

P.O. Box 1786 Berlin MD 21811 weremember@jessespaddle.org www.jessespaddle.org

## **Jesse's Small Grant Application**

## **Personal/Employment Information**

| Name   | Email address   |
|--|---|
| Street address   |   |
| City, state, zip code  |   |
| Current occupation   |   |
| Current employer   |   |
| Have you applied for support through this program before   | ore?  |
| Dollar amount requested for this application \$  |   |
| Program Information  |   |
| Describe your project  |   |
|  |   |
| Target Population (who will this program serve)  |   |
|  |   |
| Location of training or program  |   |
| Please explain how this proposed program will impact t<br>and objectives of this project. Include numbers served a<br>and/or mental health care. If more space is needed, feel | nd anticipated outcomes related to suicide prevention |
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| It is important to the grantor that the funding provided serve the lower Eastern Shore of Maryland, the Virginia Eastern Shore and/or lower Delaware. How will the program directly serve residents of these areas? If more space is needed, feel free to attach a longer description. |
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| Date by which you need a decision on this application  |
| Please complete this application and either email it to <a href="weenember@jessespaddle.org">weremember@jessespaddle.org</a> , or mail it to: The Jesse Klump Memorial Fund, Inc. – PO Box 1786, Berlin, MD 21811  |

## Thank you for your interest in the Jesse Klump Memorial Fund Grant Program

The Jesse Klump Memorial Fund, a 501 (c)(3) nonprofit corporation, exists to end the tragedy of suicide, to provide a place of healing for those who have lost loved ones to suicide, to financially support scholars of any age who have demonstrated a desire to make the world a better place, and to provide grants for training for healthcare and education professionals dedicated to suicide prevention and mental health.

ARE YOU CONSIDERING SUICIDE? WORRIED ABOUT SOMEONE? DIAL 988