

# MHSUD Advisory Grant Application

## General Background

**MH/SUD Advisory Community Grants** are open to community groups/agencies and individuals for educational purposes who provide programs and services to those who have Mental Health and Substance Use Disorders and live in Davie, Forsyth, Rockingham, Stokes and Davidson Counties (Triad Region of Cardinal Innovations MCO-LME). Applications will be received, reviewed, and voted on by the Committee at their monthly meetings.

Secondly, members of the MH/SUD Advisory Committee may initiate “a Challenge Grant,” (CG). If a committee member has an idea for a program to benefit members of the Triad Region of Cardinal Innovations as well as knowledge of an existing program capable of implementing the idea and/or program, they may challenge that program to undertaking their idea for such a program and receive a grant to assist with such implementation.

Applications and supporting materials must be received by 5 p.m. one week in advance of the monthly meeting (11:30 a.m. – 1 p.m. the third Thursday of each month) and should be emailed to [advisorygrants@cardinalinnovations.org](mailto:advisorygrants@cardinalinnovations.org).

Also, all applicants having submitted a completed application in accordance with the above procedures will be scheduled on the agenda for the monthly meeting the following week. The applicant or representative of the group applicant will introduce the project to the entire Committee prior to their voting on the grant request. (The Committee votes with simple majority of voting members determining Approval, Disapproval, or Revisions suggested.)

For CG applications, the Committee Member who initiated the challenge idea and a representative of the community program that will implement the idea for the service will both speak to the full MH/SUD Advisory Committee on their new program idea prior to the full Committee vote.

Grant applicants and/or their representative will be expected to leave the room during Committee discussion and formal vote on the grant application. Following the Committee deliberations, the representative will be informed of the Committee vote on the application.

## Grant Characteristics and Regulations:

1. For all grants offered by the MH/SUD Advisory Committee (MHSUAC), it is understood that the program awarded, regardless of its' county location, in the judgment of the MHSUAC, offers the potential to benefit Forsyth County residents to a similar level as that of any other county in the Cardinal Innovations Triad region of service.
2. MH/SUD Advisory Community Grant awards will not exceed \$1,000 and must be aimed to address expenses within a 12 month period of the reception of the award.
3. MHSUAC Grants go to either non-profit organizations or individuals working under the auspice of such a non-profit organization. (All programs and/or individuals receiving a MHSUAC grant must show sponsorship with a 501c3 Federal tax exempt organization and/or a W9 with EIN or Social Security Number.)
4. A single non-profit agency remains eligible to receive a second grant award within any fiscal year. However, no single program within any non-profit agency can receive more than a single grant within the same fiscal year.
5. Those that receive grants are asked to submit a written report to the MH/SUD Advisory Committee within six to eight weeks after the scheduled event by using attached form on the progress of their efforts as well as schedule a representative to give a five-minute oral update to the Committee at one of their monthly meetings.

## MH/SUD Advisory Committee Grant Application

### Application Requirements

Follow all instructions on application. Incomplete applications will not be considered for funding.

### Identification of Grant Recipient

Name of Person Submitting Grant Request: \_\_\_\_\_ Position in the Organization: \_\_\_\_\_

Name of Organization: \_\_\_\_\_

Address of Organization: \_\_\_\_\_

Phone: \_\_\_\_\_ Email: \_\_\_\_\_

### Organization/Charity Details

Is the organization part of a larger organization, if so which? \_\_\_\_\_

Counties where funds will be used or from where participants will come: \_\_\_\_\_

Aims of organization: \_\_\_\_\_

Name of activity/project for which you want a grant & what the grant will be used for: \_\_\_\_\_

What are the specific benefits of the activity/project? \_\_\_\_\_

How will you monitor & evaluate it? \_\_\_\_\_

## Activity/Project Financial Details

What is the total amount you would like? \_\_\_\_\_

Breakdown of costs for the cost of activity/project.

How the grant funds will be used?

What other sources of funds will be used for this project? What results have you had from other applications?

Source	Amount	Result: yes/no/pending

### Grant Applications Conditions:

I hereby state that the information listed above is accurate. I agree that the details shown may be kept and used as a reference by the MH/SUD Advisory Committee.

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

Date Grant Emailed: \_\_\_\_\_

### Applicant Checklist:

- 501c3 Federal tax-exempt status letter if applicable
- W9 with EIN or Social Security Number
- Completed application and required signature
- Brochure/flyer (if available)
- Any additional supplemental materials you want reviewed in consideration for your application

## **FOR ADVISORY COMMITTEES USE ONLY**

Name of Project: \_\_\_\_\_

Date received: \_\_\_\_\_ Date reviewed: \_\_\_\_\_

Date received by appropriate advisory committee: \_\_\_\_\_

Determination and Additional Notes:

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### **Rubric for Evaluating Program Worthiness**

*The following criteria will be used to evaluate the proposed project.*

*Committee members will assign a score 1-5 for the following (1= does not meet criteria; 5= exceeds criteria).*

<b>Score (1-5)</b>	<b>Criteria</b>
	The proposed project adheres to the core values of the MH/SUD Advisory Committee as outlined in our mission statement.
	The proposed project will serve a large & underserved segment of the mental health, substance use disorder or allied community.
	The proposed project serves an unmet or previously unaddressed need within the mental health and substance use disorder or allied community.
	The organization has a clear plan for promoting the proposed activity/event.
	The organization has had a proven track record with similar events in the past. We can confidently assume the organization will host the activity as proposed.
	The proposed budget is reasonable & realistic. The organization will be able to execute all goals within the proposed budget.
	The program has a way of monitoring and evaluating the program.

## Written Report Form Follow-up

MHSUAC Grant Recipients should use this form to report on results of the Programs or activity for which community grant funds were given within six to eight weeks of receiving the grant.

Grant Recipient: \_\_\_\_\_ Date: \_\_\_\_\_

Grant Project: \_\_\_\_\_

Was this an ongoing or one-time program? \_\_\_\_\_

Number of participants supported by the project: \_\_\_\_\_

Describe the event/program and its impact:

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What did you or others learn that was new or unexpected?

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How did participants or the community benefit from this program?

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Please provide any additional information you would find helpful.

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Yes  No Is there any reason the above information cannot be shared with CI or the broader community?

Yes  No Would you be willing to share this report verbally or as a program at some point in the future?

Grant recipients are also welcome to schedule a visit to the MH/SUD Advisory's monthly meetings to provide an additional five minute verbal report on the benefit of the grant.