



Mental Health & Recovery Board
of Clark, Greene & Madison Counties

Help for Today. Hope for Tomorrow.

April 22, 2016

TO: MHRB Partner Agencies
Interested Community Partners

FROM: Greta Mayer, CEO
Mental Health & Recovery Board of Clark, Greene and Madison Counties

SUBJECT: SFY 2017 MHRB Mini Grant Application

As in SFY 2015 and 2016 the MHRB is releasing an application for non-profit and/or governmental entities to apply for funds to support initiatives that complement the values reflected in the mission and vision statements of the MHRB. (See below.)

Applications are due no later than 5:00 p.m. on Friday, May 20, 2016. Applications are available at www.mhrb.org and must be submitted electronically to susan@mhrb.org. Questions or requests for additional information may be obtained from Tracey Stute at 937-322-0648, ext. 119 or tracey@mhrb.org.

Our Mission

The Mental Health & Recovery Board of Clark, Greene, and Madison Counties supports a system for delivering effective mental health, alcohol and other drug treatment, prevention, education, and advocacy services for its residents.

Our Vision

The Mental Health & Recovery Board of Clark, Greene & Madison Counties assures access to quality behavioral health services so residents have opportunities to lead healthy, productive lives.

1055 East High Street • Springfield, OH 45505 • www.mhrb.org • 937-322-0648



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MHRB SFY 2017 CLARK COUNTY MINI GRANT APPLICATION

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Requirements/Eligibility

MHRB is inviting non-profit and governmental organizations to apply for funding initiatives that support the values reflected in our mission and vision statements. Initiative focus should be on efforts that are innovative, time-limited, client-centered, and have 'value added.' MHRB will consider applications which reflect current regional initiatives like efforts in Recovery-Oriented Systems of Care (ROSC), Feedback Informed Treatment (FIT), Prevention and Trauma Informed Care (TIC). However, applications are not limited to these areas and may include tangible projects.

Recovery-Oriented System of Care (ROSC) is a way of thinking about service delivery for those with mental illness and/or addiction disorders that focuses on clients and family members (e.g. stigma reduction activities).

Feedback Informed Treatment (FIT) is an approach for evaluating and improving the quality and effectiveness of behavioral health services across service methodologies (e.g. addressing IT barriers, coaching).

Prevention focuses on reducing the likelihood of or delaying the onset of behavioral health problems (e.g. youth led, evidence-based strategies).

Trauma Informed Care (TIC) is a strengths-based framework that is grounded in an understanding of and responsiveness to the impact of trauma that emphasizes physical, psychological, and emotional safety for both providers and survivors creating opportunities for survivors to rebuild a sense of control and empowerment (e.g. awareness campaign, resource materials for clients).

Examples of previously funded projects: household items for transitional housing clients, brochure translation from English to Spanish, and an opiate awareness website.

Funding eligibility is limited to organizations that serve Clark County with documented non-profit or government status. The applicant organization must have a governing/advisory board and an administrator who is responsible for the management of the organization. Applicants must be in good financial standing and have the appropriate organizational capabilities to receive and administer grant funds.

Length of program activities is not to exceed one year, July 1, 2016 through June 30, 2017, with a maximum award not to exceed **\$5,000**.

Any Clark County organization that meets the eligibility requirements may apply. MHRB partner agencies are eligible but MHRB Mini Grant Funds must be used for services or projects that can be identified separately from the SFY 2017 annual allocation.

If you are requesting funds for a project *outside* Clark County or *with a collaborative partner* you must include a letter of support and commitment from the organization or collaborative partner.

Proposal Format and Content

- Cover Sheet, all relevant contact and organizational information
- Organizational Mission
- Target Population
- Amount of Request (If you are receiving any matching funds for the project, indicate the source and amount.)
- Program Objectives
- Program Activities with Timelines
- Measurable Outcomes and Measurement Tools
- Support Letters (if applicable)

Appendices

- List of Governing/Advisory Board Members
- Detailed Organizational Budget

This application can be downloaded at www.mhrb.org or picked up at the Board office at 1055 East High Street, Springfield, OH 45505 on Monday – Friday from 8:30 a.m. to 4:30 p.m. Submit by email to Susan Hewitt at susan@mhrb.org. For questions regarding the grant or the application process, please call Tracey Stute at the MHRB office at (937)322-0648, ext 119 or email at tracey@mhrb.org.

To be considered for funding, applications with all supporting documentation must be received at the MHRB offices no later than 5:00 p.m. on May 20, 2016.

MENTAL HEALTH & RECOVERY BOARD MINI GRANT APPLICATION
SFY 2017

ORGANIZATION INFORMATION

Organization Legal Name:		
Doing Business As:		
Mailing Address:		
City:	State:	Zip:
Telephone:	Fax:	County:
Website:		
Administrator:	Email:	
Person to contact concerning the application:	Email:	
Tax Status (check one): (will be verified with IRS) <input type="checkbox"/> 501(c)(3) <input type="checkbox"/> Church Organization <input type="checkbox"/> Government Agency <input type="checkbox"/> Other (please specify) _____		
DUNS Number:		

Is the organization required to file a 990 form with the IRS? Yes No

If so, you may be required to submit document to MHRB.

Does the organization perform an annual audit? Yes No

If so, you may be required to submit document to MHRB.

ORGANIZATION MISSION

Please give a brief statement of organization's mission:

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TARGET POPULATION

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AMOUNT OF REQUEST (not to exceed \$5,000)

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PROGRAM/PROJECT SUMMARY

1. **State the program/project objectives. (250 words or less)**
2. **Describe the program/project activities. (250 words or less) Include timelines for activities, e.g., when an activity begins and ends.**
3. **Provide two measurable outcomes you will achieve and how you will measure them.**

SFY 2017
Mental Health & Recovery Board of Clark, Greene and Madison
Program/Project Budget

Name of Organization: _____

	MHRB	Other Sources	Total
Expense:			
Salaries w/benefits (as match only)			
Professional fees			
Supplies			
Utilities			
Postage			
Staff development			
Travel			
Equipment/Materials			
Evaluation			
Other			
Total Expense			