



September 2017 Community Grant Application

1. Lead Organization Name:
2. Lead Organization Address:
3. Primary Contact Name:
4. Primary Contact Phone:
5. Primary Contact Email:
6. Total Amount requested: _____
7. Duration (check 1): 1 Year 2 Years 3 Years
8. Title of proposal:
9. State the need or issue the proposal intends to address (1-2 sentences)
10. Summarize the proposal overall (1-2 paragraphs)
11. List the project team members and oversight group for this proposal, including all organizations. Include individual names where known, identify any positions to be hired and state their role. For each organization listed, indicate their current trauma-informed practice capability [Advanced, Experienced, Beginner, Novice]
12. Does the proposal include direct services to community members? Yes No
If yes, how many clients do you anticipate to serve? What % are Gorge CCO clients?
13. Does the proposal include activities and supports for service providers? Yes No
If yes, how many service providers do you anticipate reaching? For those service providers, what % of their clients are Gorge CCO clients?
 < 10% between 10-25% between 25-50% > 50%
14. Detailed Proposal description - describe the project, the outcomes intending to impact, the goals, the proposed activities and how progress will be tracked. (up to 1 page)
15. Does this proposal use established evidenced-based practices, trauma-informed practices or promising practices? Yes No
If yes, list the names of the practices
16. Will this effort need ongoing sustaining? Yes No
If yes, what is the sustainability plan? (1-2 paragraphs)