

**Please download, complete, and email your applications to  
AHS.DMHFundingApplication@vermont.gov**

**ARPA Funding: Housing & Community-Based Facilities – Grant Application - GENERAL INFO**

1. Organization Name:
2. Organization Physical Location:
3. Organization Mailing Address (if different than physical location):
4. Application Point of Contact (Name, Email, Phone #):
5. What is your provider type? (You may select more than one if applicable):

**PROJECT-SPECIFIC INFORMATION**

1. Project Name:
2. Describe the problem this funding will help address:
3. Total Funding Request (\$):

4. Project Budget (a basic template is below for reference; if you have used your own project budget template please attach to your application):

Expense Type	Total Anticipated Cost
Staff Time Notes	
Materials Notes	
Contractor/Labor Notes	
Other Notes	

5. What date do you expect this project to begin?
6. What date do you expect this project to be complete?



10. Which of the following State of Vermont priorities does your project help achieve? (You may select more than one option)

- Support or sustain community alternatives to emergency room care
- Support or sustain peer supports and peer-directed programming
- Integrate physical and mental health care
- Improve the experience of programs and/or quality of the environment
- Eliminate barriers to accessibility to meet the needs of all people
- Increase general operating capacity of service providers so that organizations can better support their employees and sustain workforce capacity

11. You will be asked to report three performance measures at the end of the project. Two of these are written below. Please tell us the third measure that you will report to determine how the project has met your goals.

1. A narrative description of how funded project(s) have had an impact in your organization.
2. % of funded project(s) that were completed.
- 3.

12. Does your organization have the capability to submit monthly invoices that detail the work completed on the project during each month?

1.) Yes

2.) No

13. Is there anything else you would like to share about this project? For example, a story that speaks to the importance of this project for your organization.

14. If this proposal is not fully funded, would you like the Agency of Human Services (AHS) to consider the proposal for other grant opportunities? Additional grant opportunities may become available in the future and AHS will contact you about how to apply if you select yes.

1. Yes

2. No