

# Trust

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## Alaska Mental Health Trust Authority

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### PARTNERSHIP GRANT LETTER OF INTEREST

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This form consists of four sections:

**1. Organization/Project Contact Information:**

Provide the appropriate contact information for your organization and this project.

**2. Overview:**

- Project title
- Proposed project start and end dates (maximum term of 12 months from project approval date)
- Amount of funding being requested from the Trust (maximum of \$50,000)

**3. Brief Description and Beneficiary Information:**

- General project description
- Need for project and the expected impacts of the project on Trust beneficiaries
- Potential challenges that may impact project implementation
- Geographic area to be served
- Estimated number of Trust beneficiaries expected to be served by category

**4. Project Budget Information**

- Estimated project budget by funding category
- Breakdown of other funding, both committed and anticipated

Once completed, email the form to

**LUCAS LIND**

[lucas.lind@alaska.gov](mailto:lucas.lind@alaska.gov)



**CARRIE PREDEGER**

[carrie.predeger@alaska.gov](mailto:carrie.predeger@alaska.gov)

If you have any questions, please feel free to contact us at the above email addresses.

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All partnership funding requests should describe their impact on the lives and circumstances of the Trust's beneficiaries and their connection to Alaska's Comprehensive Integrated Mental Health Plan. The plan can be found at <http://dhss.alaska.gov/Commissioner/Pages/MentalHealth/default.aspx>

## 1. ORGANIZATION/PROJECT CONTACT INFORMATION

**Organization Name**

**Contact Name & Title**

**Organization Address**

**Contact Phone Number**

**Contact E-mail Address**

**Organizational Status**

IRS 501(c)(3)

Other (explain)

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## 2. OVERVIEW

**Project Title**

**Proposed Project Start Date**

**Proposed Project End Date**

**Amount Requested from Trust**

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## 3. BRIEF DESCRIPTION AND BENEFICIARY INFORMATION

**General Project  
Description**

(approximately 250 words)

**Need for Project and  
the Expected Impacts  
of the Project on  
Trust Beneficiaries**

(approximately 250 words)

**Potential Challenges  
that may Impact  
Project Implementation**

(approximately 250 words)

**Geographic Area to be  
Served by Project**

**Estimated number of Trust beneficiaries expected to be served by category**

*Please complete the following as applicable to the proposed project*

<b>Mental Illness</b>
<b>Developmental Disabilities</b>
<b>Alzheimer’s Disease &amp; Related Dementias</b>
<b>Chronic Alcohol or Drug Addiction</b>
<b>Traumatic Brain Injuries</b>
<b>Secondary Beneficiaries</b> (family members or caregivers providing support to primary beneficiaries)
<b>Number of Professionals to be Trained</b>
<b>Outreach &amp; Education</b> – members of the general public who are the focus of outreach, prevention or education activities (i.e. health fairs, media campaigns, screenings, etc.)

**4. BUDGET INFORMATION**

**Estimated Personnel Costs to be Funded by the Trust** \$ |

**Brief Description - *personnel***

**Estimated Travel to be Funded by the Trust** \$ |

**Brief Description - *travel***

**Estimated Facilities Costs to be Funded by the Trust** \$ |

**Brief Description - *facilities***

**Estimated Supplies Costs to be Funded by the Trust** \$ |

**Brief Description - *supplies***

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**Estimated Equipment Costs to be Funded by the Trust**

\$ |

**Brief Description - *equipment***

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**Estimated Other Costs to be Funded by the Trust**

(contractual services, indirect costs, etc.)

\$ |

**Brief Description - *other costs***

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**Additional Committed Project Funds from Other Sources**

\$ |

**List Sources of Other  
Committed Funding**

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**Anticipated/Tentative Amount Requested from Other Sources**

\$ |

**List Sources of Anticipated/  
Tentative Funding**

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**Total Project Amount from All Funding Sources**

\$ |

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