



# 50 under 50

your idea + small grant = big difference @ CMHC

## Application

Date: \_\_\_\_\_

Applicant Name: \_\_\_\_\_  
*First* *Last*

Role at CMHC: \_\_\_\_\_

Worksite: \_\_\_\_\_

Phone: (    ) \_\_\_\_\_ Email: \_\_\_\_\_

What is the best way to reach you? \_\_\_\_\_ Amount Requested (under \$50): \_\_\_\_\_

**Purpose** (In 1-3 sentences, describe how you plan to use the funds):

  
  
  
  
  
  
  
  
  
  

**Making a Big Difference** (In 1-3 sentences, describe how your small grant will make a big difference in the quality of care in outpatient services. *This question is very important! We welcome your creativity!*):

  
  
  
  
  
  
  
  
  
  

## Submission

Please submit all applications by email to Director Kyle Pedersen at the CMHC Foundation, [kyle.pedersen@yale.edu](mailto:kyle.pedersen@yale.edu). If you are not able to submit your application by email, please contact Kyle to make alternate arrangements (203-974-7089 or [kyle.pedersen@yale.edu](mailto:kyle.pedersen@yale.edu)).

## Follow-Up

Upon completion of your project, we will contact you to request a very brief report describing how you used the funds and the difference that your project has made at CMHC.