

Application – Approved or Denied

Application Number: 2018-MHB-_____

Applicant's Name: _____

Funding for provider: Full Funding Approved Partial Funding Approved Not Funded

Total amount of funding approved: \$ _____

On _____, 2018, the KCMHB met to consider the application for ____ General Funding or ____ Special Funding to provide services for the

____ developmentally disabled,
____ to aid/treat persons with mental illness,
____ to aid/treat persons with substance use/abuse issues

The motion to approve or deny the grant application was made by _____ and seconded by _____. The motion was approved by a vote of _____ to _____ with _____ members abstaining.

This document is attached to the **Application** which describes the purpose(s) for which the grant is awarded. Attached also, is a statement setting forth all modifications, if any, required by the Knox County Mental Health Board and agreed to by the Applicant.

Greg Bacon, President of the Knox County
Mental Health Board
Date: _____

Secretary or designated County Board Member
of the Knox County Mental Health Board
Date: _____

Greg Bacon, President; Steve Watts, Secretary; Dick Conklin, County Board Member; Carol Maloney, Board Member; Tasha Easley, Board Member; John Schlaf, Board Member; Luke Raymond, Board Member.