

STATE OF CALIFORNIA
DEPARTMENT OF MENTAL HEALTH

GRANT REQUEST FORM
NUMBER: EMHI-2009
DATE: May 12, 2009

TITLE: **DEPARTMENT OF MENTAL HEALTH -- EARLY MENTAL HEALTH INITIATIVE**

The undersigned applicant hereby proposes to provide the services specified in:

- Part 2: Characteristics of Applicant
- Part 3: Application Narrative
- Part 4: Description of Supporting Research
Budget and Budget Narrative

It is understood that the Local Education Agency (LEA) will receive an allocation letter from the State Department of Mental Health which outlines program, fiscal, and general requirements.

Pursuant to the attached provisions of this program, our all-inclusive requested grant amount for ONE YEAR (Fiscal Year 2009-10) is entered below. (This amount should be the same as the amount on line 23 of the Budget form and should represent the third year cost of program operation.)

REQUESTED GRANT AMOUNT: \$_____

The following information must be completed and signed by the LEA Superintendent or his/her designee:

Authorized Signature Superintendent or Designee, School District/County Office of Education	Date
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Type or Print Signer's Name and Title

Type or Print the Name and Telephone Number of the Person to Contact Regarding this Application

Name and Address of the LEA:

Federal Identification Number