



INDIANA CARES YOUTH SUICIDE PREVENTION PROJECT

Concept Letter Fact Sheet

ORGANIZATION NAME:

Address:

City/State:

Zip:

Phone:

Website:

EXECUTIVE DIRECTOR NAME:

Phone:

Email:

PROJECT DIRECTOR NAME:

Phone

Email:

PROJECT NAME:

TARGET POPULATION:

COUNTY:

BRIEF PROJECT DESCRIPTION:

TOTAL PROJECT BUDGET: \$

TOTAL AMOUNT REQUESTED: \$

DATE:

INDIANA CARES PROJECT BUDGET WITH DETAIL

ORGANIZATION NAME:

| | EXPENSE ITEM(S) | REQUESTED INDIANA CARES FUNDING | | Explain Expense (if needed) |
|---|--------------------------------|---------------------------------|--|-----------------------------|
| SUPPLIES | | | | |
| | Brochures/Postcards/Posters | \$ | | |
| | Other Supplies – Specify: | | | |
| | 1 | \$ | | |
| | 2 | \$ | | |
| MARKETING | | | | |
| | Designer/Developer | \$ | | |
| | Postage | \$ | | |
| | Photocopying | \$ | | |
| | Printing – Specify: | \$ | | |
| 1 | \$ | | | |
| TRAINING & EDUCATION | | | | |
| | Training - Specify: | | | |
| | 1 | \$ | | |
| | 2 | \$ | | |
| | Speaker and/or Trainer Fee(s): | | | |
| | 1 | \$ | | |
| 2 | \$ | | | |
| EQUIPMENT | | | | |
| | Specify: | | | |
| | 1 | \$ | | |
| | 2 | \$ | | |
| 3 | \$ | | | |
| TRAVEL | | | | |
| | Specify: | | | |
| | Airfare | \$ | | |
| | Lodging | \$ | | |
| | Other - Specify: | | | |
| 1 | \$ | | | |
| AUTO | | | | |
| | Specify: | | | |
| | Car Rental | \$ | | |
| | Replacement gas in rental | \$ | | |
| Fuel (<i>for own vehicle only</i>) @\$.55/mile | \$ | | | |
| TOTAL | | \$ | | |