

ATTACHMENT 8
Jefferson County Community Mental Health Fund Board
Application for Funds
Board of Directors Resolution

At the Board meeting on _____, the Board of Directors of _____ approved submitting this application form for the purposes of:

Project Name	Amount	Requested Amount
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Project Name	Amount	Requested Amount
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Project Name	Amount	Requested Amount
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Note: Exact dollars requested are not required. Amounts requested should be submitted as not-to-exceed figures.

The authorized individual(s) to enter into contractual arrangements with the Jefferson County Community Mental Health Board is (are):

Name	Title
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Name	Title
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We, the undersigned, hereby certify that the statements made in this application are correct to the best of our knowledge and belief, and we are authorized to sign this application on behalf of the applicant, and we shall comply with the JCCMHFB guidelines, monitoring procedures, and formal contract provisions if our request for funding is approved.

Respectfully submitted,

By	Address
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_____, Board of Directors

Title

Date	Phone
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