**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

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:

**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

**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