NAMI National's Hurricane Katrina Relief Fund

Grant Request Guidelines & Process

(What you need to know before you make a request)

Purpose The purpose of the NAMI National's Hurricane Katrina Relief Fund is to support programs that provide direct assistance to those with serious mental illness who are suffering as a result of this disaster. The fund will be available for grants beginning September 14, 2005 and will be reviewed for continuation on December 15, 2005.

Funding Priorities The Hurricane Katrina Relief Fund will give priority to the following:

- To projects that provide direct assistance or services to those with serious mental illness
- To projects that assist families with needs to care for someone with serious mental illness.

Due to limitations in available funds, not all requests for funding can be met during this grant period. A first come first serve basis will be applied until all funds are expended. All decisions of NAMI National are final. This promotes a fair, expedient application and review processes.

Applications may be submitted in any of the following ways:

Via e-mail: KatrinaReliefFund@nami.org

By fax: 703-524-9094, attention: Katrina Hurricane Relief Fund

By mail: NAMI
Katrina Relief Fund
Colonial Place Three
2107 Wilson Blvd., Suite 300
Arlington, VA 22201-3420

Grant requests will be considered as soon as received. NAMI National will make every effort to review and grant request as fast as possible. While a request is under review, applicants may need to be contacted for additional information or clarification. Funds will be made available immediately when an award is made.

NAMI staff will review all applications and the Executive Director will have final approval over all requests. All decisions are final.

Grant recipients must

- Acknowledge the award be designated to be used only as described in the request.
- Have the endorsement of their state organization or affiliate's board of directors of officers
- Have the endorsement of the state NAMI organization, if the request is from an affiliate
- Provide a written report of project activities as specifically detailed within the application of the grant, including a final accounting of funds used, within 30 days.

If you have questions about your grant request or the status, contact Bill Snyder at 703-516-7224 or Katrina Gay at 615-826-8110.

GrantRequest
NAMI National's Hurricane Katrina Relief Fund

Organizational Information **Date ___/___/_____**

Name of State organization or affiliate _____

address _____

_____
City State Zip

Telephone number_____ Fax number _____

Email address_____

Contact person

_____
Name title phone number e-mail address

Amount of request $_____

Summary of request *(1 - 2 sentence*s)

_____
_____
_____
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Narrative *(2 - 3 paragraphs, maximum 1 page) Attach a separate sheet if needed.*
What problem or need will be fulfilled?
What are the goals, objectives and activities/strategies involved in this project?
Provide a timeline of your planned activities, indicating critical timing and events.

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Evaluation *(2 - 3 sentences maximum 1 page)*

Describe your plan for evaluating the success and measurement of the project and a budget outline.

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Attachments

Include any documents that may support program details or logistics, or certifications from another organization.

Comments

Submitted by

I certify that these funds will only be used as described in the applications above and will not be used for any other purposes.
STATE NAMI ORGANIZATIONS: I certify that I have the endorsement of my board of directors with respect to this request.
AFFILIATES, I certify that I have the endorsement of my NAMI state organization and my board of directors/officers with respect to this request.

_____

Name ***Title*** ***Date***