Institute of Mental Hygiene Proposal Cover Sheet

Name & Address of Organization:		Date	
Website Address:			
Contact person for this proposal	Telephone number	Fax number	
Title Email			
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 <input type="checkbox"/> CMH <input type="checkbox"/> ECMH <input type="checkbox"/> TA <input type="checkbox"/> ECH Mini	Staff Comments	Board Action/Date