**INTENT TO PROPOSE**

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| **Region:** |  |
| **Proposal Title:** |  |
| **Description of Request:**  Describe the program/service to be funded. |  |
| **Rationale for Request:**   * Describe the need for the program/service using current data and why this need will lead to the development of the program being proposed. * Describe the target population to be served and provide specific details about demographics and BH conditions addressed (MH, SUD, Both). |  |
| **Budget Overview**  Narrative, outlining estimated cost (lump sum), including if the service will be reimbursed on an expense or rate and rationale. Include funding source (i.e. block grant, federal, etc.) |  |
| **Service Information**  Indicate if new service is being proposed or if an existing service will be used. If this is for a brand new service, provide rationale as to why the service could not be met by an existing service in the Continuum of Care Manual. |  |