



Thank you for your time and effort in completing this application.
If you have any questions please contact Director of Program Administration at 708-449-5508 or emails us at RTS@ptmhc.org

SECTION I.

Letter of Intent

Legal Name of Organization:

Mailing Address (and or Physical Address if it is different and not confidential):

Phone: **Fax:** **EIN:**

Website:

Name of CEO or Executive Director:

Phone: **Email:**

Program Name:

Program Contact & Title (if *not* the CEO or Executive Director):

Phone: **Email:**



Organization Information

Year Incorporated:

Mission Statement:

Geographic Area Served (specific to this proposal):

Tax Exemption Status:

- 501(c)(3)
- Using a fiscal agent/fiscal sponsor

Name of fiscal agent/sponsor:

- Other than 501(c)(3), describe:

Estimated Clients Served by the Program: Proviso

Non-Proviso

Number of Employees on the program: Full-time:

Part-time:

Award Request Information

Type of Award Requested (select one):

Amount of Request:

Program or Project Support
Name of Program or Project:

Other:

Describe what the award will be used for:

What discipline best describes the program?

- Mental Health Substance Use Prevention
 Intellectual/Developmental Disability Other

What service type best describes the program?

- In-Patient Outpatient Group
 Individual Family
 Residential* (long term) Residential* (short term)

***To qualify for financial support all residents must show 12 months of residency prior to the start of services.**



Financial Information Budget numbers should match the numbers presented in the financial attachment.

Total Program or Project Budget: **Dates: from:** **to:**

Income: **Expenses:**

What percent of the program’s total cost is supported by other funding sources? List other funding sources and the funding amount.

Medicaid (if applicable)

- A. Provide a copy of the DHS certification outlining approved eligible services**
- B. Provide the organizations National Provider Identifier number (NPI).**

By signing below, I certify that the information contained in this application is true and correct to the best of my knowledge.

CEO/Executive Director _____

Date: _____