

WV Bureau for Behavioral Health and Health Facilities

Unsolicited Proposal for Funding Application

Proposed Service Title

Total Amount of Funding Requested

Brief Description of the Proposed Service

Applicant Organization Contact Information

Applicant Organization Name

Address (Line One)

Address (Line Two)

City

State

Zip

Phone Number

Fax Number

Web Address

Name of Applicant Organization Director

Phone Number

E-mail Address

Name of Applicant Organization Chief Financial Officer/Fiscal Director

Phone Number

E-mail Address

Name of Project Officer / Lead Contact (Name & Title)

Phone Number

E-mail Address

Required Documents

Proposal Narrative

Attachment 1: Targeted Funding Budget(s) and Budget Narrative(s)

Attachment 2: Organization's Valid WV Business License

Instructions for Attaching Files

1. For each attachment, ensure the file name matches the text on the form
2. Near the top on the right hand side, click "Comment"
3. Click the Icon that looks like a paperclip ----->
4. Move your mouse to the appropriate box on the form and click
5. Locate the file on your computer, select it, and click "Open".
A paperclip will appear in (or near) the box on the form and your file will be attached.



Once form is completed and all attachments are made, click button above and enter the AFA Title and Number in the Subject Line.