

**APPENDIX C - COVER PAGE FOR GRANT APPLICATION**  
**Criminal Justice, Mental Health and Substance Abuse Reinvestment Grant**

<b>PROPOSAL INFORMATION</b>		
Type of Grant:	<input type="checkbox"/> Planning Grant <input checked="" type="checkbox"/> Implementation or Expansion Grant	
Project Title:	Martin County Mental Health Court	
County(ies):	Martin	
Preferred Project Start Date:	7/1/2026	
<b>APPLICANT INFORMATION</b>		
Type of Applicant:	<input checked="" type="checkbox"/> County Government; <input type="checkbox"/> Consortium of Counties; <input type="checkbox"/> Managing Entity; <input type="checkbox"/> NFP Community Provider; <input type="checkbox"/> Law Enforcement Agency	
Applicant Organization Name:	Martin County Board of County Commissioners	
FEID#:	59-6000743	UEI#: DLPGAUQK4LX8
Contact Name & Title:	Michelle Miller, Human Services Director	
Street Address:	435 SE Flagler Avenue	
City, State and Zip Code:	Stuart, FL 34994	
Email:	mmiller@martin.fl.us	
Phone:	772-288-5735	
<b>ADDITIONAL CONTACT</b>		
Participating Organization Name:	Martin County Board of County Commissioners	
Contact Name & Title:	Philip Ratchford	
Street Address:	435 SE Flagler Avenue	
City, State and Zip Code:	Stuart, FL 34994	
Email:	pratchford@martin.fl.us	
Phone:	772-288-5901	
<b>FUNDING REQUEST AND MATCHING FUNDS</b>		
	Total Grant Funds Requested	Total Matching Funds
Program Year 1:	\$400,000	\$400,000
Program Year 2:	\$400,000	\$400,000
Program Year 3:	\$400,000	\$400,000
<b>Total Project Cost:</b>	<b>\$1,200,000</b>	<b>\$1,200,000</b>
<b>CERTIFYING OFFICIAL</b>		
Certifying Official's Signature:		
Certifying Official's Name (printed):		
Title:		
Date:		