



**Organization:** [THE RURAL HEALTH BEHAVIORAL HEALTH INSTITUTE](#)

**Project Title:** Screening Linked to Care to Prevent Suicide in Illinois Middle and High Schools

**Request Amount:** \$80,000

**Total Project/Program Budget:** \$95,645

**Annual Organization Budget:** \$2,488,588

**Target Population:** 2,000 children in rural west central IL (grades 6–12) who have limited or no access to quality mental health care. Estimated demographics: 86% White, 7% Hispanic/Latino, 4% Black, and less than 2% other racial groups; 17% experiencing poverty.

**TFF Staff Comments:** This is the first time this organization has applied to TFF for funding.

This is a pro-active project that has been driven by the TFF Mental Health Committee in collaboration with TFF's Education Focus Area.

The TFF Board is reviewing this application because it is for more than \$50,000.



# Proposal

**\*Request Owner:** Angie Schlater  
**Request Source:** External (Submitted 02/28/2024)  
**Proposal Type:** Formal Grant Application - Education Non-School  
**Invitation code (where applicable):** Cycle 1, 2024 (27827YQL3J)  
**Action Without Meeting:**  
**Approval Stipulations:** N/A  
**TFF Staff Comments:**  
**Project Title:** Screening Linked to Care to Prevent Suicide in Illinois Middle and High Schools  
**Request Amount:** \$80,000.00  
**Total Project or Program Budget:** \$95,645.00  
**Funds are being requested for::** New Program Support  
**Focus of Education Grant Request:** The Whole Child  
**\*Target Population Served by Request:** ~2,000 children in rural IL (grades 6–12) who have limited or no access to quality mental health care. Estimated demographics: 86% White, 7% Hispanic/Latino, 4% Black, and less than 2% other racial groups; 17% experiencing poverty.

**Project Start Date:** 07/01/2024

**Project End Date:** 06/30/2025

**Request Information:** We are requesting \$80,000 for delivery of RBHI's suicide prevention program to ~2,000 6th- to 12th-grade students in west central Illinois during the school year FY24-25. Our assessment and intervention program will work with schools, teachers, and students to assess for suicidality and other mental health concerns, and when those concerns are identified, our program will both intervene and help those families garner counseling services appropriate to the identified mental health concern.

The funds will be used to:

1. Purchase 2,000 in-school electronic screeners. Screeners will identify students with high suicide risk and possible mental health issues.
2. Cover salaries and travel for 2 staff members to implement the program. This team will:
  - a. Recruit schools, manage same-day mental health clinicians, and discuss screening results with participating schools.
  - b. Provide further support with case management services to families and students.
  - c. Build partnerships with local mental health clinicians and providers in west central Illinois.
  - d. Continue to support schools that experience unanticipated mental health needs/crises post-screening.

**Need for Project:** A recent CDC report described the deterioration of adolescent mental health across all demographics over the past decade. Suicide rates among young people are also on the rise. Fatal suicides are generally preventable. Despite this, suicide results in more deaths among Illinois youth (11-18 years) than any other cause except accidents.

Those living in rural regions, including this proposal's population, bear the greatest mental health burden and higher suicide rates because of health inequities. In rural areas, youth seeking mental health services face multiple, intersecting barriers and often struggle to find care that is accessible, affordable, and effective. With few mental health tools available among rural youth, mental wellness is harder to achieve. Thus, there is a dire need to identify and treat young people experiencing mental health issues as early as possible, so they can feel and function their best.

Illinois youth suicide rates are 28% higher than 10 years ago. The state ranks in the top 10 for having the highest proportion of youths with mental health disorders (depression and substance use). As in other rural regions of the US, access to mental healthcare in rural Illinois counties is lower, creating health inequities in these young populations.

With Screening Linked to Care (SLTC), RBHI has transformed mental healthcare delivery for adolescents. We collaborate with schools to access nearly all adolescents in a population. Using custom-built software, we accurately identify youth with unmet mental health needs. We provide same-day, free, virtual mental health care at school for students with recent suicidality. Students reporting any significant mental health issues are offered brief case management services and, if other care is not available, bridge mental health care (psychiatric evaluations/treatment and individual and group therapy). We deliver care virtually to reach all youth regardless of locally available resources.

**Best Practices:** Studies support the effectiveness of school-based mental health screening in preventing youth suicide. In an early study, the assessment tool we use in SLTC predicted short-term suicidal behavior among high-risk adolescents. A separate study found 70% of students with elevated risk of suicide received mental health care once identified. Screening therefore increases youths' mental health service use. A third study of a program like SLTC found reductions in suicidality among students.

We have seen similar evidence with SLTC. Among the 8,500+ students who participated in Fall 2023, 7% reported recent suicidality (100% received same-day care). Longitudinal data show rates of new suicidality dropped 7-fold and clinically significant depression and anxiety symptoms were reduced by 39% and 37%, respectively. Therefore, SLTC identifies and connects students with suicidality to rapid care AND is associated with improvements in mental health outcomes.

**Collaboration:** SLTC is implemented by RBHI staff in collaboration with schools, clinicians, and key partners. Currently, RBHI is working with 80+ schools in 25+ MT counties and 1-2 WI counties. We have also built a network of 1000+ providers. Using our successful, stakeholder-centered model, RBHI will develop partnerships with 6-12 schools across west central IL, as well as healthcare systems, therapists, government agencies, and organizations. Potential school district (county) partners include Western (Barry), Brown County (Mt. Sterling), Central (Camp Point), Griggsville-Perry (Griggsville), Virginia (Virginia), and Pikeland (Pittsfield). In addition, one of the first tasks RBHI will undertake for this project is to build a cooperative network of partners who are interested in supporting youth.

RBHI and its partners use the following model to integrate digital suicide-risk screening into schools and establish a network of mental health care. Successful implementation of screening occurs when schools, students, parents, school boards, and community members are well-informed and prepared. Schools will be recruited by the RBHI Implementation Director. Once a school agrees to have SLTC implemented, the following activities are performed by RBHI in collaboration with each school:

#### PRE-SCREENING

School and RBHI staff:

- Identify a point person for SLTC coordination.
- Develop a safety plan to connect at-risk students to care.
- Decide which grades to screen and which school staff will proctor.
- Schedule screening.
- Collect parental informed consent forms.
- Schedule same-day therapists.
- Train school staff on connecting students to care.
- Share therapist list and resource guide with school and families.

#### DAY OF SCREENING

- Students access screening website using code.
- Screening takes ~10 min.
- Results are immediately emailed to the school champion.
- Champion identifies which students need follow-up and contacts families.
- Champion connects students with teletherapists.

#### POST-SCREENING CASE MANAGEMENT

- RBHI Case Managers (CM) contact families of students who need follow-up care.

- RBHI conducts a needs assessment and connects families with resources.
- CM follows student and family for 2 months.
- CM surveys family about student's functioning at 2 months.

POST-SCREENING BRIDGE PSYCHIATRIC SERVICES (not included in pilot)

- Family provides written permission to treat child.
- Psychiatrist conducts diagnostic evaluation and initiates a treatment plan.
- Psychiatrist has follow-up visits at 1-2-week intervals until treatment is stable.
- Psychiatrist shares medical data with patient's usual provider.
- Psychiatrist provides as-needed consultation to provider.

POST-SCREENING DATA SHARING

- RBHI provides a statistical analysis showing the proportions of positive and negative screens and other summary data after school completes screening.
- School staff receive the recommendations and safety plan for each student who meets with an RBHI clinician. These should be shared with the student's guardian.
- School staff enter a case management referral for any student whose guardians have requested support in finding follow-up care.

STAKEHOLDER-CENTERED COLLABORATION

Across program development and implementation, RBHI uses a stakeholder-centered approach. We recognize that local community members are the experts in what they need. For SLTC, RBHI staff serve as implementation facilitators who help school stakeholders tailor implementation plans and deliver the program at their schools. Parents and students are actively involved in all clinical decisions. Moreover, we center the voices and needs of impacted communities: RBHI regularly collects feedback from students, parents, school administrators, and staff. We use these data to improve SLTC and address emerging needs. This approach has resulted in a 93% retention of schools that deliver our program since 2021.

**\*How Does This Request Fit Into Your Organization's Mission and Purpose?:**

The proposed pilot program in west central Illinois fits into our mission and vision and contributes to our long-term plans for growth. First, through the proposed expansion, RBHI will increase access to mental health screening, services, and care for thousands of underresourced youth in rural IL. Such youth often have trouble accessing mental health screening and care due to barriers related to accessibility, affordability, and effectiveness. By offering FREE universal screening, same-day care, and case management services to youth in rural IL, SLTC can ensure that IL youth have access to affordable and effective mental health care. Moreover, through our intentional cultivation of school and community partners, RBHI will build a robust and coordinated network of mental health services for youth in rural IL. All of these efforts will help us address the youth mental health crisis facing both IL and the US, reduce suicide among youth (with a focus on rural populations), increase their access to mental health services, and improve their mental health outcomes.

Second, the proposed project aligns with RBHI's plans to scale SLTC to reach more youth in need. While SLTC was first launched in MT in 2021, RBHI has already expanded the program across half of the state and to 1 school district in WI. We are working to expand SLTC to other midwestern states, including school districts in IL and WI. In the long term, we plan to scale the program across the United States. Piloting SLTC in rural Illinois is a key next step in this plan for growth and is integral to our efforts to ensure that ALL youth have access to mental health care and services.

**SWOT Analysis of Organization or Project**

Strengths (S) - What do you do very well?	Weaknesses (W) - What do you need to improve?	Opportunities (O) - Where do you see opportunities for impact?	Threats (T) - Where do you see obstacles to your goals?
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RBHI has successfully implemented the proposed program in 6th–12th grades in similar rural school settings and delivered more than 20,000 screens since fall 2023.	RBHI has not worked with Illinois schools previously. While there are many commonalities among schools, there may be regional cultural differences that could impact the willingness of schools to implement a new mental health program.	The need for mental health services is great for youth in IL. The youth suicide rate is 28% higher than 10 yrs ago. 17% of IL high schoolers seriously considered attempting suicide in the past year, and 8% reported 1 or more attempts.	Distrust of outside entities and mental health-related stigma may be high in schools/communities. This could negatively affect participation. RBHI has strategies for working with communities with high stigma/distrust that we can replicate in IL.
SLTC is associated with significant improvements in depression and anxiety symptoms and reductions in incident suicidality rates in the target age group.	RBHI has not tried to contract with mental health clinicians outside of Montana. We anticipate there will be sufficient interest, especially based on the hourly rate we offer and the flexible schedule.	In addition to the rates provided above, higher proportions of youth in IL have major depressive disorder and/or substance use disorder compared to national peers.	There could be too few mental health providers willing to support students needing longer-term care. RBHI will compile a database of local and IL-based providers who provide telecare to reduce the possibility of a student not being able to find care.
RBHI's school and clinical partners have repeatedly expressed how much they value SLTC.	RBHI will not offer its bridge clinical services. If case management is unable to find timely care for a student needing longer-term mental healthcare, we will not have clinicians to provide services until community-based care can be arranged.	SLTC creates an innovative gateway to universal, digital mental health screening coupled with effective mental health specialist care in schools.	Changing laws that restrict mental healthcare delivery in schools or telecare delivery could affect participation in the future.
RBHI has extensive experience hiring, training, and supervising staff virtually.	Based on our experience working with schools, we anticipate a half-time staff member based in west central IL will be sufficient. If we have underestimated the time needed, we have sufficient staff to perform all needed activities virtually.	SLTC addresses two important barriers to improving adolescent mental wellness at scale: inexpensive, efficient identification of adolescents suffering silently and rapid connection to effective services not widely available in rural communities.	n/a
RBHI has built strong partnerships with clinicians, schools, and communities using its virtual model, which is replicable.	n/a	Virtual delivery of mental healthcare allows us to support all youth regardless of locally available resources.	n/a
RBHI has tested a model of using contracted therapists to deliver same-day care in schools, which it will use in the proposed work. This will help us identify therapists who excel at this type of care delivery and whom we can hire in the future.	n/a	This program will help build partnerships among families, schools, and mental health clinicians, which will increase access to mental health care.	n/a
We have built out the mental health resources for the target region in Salesforce and will begin reaching out to providers as soon as we receive funding. This will create a care network to support students identified with mental health issues.	n/a	SLTC data will inform schools, counties, and states about the mental health needs of youth in real time and longitudinally.	n/a

n/a

n/a

Replication of the Montana SLTC program in Illinois will inform future dissemination of SLTC in other states. This will include data related to staffing, school interest, and regional similarities and differences.

n/a

**S.W.O.T. Analysis:**

**SWOT Analysis:**

**Did you complete the SWOT Analysis for your organization as a whole or only for a specific project and/or program within your organization?:** Project/Program

**Goals and Action Plan for Measurable Impact**

Goal - What do you want to accomplish? What do you want to achieve?	Current Situation - What are you doing now? What does your current data show?	Action Steps to Achieve Goal - What do you plan to do to move from your current situation to your goal?	Measurable Impact Desired - How will you know that you achieved your goal?
GOAL 1: We will partner with 6–12 schools in west central Illinois to deliver Screening Linked to Care (SLTC) to up to 2,000 6th- to 12th-grade students to identify those with suicide risk and connect them to appropriate services.	We have a list of schools that may have interest in SLTC. We have mental health data for IL high school students (only data publicly available). Our Salesforce database contains all eligible schools, their demographics, and contacts.	<ul style="list-style-type: none"> <li>Recruit schools to participate.</li> <li>Hire 1 staff member to support schools during/after SLTC implementation.</li> <li>Train staff member in SLTC delivery and relevant software platforms.</li> <li>Plan SLTC delivery with school partners.</li> <li>Deliver SLTC.</li> </ul>	<ul style="list-style-type: none"> <li>90% of recruited schools deliver SLTC at least once during the 2024–2025 school year.</li> <li>If opt-out consent is used, 70–75% of eligible students will participate in SLTC.</li> <li>If opt-in is used, 25–50% of students will participate.</li> </ul>
GOAL 2: Students who report having recent suicidality will be evaluated for safety, given a brief intervention, and provided with referrals to appropriate services.	We have job cards/contract templates, a list of licensed therapists in IL, a plan for deploying therapists, and software that will support the quality of care provided. We can ask Terry Jenkins for guidance on identifying high-quality therapists.	<ul style="list-style-type: none"> <li>Contract with mental health clinicians to support same-day care.</li> <li>Train contracted clinicians in care delivery model and software platform.</li> <li>Deliver same-day care virtually to all students with recent suicidality.</li> </ul>	<ul style="list-style-type: none"> <li>100% of students with recent suicidality will receive same-day care.</li> <li>90% of students reporting mental health issues receive a check-in by the school.</li> </ul>
GOAL 3: Families of students who report any mental health issues will be offered brief case management (CM) services to help connect students with mental health needs to appropriate care.	We have a Salesforce platform for recording resources and sharing tailored resource lists with families/schools; staff who will build Salesforce resources for IL prior to the 2024–25 school year; and software to support case management activities.	Train new staff member (from Goal 1) in use of software platforms. New staff member will train schools on how to obtain parental permission for RBHI to contact them and offer CM services and will work with families to connect students with services.	5% of all students (100 total) use case management services and are connected with post-screening care.

**Measurable Goals & Action Plan:**

**Future Funding Plan:**

1. RBHI has a robust fundraising program comprised of diverse revenue streams. These include government, foundation, and corporate grants and individual giving. As RBHI expands, we are developing relationships with funders, securing multiyear grants, and pursuing new prospects. We have also recently contracted with a grant writer to provide additional support. We anticipate continuing to secure grants for SLTC in IL during/beyond the project period.

2. RBHI will apply for government funds to expand SLTC in IL. Previously, we have secured contracts with DPHHS and a federal subcontract with HRSA for SLTC in MT. In 2024, we will pursue state and federal funding to support SLTC via the IL Office of Rural Health.

3. After completing the pilot, we anticipate adding clinical services to the IL program. These generate revenue from reimbursement for services. (For example, RBHI bills private insurance and Medicaid for treatment.)

4. For long-term sustainability, RBHI is developing a cost model that will charge schools for different SLTC services using a tiered cost structure. SLTC costs \$65 per screened student. Schools have multiple funding sources that could cover these costs. This year, one small MT school (<100 students) received \$7,000 in Title funds to support SLTC. They said SLTC was invaluable to their students, and they wanted to provide support to ensure our work would continue.

5. RBHI has additional plans for continuing sustaining our work in IL, such as adding fee-for-service crisis intervention trainings for school staff and seeking opportunities to generate passive income (e.g., subscription for use of our data analytics software).

While RBHI would welcome future funding from the Tracy Family Foundation, we anticipate leveraging TFF's 1-year grant for the pilot program to pursue additional grants to support our IL expansion. The pilot will provide us with the data needed to secure state and federal funding for sustaining and expanding SLTC delivery in IL.

**Capacity Building:**

To solve the inaccessibility of and long waits for mental health care, our team has reimagined a new care model. During the 2022--2023 school year, RBHI expanded SLTC to include virtual case management and bridge care services. In our model, case managers provide virtual service coordination to connect students to the care they need. When students are unable to find care from community providers, RBHI offers short-term psychotherapy and/or psychiatric care to those who may benefit until longer-term treatment can be initiated. This programmatic growth was developed based on stakeholder feedback (specifically, student and family requests for additional resources). By adding these elements to SLTC, we have improved the continuum of care we offer to students.

Critical to scaling SLTC, our program provides a solution to the mental health workforce specialist shortage emergency using a novel collaborative care model. Our model extends the reach of limited mental health specialists (child psychiatrists) using supervised psychiatric nurse practitioners (PMHNPs) as the primary workforce. PMHNPs can deliver the same care as psychiatrists in all states, including medication prescribing. However, the quality of care PMHNPs deliver is improved when they are supervised by a child psychiatrist. Through this unique staffing model (which prioritizes the rapidly growing field of PMHNPs), we are working to expand and sustain the mental healthcare workforce in rural regions. We hope to replicate this model in IL with case management (during the pilot) and bridge care services (after the pilot year).

Along with increasing our program capacity by enhancing our programs and staffing model, RBHI has deeply invested in the development of novel technologies over the past 1.5 years. For example, in the 2022--2023 school year, RBHI collaborated closely with expert software developers (employees at Meret Solutions, LLC) to build a custom screening platform for students and schools. RBHI staff and our contracted developers completed the project in 7 months--3 months ahead of schedule--and the resulting product far exceeded our expectations. All school partners now use this platform, which includes a school dashboard, to screen their students. Since then, we have continued to work with these contracted developers to integrate new components into the screening platform to improve case management and clinical care workflows.

Building on this, RBHI recently received 2 capital grants (Otto Bremer Trust, MT Healthcare Foundation) to support the development of custom software in Salesforce. The new software will integrate our mental health/suicide risk screening platform (MARS), electronic health records (EHR) software, and project management and data analysis software systems. By streamlining the data flow between our custom screening software and our Salesforce platform, we will create a seamless integration that optimizes the continuum of care, from identification to treatment. This cohesion will help RBHI staff and stakeholders efficiently manage students' information, track progress, and make data-driven decisions to enhance outcomes. This project is underway and due to be completed in late 2024.

**Project Photos:** RBHI video (link).pdf

**Executive Director/President/CEO** Yes

**Authorization:**

<b>Does Your Organization Have a Strategic Plan?:</b>	Yes
<b>Strategic Plan Upload:</b>	RBHI_Strategic Plan.pdf
<b>Project Budget Template:</b>	2024_02_28_RBHI_Project Budget_FY2025.xls
<b>Current Annual Organization Budget:</b>	\$2,488,588.00
<b>Organization Budget:</b>	RBHI_Org Budget_FY2024.pdf, RBHI_Budget-Actuals_2023.pdf
<b>Statement of Financial Condition:</b>	RBHI_Balance Sheet_YTD 2024.pdf
<b>Statement of Activities:</b>	RBHI_Stmt of Activities_YTD 2024.pdf
<b>Do you have any overdue Final Impact Reports to TFF?:</b>	No
<b>Key Staff Member Information:</b>	<p>RBHI staff include experts in digital mental health care, suicide risk assessment and treatment, rural public health, education systems, and implementation science. The team has spent most of their careers focused on major public health problems, with an emphasis on bolstering care for underserved populations, such as those living in rural regions. Key staff for this project will include the following:</p> <p>RBHI's CEO, Janet Lindow, PhD, and CFO, Kristal Choy, will be responsible for the overall direction of the proposed program and supervision of staff and finances. Their time will be donated to the pilot.</p> <p>The project will be headed by RBHI's Implementation Director, Kayleigh Brown. Brown will supervise SLTC implementation, therapists, and Implementation Specialist. She will also ensure that school recruitment goals and implementation timelines are achieved.</p> <p>RBHI's Implementation Specialist (To Be Hired) will perform the day-to-day activities for SLTC. They will coordinate with therapists and schools to connect students with suicidality to same-day care. For the IL pilot, they will also serve as case manager, offering short-term care coordination to families with unmet mental health needs (~2 mos.).</p> <p>The Director of Technology Solutions, Andrew Keating, will provide technical support to schools on screening days and ensure RBHI staff have the technological tools needed. His time will be donated to the pilot.</p> <p>At each school, administrators will designate a point-of-contact staff member (school champion) who will oversee SLTC implementation at the school. On screening days, the champion will receive screening results and connect students with high risk of suicide to the therapist providing care on the day of screening.</p> <p>RBHI-contracted therapists will be available on each screening day to provide as-needed care and referrals. All therapists will be licensed in IL and have experience working with adolescent populations.</p>
<b>*Organizational or Personnel Changes:</b>	<p>RBHI did not renew the contract of its Child Psychiatrist in August of 2023. We now contract with a highly skilled Child and Adolescent Psychiatrist (Alexander Westphal, MD) and have hired a full-time psychiatric nurse practitioner (PMHNP) who delivers all direct patient care. Dr. Westphal supervises the PMHNP's clinical care.</p> <p>The cost of a full-time psychiatrist compared to the actual workload was very imbalanced. We are moving to a model of using contracted psychiatrists (same cost as a half-time psychiatrist) whose primary function is to closely supervise PMHNPs rather than provide direct patient care. PMHNPs cost less than half of 1 child psychiatrist and bill at 90%. There are nearly 3 PMHNPs for every child psychiatrist, and the number of PMHNPs is growing 10 times faster than psychiatrists. One psychiatrist can supervise ~10 PMHNPs to vastly expand the specialist workforce and improve the quality of psychiatric care delivered.</p> <p>This new staffing model will give us more program flexibility and reduce costs. For students who do not have access to psychiatric care, PMHNPs perform diagnostic evaluations and initiate treatment. Child psychiatrists supervise care. Our therapists may also provide ~8-week, evidence-based psychotherapy to students who have no other care options. This year will be a test of this model to determine if it can be used for SLTC replication in other states. If so, it will greatly extend the reach of a single, rare child psychiatrist and improve the quality of care delivered by PMHNPs.</p>
<b>Board of Directors:</b>	RBHI_Board List_2024.docx



**Audit:** 2022-12-31 Reviewed FS - Final.pdf

**990:** RBHI\_Form 990\_FY2023.pdf

**\*Letter of Agreement - Review and Accept Terms:** ● I ACCEPT

**\*Name of Individual Agreeing to Terms:** Janet Lindow

**How long did it take you to complete this grant application?:** 10+ hours

**Please share any suggested improvements to our grant application process.:** N/A - Thank you for your consideration!

**Is this an Invitation Grant?:** No

**Interim Report 1:**

**Grant Variance Request:**

**Site Visit Report:**

**Challenge Grant Document(s):**

## Project Budget Template

PROJECT INCOME				PROJECT EXPENSES			
Source	Budgeted Cash Income	Budgeted In-Kind Income	Indicate if income is Committed (C) or Pending (P)	Item	Budgeted Cash Expenses	Budgeted In-Kind Expenses	Dollars Requested from Tracy Family Foundation
Local Government	\$	\$		Salaries or wages for project staff <i>(break down by individual position below and indicate full or part-time)</i>			
State Government	\$	\$		Implementation Director, 10% FTE	\$9,050.00	\$	\$9,050.00
Federal Government	\$	\$		Implementation Specialist & Case Mgr, 50%	\$30,750.00	\$	\$30,750.00
Individual Contributions	\$15,645.00	\$	P		\$	\$	\$
Foundations <i>(specify below)</i>					\$	\$	\$
<b>Tracy Family Foundation</b>	<b>\$80,000.00</b>		<b>P</b>	<b>Salaries and wages subtotal</b>	<b>\$39,800.00</b>	<b>\$0.00</b>	<b>\$39,800.00</b>
<i>(name)</i>	\$	\$		Insurance Benefits & Other Related Taxes	\$9,950.00	\$	\$9,950.00
<i>(name)</i>	\$	\$		Contracted Clinicians <sup>1</sup>	\$24,000.00	\$	\$20,000.00
Corporations <i>(specify below)</i>				Screening Costs <sup>2</sup>	\$12,000.00	\$	\$10,250.00
<i>(name)</i>	\$	\$		Travel <sup>3</sup>	\$1,200.00	\$	\$0.00
<i>(name)</i>	\$	\$		Supplies	\$	\$	\$
<i>(name)</i>	\$	\$		Marketing	\$	\$	\$
Program Service Fees	\$	\$		Rent & Utilities	\$	\$	\$
Membership Income	\$	\$		Training & Professional Development	\$	\$	\$
Other <i>(specify below)</i>				Other <i>(specify below)</i>			
	\$	\$		Indirect Cost <sup>4</sup>	\$8,695.00	\$	\$
	\$	\$		<b>Total</b>	<b>\$95,645.00</b>	<b>\$0.00</b>	
	\$	\$					
	\$	\$					
	\$	\$					
<b>Total</b>	<b>\$95,645.00</b>	<b>\$0.00</b>					
<b>Total Budgeted Cash and In-Kind Income</b>							
<b>\$95,645.00</b>							
				<b>Total Budgeted Cash and In-Kind Expenses</b>			
				<b>\$95,645.00</b>			
							<b>Total Requested from TFF</b>
							<b>\$80,000.00</b>

**Please provide any comments needed to help someone unfamiliar with your program/project understand the numbers above.**

1. Est 160 hrs at \$150/hr (8% of 2,000 students screened).
2. Est 2,000 screens at \$6 ea.
3. For Implementation Director travel from MT to IL.
4. 10% indirect cost which incl software, accounting, and other administrative/legal needs.