

## Grant Application Cover Letter

Please answer the questions below in the order presented. Applications must be signed by an authorized individual and submitted via CalMHSA's eProcurement portal Bonfire **no later than March 21, 2025** (electronic signature is OK).

### Contact information:

Organization: \_\_\_\_\_

Fiscal sponsor (if applicable): \_\_\_\_\_

Name of w-9 form (if using fiscal sponsor): \_\_\_\_\_

Mailing address: \_\_\_\_\_

Contact name and title: \_\_\_\_\_

Contact phone number: \_\_\_\_\_

Contact email address: \_\_\_\_\_

### Application details:

Proposed program name: \_\_\_\_\_

Requested Tri-Cities MHSA PEI Community Grant amount: \$ \_\_\_\_\_

Proposed activity date(s) or time frame: \_\_\_\_\_

City and zip code for proposed activity: \_\_\_\_\_

Brief description of activity or program (2-3 sentences): \_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

By signing this application, you commit to the following:

- 1) Implementing your Community-Driven project as described in your application.
- 2) Promoting Community-Driven activity throughout your area.
- 3) Completing reporting requirements in an accurate and timely manner.

**Authorized signature/date:** \_\_\_\_\_

**Printed name and date:** \_\_\_\_\_