

BIPOC Mental Health Awareness Mini-Grant Application

Applicant Information

Organization/Group Name

Contact Person

Email Address

Phone Number

Mailing Address

Project Overview

Project Title

Project Summary

Project Details

Describe the goals of your project

List the main activities or strategies

Describe the expected impact on BIPOC mental health awareness

Project Timeline

Budget

Amount Requested (\$)

Budget Breakdown (briefly describe how funds will be used)

Additional Information

Briefly describe your organization/group and its connection to BIPOC communities

Community partners (if any)

Other relevant information