

**Michigan Department of Health and Human Services
Behavioral Health and Developmental Disabilities Administration**

**FY 2025 MDHHS Project
Application Face Sheet**

1. Grantee Name and DBA, if applicable:
2. Application Information:
 - a. Project Title:
 - b. Specific counties to be served:
 - c. Description of Project: *Provide a brief description (2 – 3 sentences) of the project and services to be provided:*

FY2025 Funds Requested	FY2025 Local Contribution <i>Other grants, donations, Medicaid Match, Fees, etc.</i>	FY2025 Total Funding
\$	\$	\$

3. Name of the individuals at the agency to be contacted regarding requested changes to this application. **The Financial Officer must have the authority to modify the budget forms. The Authorized Official is responsible for electronically submitting and signing agreements. The Project Director must have the authority to modify the work plan. These should be the same names provided in EGrAMS. Face sheets with duplicate names in any category will be returned for revision.**

	Name	Title	Telephone No.	E-mail Address
Financial Officer				
Authorized Official				
Project Director				

Signature: _____ Date: _____

Authorized Official

(Other signatures will not be accepted and this form will be returned for revision)