

Community Mental Health Grant Application Form

Call us: 952-8737

Email us at cumimontegobay@gmail.com

Website: cumimobay.org

Lets's make a difference and build healthy communities - one small grant at a time!

Submission Deadline:		
Submit completed forms to: cumimontegobay@gmail.com		
■ SECTION 1: APPLICANT INFORMATION		
Name of Organisation/Group		
Type (tick one) Clinic School Church NGC	Other	
Contact Person P	osition/Role	
Phone # Ema	ail	
Physical Address		
Applicant's Education		
SECTION 2: APPLICATION PURPOSE		
Project Title		
Aim of Project		
Target Community/Location		
Physical Address		
Project Start and End Dates		
Total Funds Requested (JMD) \$		
Brief Description of the Project (100 words max)		

■ SECTION 3: OBJECTIVES / OUTCOMES

Main mental health issue being addressed
2 – 3 key goals of the project:
1.
2.
3.
Expected outcomes (measurable results):
SECTION 4: ACTIVITIES / TIMELINE
Activity Date/Timeline Who Will Lead* (Include details of efforts made to meet goals above in bullet form with specified timeline).

SECTION 3. BODGET BREAKDOWN	
Item/Expense Amount (JMD) Notes	
Total JMD \$	
■ SECTION 6: MONITORING & ACCOUNTABIL	LITY
How will you track results? (tick all that apply):	
Attendance logs Surveys or feedback forms Case records	Partner Reports
Other:	_
Who is responsible forreporting backto CUMI? Name: Role:	
■ SECTION 7: BOND OBLIGATION	
The Applicant hereby warrants, undertakes and agrees to remain in Western Jamaica for a minimum of 3 years from the date of recthe Applicant does not comply they agree to forthwith return all f	ceipt of funds from CUMI . In the event that
SECTION 8: DECLARATION	
I certify that the information provided is accurate. If granted, the I agree to submit a summary report within 30 days of project com	
Name:	
Dat	te:
Signature:	

CUMI GRANT COMPLETION -To be completed Only by CUMI

To be submitted within 30 days of project end.

■ SECTION 1: PROJECT IDENTIFICATION	
Grantee Name:	
Project Title:	
Reporting Contact Person:	
Phone/Email:	Date Submitted:
■ SECTION 2: PROJECT SUMMARY	
Provide a brief description of what your project did. Include dates, loc	ation, and target group(s).
■ SECTION 3: ACHIEVEMENTS vs OBJECTIVES	
Goal Was it achieved? YES NO	
Brief Explanation:	

■ SECTION 4: PARTICIPATION & REACH Number of people directly reached: _____ Groups involved (e.g. teens, parents, clinic staff): ___ Were there any community partners involved?_____ ■ SECTION 5: OUTCOMES & IMPACT Describe any notable results, feedback, or changes observed. Improvements in awareness, behaviour, or access?

Personal stories or quotes?

■ SECTION 6: BUDGET SUMMARY
Item/Expense Budgeted (JMD) Spent (JMD) Notes
Total JMD \$

*Attach receipts or financial summary if required.

■ SECTION 7: CHALLENGES & LESSONS LEARNED What obstacles did you face? What would you do differently next time? ■ SECTION 8: SUPPORTING MATERIALS Please attach any of the following (if available): Attendance sheets Flyers or materials used **Photos** Feedbackforms orquotes ■ SECTION 8: DECLARATION I confirm this report is accurate and reflects the activities and outcomes of the funded project. Name: Date:

Signature: