VI. Application Form

A. Organization Type

☐ Public Agency ☐ 501(c)(3) Nonprofit

B. Geographic Area of Service

☐ Town/City	
☐ County	
☐ Region	

C. Applicant Organization

Name		
Mailing Address		
Physical Address		
City		NV
Zip (9-digit zip required)		
Federal Tax ID # (xx-xxxxxxx)		
DUNS No.		

D. Program Point of Contact

Name		
Title		
Phone		
Email		
Same mailing address as section B? ☐ Yes ☐ No, use below address information		
Address		
City		NV
Zip (9-digit zip required)		

E. Fiscal Officer

Name		
Title		
Phone		
Email		
Same mailing address as section B? ☐ Yes ☐ No, use below address information		
Address		
City		NV
Zip (9-digit zip required)		

A. Key Personnel

Name	**Title**	**Licensed?**
	Project Manager	☐ Yes ☐ No
	Fiscal Manager	☐ Yes ☐ No
		☐ Yes ☐ No
		☐ Yes ☐ No
		☐ Yes ☐ No
		☐ Yes ☐ No
		☐ Yes ☐ No

B. Target Population (Select only <u>One</u>).

☐ **(A)** Adults

☐ **(Y)** Youth/Adolescents

☐ **(P)** Pregnant Women and/or Women with Children

H. Does applicant propose to have any subpopulation of focus as a secondary measure to the primary target population (<u>not required</u>), check all that apply.

- ☐ Rural and Frontier residents
- ☐ Veterans
- ☐ Homeless
- ☐ Intravenous drug user (individuals who inject drugs)

I. Priority Area (<u>Note – Applicants may not check more than one priority area).</u> Applicants may submit more than one application. Checking more than one priority area may result in disqualification. The priority service areas must match your population of focus in G.

Adults:

- ☐ A1: Criminal Justice Diversion for Adults
- ☐ A2: Transitional Housing for Adults
- ☐ A3: Community-Based Treatment for Adults
- ☐ A4: Residential Treatment for Adults
- ☐ A5: Multi-Service Delivery which must include transitional housing, community-based treatment, and residential treatment.

Youth/Adolescents:

- ☐ Y1: Juvenile Justice Diversion
- ☐ Y2: Transitional Housing for Youth/Adolescents
- ☐ Y3: Residential Treatment
- ☐ Y4: Youth/Adolescent Community-Based Services
- ☐ Y5: Multi-Service Delivery which must include transitional housing, community-based treatment, and residential treatment.

Pregnant Women and/or Women with Children:

- ☐ P1: Transitional Housing for Pregnant Women with Dependent Children
- ☐ P2: Community-Based Treatment
- ☐ P3: Residential Treatment
- ☐ P4: Multi-Service Delivery which must include transitional housing, community-based treatment, and residential treatment.

J. Third-Party Payers of Mental Health Services

Does your organization or its subcontractors bill any third-party payers (e.g. insurance companies) for family planning services? ☐ Yes, specified below ☐ No			
Third-Party Payers	**Period**	**Billables Received ($)**	**Percentage of Operating Income (%)**
Best Health Insurance	*2017 YTD*	*130,000*	*10*

K. Current SAPTA (federal, state, and private funding). Add rows as required. Private funding may be identified as total. Any federal or state funds must be detailed out.

Funding	Type	Project Period End Date	Current or Previous Amount Awarded ($)
Mental Health Block Grant Funding	*Grant*	*April 2020*	*43,210*

L. SAPTA Capacity and Sustainability

a) Does your organization currently receive SAPTA Funding? ☐ Yes ☐ No

b) SAPTA Funding is not awarded to your agency for FFY 21-22, would you continue existing operations?
☐ Yes ☐ Yes, but at reduced capacity ☐ No

c) If you responded Yes, but a reduced capacity or No, please define Impact (not to exceed 200 words):

d) Define what you have done to increase sustainability efforts within the last three years (i.e. Medicaid billable, increased other forms of funding, e.g.) (not exceed 200 words)

M. Certification by Authorized Official

As the authorized official for the applying agency, I certify that the proposed project and activities described in this application meets all requirements of the legislation governing the SAMHSA SAPTA Block Grant and the certifications in the Application Instructions; that all the information contained in the application is correct; that the appropriate coordination with affected agencies and organizations, including subcontractors, took place; that this agency agrees to comply with all provisions of the applicable grant program and all other applicable federal and state laws, current or future rules, and regulations. I understand and agree that any award received as a result of this application is subject to the conditions set forth in the Statement of Grant Award.

Name (type/print):	**Phone**
Title	**Email**
Signature	**Date**