##

# THE H.O.P.E. (Healing Opportunities through Prevention Efforts) FUND

**FUNDING GUIDELINES:**

The H.O.P.E. Fund was established to provide funding to improve the accessibility and sustainability of mental health and addiction recovery services. Funding is decided based on the Advisory Committee assessment of urgency and level of resident need. Grand Foundation staff is available to assist with completing the application. Please do not hesitate to contact us for any questions or help.

***The funding for the H.O.P.E. Fund is made possible by numerous fundraisers throughout the year which requires a large volunteer base. Without the commitment of these volunteer hours this fund would not be possible. If you are a new applicant, we encourage you to volunteer with the Grand Foundation, so that the H.O.P.E. Fund can continue to support Grand County. Please contact the Grand Foundation directly if you would like to volunteer or learn more. Once application is complete, submit to*** ***info@grandfoundation.com***

* Any awarded funding is paid directly from the Fund to the facility providing the service or program.
* If an applicant receives duplicate funding for a request, the Fund monies must be returned (i.e Mental Health Vouchers from (Grand County Rural Health Network).
* The Fund is not in the practice of providing assistance more than once in a calendar year. However, if there are extenuating circumstances, we encourage you to apply for funding. Each application is reviewed on a case-by-case basis.
* No funds will be used to participate in any political campaign, on behalf of any political campaign, or on behalf of any issues or candidates.
* Requests for expenses, services or programs already completed typically will not be considered for funding.
* The Fund will not cover travel expenses, such as food or hotel costs. Funds cover program/service fees only.
* The advisory committee will decide upon completion of committee meetings and all applicants will be notified of funding decisions. Any changes to the approved grant request must be discussed and reviewed with the committee prior to any use of granted funds. Notifications of approvals and/or declines will be given within a month of the application deadline.
* Requests not following the Application Requirements and Fund Guidelines will not be considered for funding. Applications and Data are confidential and only reviewed by HOPE Fund committee.

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GRANT APPLICATION (Page 1)

**APPLICANT NAME**:

**MAILING ADDRESS**:

**PHYSICAL ADDRESS**:

**EMAIL**: **PHONE:**

**PROGRAM/SERVICE TO BE FUNDED: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**ORGANIZATION TO BE PAID**:

**ORGANIZATION CONTACT**:

**EMAIL**: **PHONE:**

**PURPOSE OF GRANT**: **TYPE OF AGENCY TP BE PAID**:

 Therapy/Counseling/ Psychiatric Care Private Practice Provider

 Emergency Care Hospital

 In-Patient Program In-Patient Facility

 Other: Other: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**AMOUNT OF REQUEST:** $ **TOTAL COST:** $

**DATES** \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**Please complete all sections of the grant application, including pages 1 & 2 of the application and all attachments. 1. Grant application 2. Invoice and/or quote for the service 3. Previous year tax returns**

**Signature, Applicant**  **Date**

***By signing here, you agree that you have read and understand the guidelines of the grant.***



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**GRANT APPLICATION (Page 2)**

Please answer each of the following questions or prompts on a separate piece of paper.

1. Please generally describe the services and/or organization you would like the H.O.P.E. Fund to financially support.
2. Please describe any insurance you may have and the barrier with your insurance on request.
3. Please list any sources of funding, if applicable, you currently utilize for direct services (full fee private pay, sliding scale private pay, insurance, GCRHN vouchers, EAP program(s), etc.)?
4. Please attach an Invoice and/or Quote for service(s) requested.
5. Please include any other information you would like the Advisory Committee to consider when reviewing your application.