



Mini-Grant Program Toolkit

2011

The Northern Lakes CMH Mini-Grant Program is designed to provide the means and structure to harness the energy of localized groups of people recovering from a mental illness who have motivation and passion to work together on recovery projects. Our intent with the mini-grant program is to help transform the public mental health system to one based on recovery principles by strengthening consumer choice and enhancing personal recovery. We hope that offering mini-grants will generate excitement and energy and provide resources for people to connect and work on innovative, localized projects of common interest!

Who may apply for a Mini-Grant: Any individual or groups of individuals who are recovering from a mental illness who reside in the Northern Lakes CMH six-county service area; OR any formalized group or organization with members who are recovering from a mental illness in Northern Lakes CMH's six-county service area. The projects and activities funded through the mini-grant program must benefit people aged 18+. While individuals may apply for funds through this program, funds may not be released to individuals. Funds must be released to an existing agency or organization which agrees to act as the fiduciary agent for the applying individuals.

Underserved Populations. Mini-Grants may be used to reach out to underserved groups of people. These might be people who have mild to moderate symptoms who are not eligible to receive Northern Lakes CMH services and supports or people of a particular ethnic or age group.

Funds. Northern Lakes CMH has received a block grant through the Department of Community Health. We are devoting a total of \$10,000 from this grant for mini-grants across Northern Lakes CMH's six-county service area. NLCMH is seeking to fund up to 10 grants, at a maximum of \$2000, each, up to the total of \$10,000, limited to one grant per applicant group.

Reporting. There will be an opportunity to present information about your project at the annual Northern Lakes CMH Recovery Celebration in September, 2011. Reporting requirements are: monthly expenditure reports, one progress report which will be due on July 14, 2011, and one final report at end of the project due by October 14, 2011.

Important Dates

___ February 1, 2011 – Mini-Grant Toolkit Released

___ Tuesday, March 15, 2011 – Mini-Grant Application Submission Deadline

___ April 1, 2011 – Mini-Grants Awarded

___ July 14, 2011 – Progress Report Due

___ September 30, 2011 – End of Grant Period / Projects Completed

___ October 14, 2011 – Year End Summary Report Due. Any unspent grant balances must be returned by this date.

Northern Lakes CMH

Mini-Grant Application Instructions 2011

Submission Deadline: Tuesday, March 15, 2011 by 4:00 p.m. (Late Proposals Cannot be Accepted)

Proposals must be typed. You can obtain and complete a Mini-Grant application from within our internet website at www.northernlakescmh.org. (You can access a computer at public libraries, drop-in centers or clubhouses. You can also request a copy be sent to you and complete it with a typewriter.)

In order to apply for a mini-grant, you must have a personal, established residence in the six-county area served by Northern Lakes CMH.

*****Clubhouses and Drop-in Centers are encouraged to apply for group projects. Paid employees of Northern Lakes CMH are excluded from applying for grant funds as individuals due to a conflict of interest.***

****Stipends or wages for participating in your own project are not permitted.** This grant is not to be used as a self-designed job.

****Transportation: Mini-Grants do not fund the purchase of motor vehicles or bus passes.** Limited transportation can be built in to a project where it is needed to perform specific tasks within the project.

****Continuous annual funding for same project in same agency (even by different adults) cannot be funded.**

Professional estimates from contracted consultants and/or retail vendors used in your project must be attached to proposal to be considered for funding. For ex: retail vendor's name, item's model number and cost. (Many retailers have web sites that contain this info.) Contractors' fees should be on company letterhead stating the service and materials to be provided. ******Without these documents, your proposal cannot be considered for review.***

Minor changes to Project Budget or Work Plan must receive permission from Northern Lakes CMH within first two months of startup. (Minor adjustments can be considered if necessary at the beginning of a project.) Major changes without communication with Northern Lakes CMH will lead to revoking grant funding.

Managing time and communicating delays. Northern Lakes CMH expects grantees to follow estimated timelines in project Work Plans and begin work immediately upon receiving funding. *(It is the responsibility of grantees to contact Northern Lakes CMH staff to communicate delay.)*

USE OF FUNDS

Consistent with state and federal directions, these funds may NOT be used to:

- (1) provide inpatient services;
- (2) make cash payments to intended recipients of mental health services (e.g., stipends, rent or lease payments, utility arrearages, insurance, furnishings, personal items, etc.);
- (3) purchase or improve land, purchase, construct, or permanently improve any building or other facility, or purchase major medical equipment;
- (4) satisfy any requirement for the expenditure of non-Federal funds as a condition for the receipt of Federal funds;
- (5) provide financial assistance to any entity other than a public or nonprofit private entity.
- (6) make medication purchases;
- (7) make vehicle purchases, leases, or insurance; or
- (8) cover administrative (e.g., office space, utilities, LAN line telephones, Internet, insurance, etc.) or indirect expenses.

Northern Lakes CMH contracts with the Michigan Department of Community Health also require that any service or activity funded in whole or in part with this mini-grant funding be delivered in a smoke-free facility or environment.

COVER PAGE OF APPLICATION FORM

Name of Applicant: Fill in the name of the individual(s) participating in this project. These persons must be in recovery from addiction and/or mental illness. Addresses and phone numbers are also required. (Not your agency).

Project Name: A descriptive title of your project is entered here.

Amount Requested: The maximum amount that can be requested is \$2,000.

Brief Summary of the Project: Provide four to five sentences describing your project. It should be very basic so that the reviewers will have a sense of what you want to do.

Priority Area: There are two broad priority areas, or goals, that are to be addressed with these mini-grants. These are designed to strengthen consumer choice and enhance personal recovery. Every applicant **MUST** select at least one priority area for the project and place a check before it. The priority areas are:

- 1) **Community Membership, Inclusion and Participation** – Projects may promote active involvement in the community (such as book clubs, participation in choirs); and/or promote awareness or understanding through an activity or event (stigma reduction/public education); and/or promote meaningful and satisfying work or volunteering or success in the educational setting; and/or promote meaningful relationships (strong circle of support).
- 2) **Wellness** – Projects may promote good physical health, mental health, spiritual health or quality of life. For example: the project may address stress management, good nutrition, mindfulness, exercise, smoking cessation, reduction in psychiatric symptoms, etc.

Geographic Area to be Served: All projects must operate within the six counties served by Northern Lakes CMH and serve persons in recovery who reside in Northern Lakes CMH's service area. Your project can serve any geographic entity within these six counties. The six counties served by Northern Lakes CMH are: Crawford, Grand Traverse, Leelanau, Missaukee, Roscommon and Wexford.

Estimated Number of Individuals to be Assisted: A number must be placed here. It can be an estimate but should be realistic. *This is not limited to the number of people working in your project. How many people in total will be affected because of your project's goal?*

Signature of Project Leader: The project leader signing this application should be a person in recovery from addiction and/or psychiatric disability, or a representative of a formalized group or organization of individuals who are in recovery, who is an adult (18+), and a resident of Northern Lakes CMH's six counties. *Your project should also benefit persons who reside in this region as well.* The date is also to be entered.

AGENCY AUTHORIZATION (fiduciary)

All applicants must identify an existing agency or organization to serve as the fiduciary agent for the project. **Funds will not be given to individual persons.** The agency you are working with must complete this page. This can be any non-profit agency, such as a Clubhouse, Drop-In Center, substance abuse treatment program, Local Mental Health Authority, shelter, church, school, etc., holding a 501(c)3 letter, or which is a unit of state or local government. The signature must be someone from the organization with the authority to manage finances (executive director, chief financial officer or board president). Another possibility for a fiduciary is the Disability Network of Northern Michigan (www.disabilitynetwork-nmi.org), which serves five of the six counties that NLCMH serves (all but Roscommon). They may be reached at 231-922-0903 or toll-free at 1-866-869-8600 or TTY at 231-922-2359.

PROJECT NARRATIVE

1. **Briefly describe your project.** This section can be expanded by one typewritten page. (You should describe your project fully here and explain how you intend to carry out the project).
2. **Please explain how this project addresses the priority area(s).** All projects must address at least one of the two priority areas. *Explain how this project relates to one of the selected priority areas on page 1.*
3. **Names of Other Persons.** Since the cover page only provides space for four participants, all others who worked on developing this project, or who will be part of the project, should be listed here (if there are none, leave blank).
4. **Why is this project needed?** Please explain how you determined this project was needed. (Some ideas may be found in the Northern Lakes CMH Recovery Blueprint, located at <http://www.northernlakescmh.org/wp-content/uploads/2010/12/Blueprint-9-15-10.pdf>.)
5. **How will you know if your project is successful, and how will you report the outcome(s) to Northern Lakes CMH?**
6. **If your project requires continuation after funding ends, how do you intend to fund this?**

PROJECT WORKPLAN

Every applicant must complete the Project Workplan form. However, you may not need to fill in all the rows. Your project may only have three major activities, for example, and so you would only use three rows. All columns must be completed for each major activity. *You may duplicate this form if you need more room.*

EXAMPLE 1: The project below intends to train individuals (in recovery) in self-advocacy skills.

PRIORITY AREA: Community Membership, Inclusion and Participation

MAJOR ACTIVITY/OBJECTIVE: Provide 10 advocacy skills training sessions to 15 people		
STEPS: What are the steps you need to take to complete the major activity?	WHO WILL DO IT?	BY WHEN WILL IT BE DONE?
A. Develop the training program.	C. Smith	By 12/10/09
B. Identify speakers for the training session.	D. Carter	By 1/15/10
C. Create handouts to be given to participants	D. Carter	Currently happening
D. Secure a location and time for the training program.	C. Smith	By 1/25/10
E. Recruit 15 people to attend the training program.	C. Smith, D. Carter, & S. Torres	By 2/20/10
F. Obtain feedback from the participants about the training.	S. Torres & C. Smith	By 4/15/10
RESULT: Between 10 and 15 people in recovery from mental illness will be trained and ready to begin advocating for themselves or others.		

EXAMPLE 2: The project below intends to support people with mental health issues in quitting smoking.

PRIORITY AREA: Wellness

MAJOR ACTIVITY/OBJECTIVE: Provide series of smoking cessation classes to 25 people		
STEPS: What are the steps you need to take to complete the major activity?	WHO WILL DO IT?	BY WHEN WILL IT BE DONE?
A. Select a smoking cessation program designed for people with mental illness.	C. Smith	By 12/10/09
B. Identify leader for the sessions.	D. Carter	By 1/15/10
D. Secure a location and times for the group to meet.	C. Smith	By 1/25/10
C. Create promotional materials and handouts to be given to participants.	D. Carter	Currently happening
E. Recruit 25 people to attend the program.	C. Smith, D. Carter, & S. Torres	By 2/20/10
F. Hold six smoking cessation classes.	Identified leader	3/1/10-4/15/10
F. Obtain feedback from the participants about the classes, including number who have successfully quit smoking.	S. Torres & C. Smith	By 5/1/10
RESULT: 25 people in recovery from mental illness will receive information and support to help them quit smoking.		

EXAMPLE 3: The project below intends to increase awareness about mental health issues and encourage young people with mental illness to seek treatment as they enter adulthood.

PRIORITY AREA: (Both) Community Membership, Inclusion and Participation, and Wellness

MAJOR ACTIVITY/OBJECTIVE: Create outreach materials and information which encourages young adults to seek treatment for their mental health issues.		
STEPS: What are the steps you need to take to complete the major activity?	WHO WILL DO IT?	BY WHEN WILL IT BE DONE?
A. Determine time and space to convene a group to work on the project.	C. Smith	By 12/10/09
B. Create information to recruit membership in the group to work on the project.	D. Carter	By 1/15/10
D. Convene group and brainstorm message content and strategies for outreach. Decide on a plan.	C. Smith & group	By 2/25/10
E. Create messages and materials.	Group	By 5/25/10
E. Launch campaign.	C. Smith, D. Carter, & S. Torres	By 6/1/10
RESULT: A public education campaign that can be used as public service announcements in traditional and new media.		

BUDGET

Please follow the instructions on the Budget Form, page 9. Attach professional estimates here. You may use an additional one to two pages to itemize your proposed budget using the categories and instructions.

SELECTION CRITERIA

All applications will be reviewed initially to ensure: all sections of the applications are completed, signatures are present, applicant is a resident of Northern Lakes CMH service area, project operation is within Northern Lakes CMH service area, fiduciary authorization is provided and professional estimates are attached. *Any application missing any of these will not be considered an eligible application and cannot be considered for review. Criteria to score the application includes the following:*

The maximum points an application can receive is 35.

POINTS	CRITERIA
5	1. The proposed project clearly explains how it meets one of the priority areas.
5	2. The work plan is complete, understandable and realistic.
5	3. The proposed budget is realistic, affordable and cost effective.
5	4. The proposed outcome is feasible and relates to the priority area.
5	5. The project meets a need determined by persons in recovery.
5	6. The proposal addresses continuation beyond the mini-grant.
5	7. The proposal reaches out to underserved populations.

For questions related to application, please contact: Joanie Blamer, Chief Operations Officer, Northern Lakes CMH, (231) 876-3309, e-mail: joanie.blamer@nlcmh.org.

Mail or personally deliver completed grant applications attention to: Joanie Blamer, Chief Operations Officer, Northern Lakes CMH, 527 Cobbs Street, Cadillac MI 49601. **Mailed applications must be received by the deadline: Tuesday, March 15, 2010.**

Project Name _____

Northern Lakes CMH
MINI-GRANT APPLICATION FORM 2011
Application Due Date: Tuesday, March 15, 2011

Is the applicant(s) a formalized group or organization?

___ Yes. Name of formal group/organization _____

___ No. This is an application by one or more individuals.

Name(s) of Applicant(s)	Street Address, Town & Zip Code	Phone	Email
1.			
2.			
3.			
4.			

Signature of Project Leader: _____ Date: _____

This signature attests that I am a person in recovery from Psychiatric Disability or I represent a formalized group or organization of individuals who are in recovery, and that this project was developed by myself and/or other persons in recovery, residing in the six counties served by Northern Lakes CMH.

******As project leader, I agree to complete all aspects of this grant through to its deadline. I understand that this includes completing a Progress Report by July 14, 2011 and a Final Report by October 14, 2011 using the forms provided at the end of this document.***

PROJECT NAME: _____

AMOUNT REQUESTED: \$ _____

BRIEF SUMMARY OF THE PROJECT:

Project Name _____

PRIORITY AREA(S) ADDRESSED BY THIS PROJECT (All projects must address at least one of these areas that promote recovery – check all that apply.)

- 1. **Community Membership, Inclusion and Participation**
- 2. **Wellness**

COUNTY OR COUNTIES TO BE SERVED BY THIS PROJECT (check all that apply):

- Crawford
- Grand Traverse
- Leelanau
- Missaukee
- Roscommon
- Wexford

EXPECTED NUMBER OF INDIVIDUALS TO BE ASSISTED BY THIS PROJECT: _____

Project Name _____

AGENCY AUTHORIZATION – FIDUCIARY

By signing below, I: _____

State that **I am authorized by the agency’s Board of Directors to sign grants and contracts**, my agency has non-profit status, and a copy of a 501(c)3 letter or enabling resolution as a unit of state or local government is attached.

and

Agree to have my agency serve as the fiduciary agent for the consumer-led project under this grant application.
(I will report monthly expenditures on this grant or assign an employee to do so).

Signature

Typed Name

Title

Agency

Address

Phone & Fax

E-mail

Date

Note: *Please take the time to read the following page directed at fiduciary agents. There are certain expectations that are required and need your attention.*

Thank you.

Project Name _____

FIDUCIARY ROLE & RESPONSIBILITY

In order to qualify as a fiduciary for this grant applicant, you must be an employee of a non-profit agency that possesses a 501(c)3 letter or is a unit of local or state government. You must have the authority to manage financial funds on behalf of your agency. (**Executive Director, Chief Financial Officer or Board Chairperson**)

As fiduciary, you agree to provide a monthly report of the grant applicant's expenditures should the project be funded. This budget sheet can be faxed, e-mailed or mailed to the attention of Joanie Blamer. *Please make a copy of your applicant's grant application and pay close attention to their Budget Form.* There will be specific items that the applicant has proposed to spend grant money on located here with attached printed estimates to prove out the itemized costs. Please release funds in accordance with what is specified within the Budget Form. Should a funded grantee request funds for an unspecified item, he/she should be denied and directed back to Northern Lakes CMH staff.

Northern Lakes CMH needs fiduciaries to serve as stop-gaps in addition to money managers in order to block attempts of fraudulent misuse of funds. *If this is beyond your agency's ability, please do not commit to serving the named applicant on page one.* (Please inform any employees in Accounting Departments who may be delegated the responsibility of this additional service and provide them with a copy of the entire proposal).

Please cut checks promptly to enable the grantee's project to function according to their timeline. (Grantees are penalized if they do not spend funds in accordance to their Work Plan's timeline). Checks are to be made out to vendors and contractors, not to grantees, unless a receipt is submitted for purchases consistent with the Budget Form on Page 9. (Absolutely no petty cash is to be provided to grantees.)

***** Unspent grant balances as of September 30, 2011 must be returned by: Friday, October 14, 2011.**

Please return grant balances attention to:
Joanie Blamer, Chief Operations Officer
Northern Lakes CMH
527 Cobbs Street
Cadillac MI 49601

Make check(s) out to: Northern Lakes Community Mental Health

Questions can be directed to Joanie Blamer, Chief Operations Officer, at (231) 876-3309
E-mail: joanie.blamer@nlcmh.org Fax: (231) 775-1692

*****Please fill out all requested information on preceding page.**

Thank you.

Project Name _____

PROJECT NARRATIVE

1. Briefly describe the proposed project (please type). You may use one additional typed page to complete this section.

Project Name _____

2. Please explain how this project addresses the priority area(s) checked off on page 2 of this Application Form.

3. Names of Other Persons in Recovery who helped create this project (other than previously listed applicant(s) on page one):

4. Why do you believe this project is needed?

Project Name _____

5. How will you know if your project is successful, and how will you report the outcome(s) to Northern Lakes CMH? (Example: If my project requires a survey to measure success, I'll create related questions and feel I've met my goal if I have 65% of a success rate.) Not all projects will need to evaluate themselves with surveys – *you may feel that if you have learned a skill or accomplished what you set out to do in your summary, you have successfully met your goal.* (You can state this as well.)

6. If your project requires continuation after funding ends, how do you intend to fund this? For example, will you be applying for other grant money; will your agency give in-kind donations; will the initial funding assist you in generating more funding? (This is also optional, it may be a one-time need to begin the project or a temporary amount of time to complete, never intending on continuation).

Project Name _____

PROJECT WORKPLAN

PRIORITY AREA(S): _____

<i>MAJOR ACTIVITY/OBJECTIVE:</i>		
<i>STEPS: How will it be done? What are the steps you need to take to complete the major activity?</i>	<i>WHO WILL DO IT?</i>	<i>BY WHEN WILL IT BE DONE?</i>
<i>RESULT:</i>		

*****You may duplicate this page if additional space is needed.**

Project Name _____

BUDGET FORM

<i>Expense Item</i>	<i>Amount Requested</i>
Materials and Supplies	
Facility Costs	
Communication Costs	
Food/Refreshments	
Consultant/Trainer	
Other	
TOTAL \$	\$

INSTRUCTIONS FOR THE BUDGET EXPLANATION
(See page 2 of Application Instruction for Restrictions)

**** Attach professional estimates to Budget Form from contractors, retail outlets or internet sites to prove out itemized costs above). Your grant application cannot be considered for funding without them.****

Materials & Supplies: Consumables needed for the project. These can include paper, duplication costs, pens, folders, etc. List the type of material and cost per item, number of items to be purchased, etc.

Facility Costs: Cost of room rental

Communication Costs: Postage, Telephone, Fax

Food/Refreshments: Costs connected to the project activity (served during an event, e.g., Recovery Conference)

Consultant/Trainer: If a person needs to be hired on a contracted basis, it would go here. Identify contractor to be used, rate of pay, number of hours, total costs and services they would provide, if not already identified in the Project Work Plan. (Attach the Contractor's estimate with company letterhead to the back of the Budget Form).

Other: Any costs that are not included in the above line items. (Please specify what this item is).

Northern Lakes CMH Mini-Grant Progress Report

DUE: By July 14, 2011

Please refer to your original proposal when completing this form.

Project Name _____

Name of Project Leader _____

Phone Number _____

Email address (if available) _____

Please answer these questions on a separate piece of paper if needed.

1. What is the status of this project compared to the timetable included in your grant application? **Check one:**
 Project Complete Project On Track Project continuing, but delayed Did Not Happen
(please explain)

2. Please discuss the progress made so far in accomplishing the steps listed in your Project Workplan:

3. Have you found any barriers that are keeping you from accomplishing your steps as planned?
 Yes No

4. If your answer to Question 3 is "Yes," please explain the barrier(s) you have found.

PLEASE SUBMIT YOUR REPORT TO:

Joanie Blamer, Chief Operations Officer
Northern Lakes CMH
527 Cobbs Street
Cadillac MI 49601
Email: joanie.blamer@nlcmh.org
FAX: (231) 775-1692

Please call Joanie Blamer with any questions at (231) 876-3309

Northern Lakes CMH Mini-Grant Final Report

DUE: By October 14, 2011

The purpose of this evaluation is two-fold: to track the use of funds in fulfillment of Northern Lakes CMH requirements with the State of Michigan on use of Block Grant funds, and to try to learn along with you how to improve the mini-grant program in the future. We hope you will identify what aspects of the grant were successful along with what can be done better in the future.

Please refer to your original proposal when completing this form.

Project Name _____

Name of Project Leader _____

Phone Number _____ Email address _____

Please answer these questions on a separate piece of paper as needed.

1. What is the status of this project? **Check one:**

Project Complete Project On Track Project continuing, but delayed Did Not Happen
(please explain)

2. Discuss the success of your program in accomplishing the outcomes you described in Question 5 of your original application.

3. Please attach a copy of the original budget and the actual budget if there were changes, such as additional expenses. It is required that you include a comparison of the grant application budget and how grant dollars were spent. If needed, please explain differences.

4. What will happen with this program now that the grant has ended?

5. What did you learn from the project during the grant period? How will this affect your future work? Also, if possible, please relate an actual story (one page maximum on a separate sheet) that shows your project's impact. Individual stories about "real-life" program participants are effective in communicating about your work to our Board, Michigan Department of Community Health, and the citizens we serve.

6. List other major impacts, including unexpected accomplishments, by your project and any significant benefits to your group and the community related to this grant.

7. Please list any suggestions you have about improving the mini-grant program in the future.

PLEASE SUBMIT YOUR REPORT TO:

Joanie Blamer, Chief Operations Officer

Northern Lakes CMH

527 Cobbs Street

Cadillac MI 49601

Email: joanie.blamer@nlcmh.org

FAX: (231) 775-1692

Please call Joanie Blamer with any questions at (231) 876-3309