

BEACON HOUSE RFP APPLICATION



Organization Information

Organization Name:

Organization Address:

Organization Tax ID#:

Contact Name:

Contact Phone:

Contact Email:

Organization Mission:

Organization Budget:

Request Amount:

Program Information

Project Title:

Description of the **Proposed Project**:

For **Program Support** please describe:

- The program or project for which you are seeking funding
- The issue or need your organization is addressing (please include supporting research/statistics that demonstrate this issue/need)
- How this grant will help your organization address this issue or need

BEACON HOUSE RFP APPLICATION

The timeline for this project or program, including a start date and end date, if applicable:

Program Need and Description:

Program Benefits:

Briefly Describe how beneficiaries will receive the services being funded:

Implementation Plan:

How Project Success Will be Measured:

Program Budget/Financial Breakdown of How Funding Will Be Used:

Number of Clients Served:

BEACON HOUSE RFP APPLICATION

Organization/Program Demographics

Population Served:

Ethnicities Served:

- ☐ % ASIAN
- ☐ % BLACK
- ☐ % HISPANIC/LATINO
- ☐ % NATIVE AMERICAN/INDIGENOUS/ALASKA NATIVE
- ☐ % NATIVE HAWAIIAN OR OTHER PACIFIC ISLANDER
- ☐ % WHITE
- ☐ % MULTIRACIAL
- ☐ % UNKNOWN

Genders Served:

- ☐ % MALE
- ☐ % FEMALE
- ☐ % NON-BINARY/FLUID/QUEER

BEACON HOUSE RFP APPLICATION

REQUIRED ATTACHMENTS

ALL FILES MUST BE SUBMITTED IN A SINGLE E-MAIL.

THEY MAY BE SENT AS A ZIP FILE.

APPLICATION SHOULD CONSIST OF THE BELOW DOCUMENTS WITH THE FOLLOWING NAMING SCHEMES:

ALL DOCUMENTS MUST BE IN PDF FORMAT

BEACON HOUSE RFP APPLICATION:

ORGANIZATION NAME_BH RFP_APPLICATION

ANNUAL BUDGETS FOR LAST TWO FISCAL YEARS INCLUDING INCOME AND EXPENSES

ORGANIZATION NAME_BH RFP_FY_YEAR_ BUDGET

IRS DOCUMENTATION INCLUDING 501(C)3 DETERMINATION & W9 FORM; PLEASE COMBINE BOTH INTO A SINGLE PDF DOCUMENT

ORGANIZATION NAME_BH RFP_IRS

AUDITED FINANCIALS FROM THE PAST TWO YEARS PLEASE REPEAT FOR EACH OF THE REQUIRED YEARS

ORGANIZATION NAME_BH RFP_AF YEAR

LICENSE(S) TO PROVIDE BEHAVIORAL HEALTH SERVICES (IF APPLICABLE)

PLEASE COMBINE ALL LICENSES INTO A SINGLE PDF DOCUMENT

ORGANIZATION NAME_BH RFP_LICENSES

ACCREDITATION DOCUMENTS (IF APPLICABLE)

PLEASE COMBINE ALL ACCREDITATION CERTIFICATES INTO A SINGLE PDF DOCUMENT

ORGANIZATION NAME_BH RFP_ACCREDITATION

ARTICLES OF INCORPORATION

ORGANIZATION NAME_ BH RFP_AOI

BY-LAWS

ORGANIZATION NAME_BH RFP_BY LAWS