CalVCB Northern California Regional

Trauma Recovery Center (TRC) Pilot Grant Application

Title Page

# APPLICATION PACKAGE CHECKLIST

* Title Page: Fill in responses to 1 – 9 and attach to the front of the Program Narrative
* Program Narrative: Numbered responses to narrative qualifications 1-5 (no more than two pages per response) **(60 points)**
* Budget Worksheet **(10 points)**
* Budget Narrative (include description of additional funding sources) **(10 points)**
* Time Task Plan **(7 points)**
* Client Flow Chart **(5 points)**
* Organizational Chart **(5 Points)**
* Letter(s) of intent from each local agency committing to partner with the applicant TRC in running the pilot program. **(3 Points)**

1. **Legal name of the applicant organization:**
2. **Proposed (or current) 3-letter abbreviation for CalVCB internal use (please use when referring to your TRC throughout this application):**
3. **City and county location(s) at which services shall be provided:**
4. **Mailing address(es):**
5. **Schedule of days of the week and hours during which services shall be provided:**
6. **Project representative: (Name, Phone, Fax, Email)**
7. **Project contact with signing authority: (Name, Organization, Address, Phone, Fax, Email)**
8. **Geographic area the applicant will serve, including crime rate:**
9. **Performance Measures Estimates:**

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| --- | --- | --- | --- |
| **Projected Number of Clients to be Served During the 22-month Grant Cycle** | | | |
| Grant Year | Number of New Clients | Unduplicated Clients to Receive Mental Health Treatment | Unduplicated Clients to Receive Case Management Services |
| One (10 months) |  |  |  |
| Two |  |  |  |
| **Number of Trainings, Outreach and Collaboration Events Provided**  **During the 22-month Grant Cycle** | | | |
| Grant Year | Trainings | Outreach Events | Collaboration Events |
| One (10 months) |  |  |  |
| Two |  |  |  |