

DEKALB COUNTY COMMUNITY MENTAL HEALTH BOARD

Application Cover Page for Grant Year 2020

Agency name: _____

<u>Name of Program(s) in order of highest to lowest funding priority</u>	Note if Renewal, New or Changed Program	Total Dollars requested, per program (attach sheet with simplified revenue and expense of each program)

We hereby certify that the information contained in this application is an accurate representation of services, revenue, and expenses for the Agency, and for each program for which funding is requested.

Agency Director and Date

Chair of the Agency Board of Directors and Date