Michigan Department of Community Health
Behavioral Health and Developmental Disabilities Administration

FY 2015 Mental Health Block Grant Project
Application Face Sheet

1. PIHP:

2. Application Information:

   a. Project Title:
   b. Specific counties to be served:
   c. Summary of services to be provided:

3. Block Grant funding requested:

FY15 Block Grant Funds Requested	FY15 Local Contribution (Voluntary)	FY15 Total Funding
$	$	$

FY16 Block Grant Funds Requested	FY16 Local Contribution (Required)	FY16 Total Funding
$	$	$

4. Name of the individuals at the PIHP (not subcontractor) to be contacted regarding requested changes to this application. **The budget person must have the authority to modify the budget forms. The work plan person must have the authority to modify the work plan.**

	Name	Title	Telephone No.	E-mail Address
Budget Contact Person				
Work Plan Contact Person				

Signature: _____ Date:
PIHP Director