

Name: _____

Agency: _____

Address: _____

City/State/ZIP: _____

Phone: _____

Email: _____

Please list the asset tag numbers, if applicable, and description of item for each item you are applying for:

Describe how the item(s) will be used to benefit the public behavioral health system:

Will the items be accessible for use by persons with mental illness or substance use disorder? If so, how will the consumer have access to the item(s)?

By signing below, I attest that the assets will be used to support the public behavioral health system and if the assets are sold, the proceeds from sale of the assets will be used for the public behavioral health system.

Signature

Date