

**Winnifred L. Stevens Foundation together with Solihten Institute**

**Developmental Support for School-Based  
Mental Health Screening and Treatment**

**Application and Instructions**

**Please complete the following application, including the budget template that is available [for download here](#). Or it can also be found on the Member Area of the Solihten Website under Professional Peer Groups/School Based Services Group. As an added precaution, you may wish to maintain a word document with the answers to your questions until the survey is completed.**

**The Budget Template, along with the letters of commitment described in question #6, should be attached to the Online Application and submitted by May 31, 2023.**

**Questions regarding the application or the process of applying may be referred to Steve Duson, Vice President, Solihten Institute: [steved@solihten.org](mailto:steved@solihten.org) or (713) 628-3239.**

## Winnifred L. Stevens Foundation together with Solihten Institute

### Developmental Support for School-Based Mental Health Screening and Treatment

#### Contact Information

##### Center

**Center Name**

**Address**

**Address 2**

**City/Town**

**State/Province**

##### Primary Contact

**Name**

**Role**

**Email Address**

**Phone Number**

Winnifred L. Stevens Foundation together with Solihten Institute

Developmental Support for School-Based  
Mental Health Screening and Treatment

Project Overview

Project Title

Is your project a **new initiative** or an **adaptation/enhancement** of an **existing initiative**?

- ☐ New
- ☐ Adaptation/enhancement

Which of the following does your **project focus**?

- ☐ School Screening
- ☐ Mental Health Treatment
- ☐ Both

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Developmental Support for School-Based  
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Executive Summary: Overview

**Please provide a brief description of your project within the provided structure. Be sure to address each aspect of the questions.**

**Introduction.**

In this section, the following questions should be addressed. **Please use language that a layperson might use and be sure to clarify any acronyms.**

*Note: The text boxes will expand to fit the contents.*

**What are the primary aims of this project?**

**Why is this project important?**

**What differentiates your approach?**

**If your project is an adaptation or enhancement of an existing initiative, please explain.**

**Need.**

Please describe the **need you are trying to meet, the problem you are working to solve, OR the opportunity you are wishing to address.**

*Note: The text box will expand to fit the contents.*

## **Project Activities.**

This section describes the activities that you propose to carry out with the requested funding. Please include as much detail as possible and consider the following questions.

*Note: The text boxes will expand to fit the contents.*

**What activities are you planning?**

**Who will be involved in planning and executing these activities?**

**What methods will be used in these activities?**

**What tangible deliverables will result from these activities?**

**How will the significance of these project activities be measured?**

**For projects that involve significant cross-disciplinary collaboration, what mechanisms will be set up to ensure that such collaboration is substantive?**

## Winnifred L. Stevens Foundation together with Solihten Institute

### Developmental Support for School-Based Mental Health Screening and Treatment

#### Executive Summary: Uploads

**Please upload the required documentation below.**

***Note: At this time only Only PDF, DOC, DOCX files are supported.***

#### **Budget.**

Please provide a detailed proposed budget for your project using the Solihten Institute template. Budgets should include only committed income sources and narratives that explain revenue sources and the purpose and timeframes of the major expenditures.

Choose File

Choose File

No file chosen

#### **Matching Funds / Letters of Commitment (Required)**

You can **either upload one file** with **all** your documentation, **OR** files can be **uploaded individually**.

Funders. Please provide information about the community matching funds that have been secured for the project, along with signed letters of commitment from the funder(s).

Partners. Please provide statements of commitment from key partners (schools, school districts, other organizations that will play a key role in delivering the project goals).

Choose File

Choose File

No file chosen

#### **Additional, Individual Matching Funds / Letters of Commitment**

Choose File

Choose File

No file chosen

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