

**Department of Health and Social Services  
Division of Mental Health and Developmental Disabilities  
FY01 Mini Grant Application Form**

**Grantee (agency)Name:**

---

**Grantee Address:**

---

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

**Provide a brief title for this Mini Grant:**

---

**Describe the Consumer that will benefit from this grant (please include diagnosis and no names please):**

---

---

**Briefly describe the proposed services or products to be provided directly to the consumer, how they will enhance their ability to attain or maintain a healthy productive lifestyle and how they are key supports in achieving recovery, stability and self-sufficiency: (25 points)**

---

---

---

---

---

---

---

---

