FRANKLIN COUNTY
HUMAN SERVICES BLOCK GRANT
APPLICATION FOR FUNDING

Attached and incorporated as part of this application, is the updated HSBG Bulletin which outlines services that can be considered for funding.
The HSBG Advisory Committee will make all final determinations on funding requests.

INITIAL APPLICATION AND/OR APPLICATION FOR UNSPENT FUNDS

Full Name of Organization:

Mailing Address:

Name/Title of person completing application:

Target Population (age group and geographical location): Service(s) to be provided (see attached Appendix D) – check all that apply and use blank line to fill in actual service(s) from Appendix D.

☐ Mental Health _____

☐ Intellectual & Developmental Disabilities _____

☐ Homeless Assistance _____

☐ Drug & Alcohol _____

☐ Human Services Development Fund _____

SERVICE(S) Actual SPECIFIC service to be taken from Appendix D	AMOUNT REQUESTED	# TO BE SERVED	# OF UNITS	PER UNIT COST

1. Are you currently providing the services for which you are requesting funding?

   ☐ Yes ☐ No

2. If the answer is yes, what funding streams are currently available to you for providing the services?

3. Do you have a waiting list for those services?

   ☐ Yes ☐ No

4. If HSBG funding is not available, how will these services be provided? (Please be specific)

5. Please provide a Statement of Need for the program for which you are seeking funding:

6. Please provide a Narrative which describes the program for which you are seeking funding:

OUTCOMES (Questions on outcomes must be completed in order to be considered for funding)

1. What are the desired outcomes for the funding you have requested?

2. How will those outcomes be measured?

3. Comments: (Please use this space to provide any further comments you feel will support your request)

For External Providers, please provide the following:

- An Executive Summary of your project which includes the Providers DUNS number, SAM Expiration date and/or NPI number, and a statement of the Qualifications of the provider to offer the program for which funding is being requested.

_____ _____

Signature of person completing the application Date

PLEASE DO NOT WRITE BELOW THIS LINE (FOR INTERNAL REVIEW ONLY):

Committee Review: _____

Score: _____

Form Date: July 23, 2019

REV: July 2020 – final version