

**Arizona Department of Health Services Division of Behavioral Health Services  
T/RBHA Housing Project Proposal Outline Form**

Applicant: \_\_\_\_\_  
(T/RBHA)

Contact Name & Title: \_\_\_\_\_

Project Name: \_\_\_\_\_

Mailing Address: \_\_\_\_\_

Street Address: \_\_\_\_\_  
(if different from mailing address)

City/State/Zip: \_\_\_\_\_

Telephone: \_\_\_\_\_

Facsimile: \_\_\_\_\_

E-mail Address: \_\_\_\_\_

*Please Note: Complete one Project Proposal Outline for projects that have multiple addresses.*

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**Amount of ADHS/DBHS Funds Requested:**

Should funding be awarded, the amounts may be more or less than the amount requested in the box below. Any funds provided through this process will be from the Arizona Department of Health Services Division of Behavioral Health Services.

ADHS/DBHS Funding Requested
\$ _____

**List Other Funding Source(s):**

(provide a list of other funding sources to be used to leverage/match funding request including: non-profits, for-profits, banks, federal funding-HUD/VA/USDA Rural Development, Industrial Development Bonds, philanthropic)

Amount Leveraged/Matched
\$ _____

**Type of Activity:**

Provide a very brief explanation of what the overall housing activity planned and how you wish to utilize ADHS/DBHS funds.

Describe Proposed Housing Project: \_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Proposed Use of Funds: \_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_

Location of Project/Area(s) to be served (city, county, town, reservation): \_\_\_\_\_

\_\_\_\_\_



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**Outcomes:**

Please describe anticipated outcomes such as reducing length of stay in inpatient or in residential treatment, reducing the number of individuals who are homeless, increasing permanent housing stock, etc.

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If you need technical assistance or have any questions please contact the ADHS/DBHS Housing Coordinator at 602-364-4602.

**Please submit this form to:** ADHS/DBHS Housing Coordinator, 150 North 18<sup>th</sup> Avenue, Suite 220 Phoenix, Arizona 85007 or fax it to (602) 364-4767.

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FOR ADHS/DBHS USE ONLY:

Date Reviewed by the ADHS/DBHS Housing Review Committee: \_\_\_\_\_

<b>Amount of Funding Recommended by the ADHS/DBHS Housing Review Committee</b>
\$ _____

Recommendations/Issues: \_\_\_\_\_

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ADHS/DBHS Housing Coordinator \_\_\_\_\_ Date \_\_\_\_\_