

**Department of Health and Social Services  
Division of Mental Health and Developmental Disabilities  
FY02 Mini Grant Application Form**

Consumer Name or Identifier: \_\_\_\_\_

Consumer Diagnosis: \_\_\_\_\_

Grantee (agency) Name: \_\_\_\_\_

Grantee Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_ Zip Code: \_\_\_\_\_ Phone: \_\_\_\_\_

Amount Requested (\$2000 maximum request): \_\_\_\_\_

☐

Medical

☐

Dental

☐

Vision

☐

Educational

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Other \_\_\_\_\_

*(Please specify)*

Briefly describe the proposed services or products requested. Life domain, health and safety issues will be considered on a priority basis: (20 points)

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How are the proposed services or products requested key supports in achieving recovery, stability and self-sufficiency: (20 points)

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How do the proposed services or products requested enhance the consumer's ability to attain or maintain a healthy productive lifestyle: (20 points)

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If you require assistance or need more information you may contact us at 465-3370 or 1-800-465-4828.

January 10, 2002 at 4:30pm

**No faxed or e-mail applications will be accepted.**