

REGIONAL CONSUMER ADVISORY COUNCIL (RCAC)
Mini-Grant Proposal Instructions 2015-16

Who Can Apply: Adults in recovery from psychiatric and/or addiction disorders who are aged 18 or older and residents of North Central CT.

FREQUENTLY ASKED QUESTIONS :

Submission Deadline: **Wednesday, November 4, 2015 by 4:30 p.m.** *Mailed submissions must be received by due date. (Faxed or emailed proposals are not accepted).*

Proposal & Instructions: Materials are located on North Central Regional Mental Health Board's website at www.ncrmhb.org. *(Online proposal form cannot be saved to computers)*

Proposal Copies: Three-copies of each proposal's materials must be included-inc proof of costs

Project Materials - Proof of Costs: Attach an itemized list of project materials detailing: retailers, item quantities and costs. Sources: newspaper advertisements, catalogues, websites.

Stipends / wages are not paid to adults leading or participating in a mini-grant project.

Transportation: Mini-grants do not fund personal transportation. Limited transportation is supported in projects as needed to perform specific tasks. *(It cannot be the primary function).*

Funding: Continuous annual funding is not supported. For projects requiring further development to sustain independent, continued operation, a Phase II project is supported.

Media Projects: Projects involving public distribution of any media must have a completed draft of the work to be included with the proposal to be accepted for review. (books, dvd, cd)

Durable Equipment: Equipment will remain on project site through its six-month term. *(Upon successful completion of projects and within reason, ownership of equipment will be transferred to grantees. E.g., a grantee is funded for 5 bicycles and may select one to own).*

CONFLICT OF INTEREST:

- **Mental healthcare employees, in recovery, who desire to use funding to provide or supplement their employer's services to adults in recovery.**
- **Employees of the CT Department of Mental Health & Addiction Services (DMHAS)**
- **Regional Consumer Advisory Council members and family members**
- **North Central Regional Mental Health Board employees and family members**

COVER PAGE

Name of Applicants: Fill in the names and contact information of all project participants. These persons must be in recovery from psychiatric and/or substance-use disorders.

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

Amount Requested: Fill in the approximate cost required to support the project.

Brief Summary of the Project: Provide a concise paragraph describing your project.

Priority Area: There are five priority areas. Select the one your project supports.

Recovery Area to be Addressed: Projects must benefit adults in recovery from psychiatric and substance-use disorders. Select the population(s) your project will benefit.

Geographic Area to be Served: All projects must operate within DMHAS Region IV (North Central CT) and serve adults in recovery who reside in this region. Name the town or county here.

Estimated Number of Individuals to be Assisted: An estimated number of adults served by the project.

Signature of Project Leader: The signature confirms the applicant is a person in recovery from a psychiatric and/or addiction disorder, aged 18 or older and a resident of North Central Connecticut.

AGENCY AUTHORIZATION - FIDUCIARY

All applicants must recruit an existing non-profit organization to serve as project fiduciary agent. This agent will manage grant funding on your behalf. Generally, Chief Financial Officers, Executive Directors or Agency Board Chairs have required authority. (This page is to be filled in by this fiduciary).

PROJECT DESCRIPTION

1. **Fully describe your project.** *This section can be expanded by one type-written page.*
2. **Explain project's relationship to a priority area.** *All projects must support at least one of the five priority areas on page one: **advocacy, wellness, creativity, education or technology.***
3. **Names of Other Persons:** *Place additional names of adults in recovery assisting you in this project.*
4. **Why is this project needed?** *Explain how you determined this project was needed.*

PROJECT WORKPLAN

Every applicant must complete this form. All columns must be completed for each performed step. (You may duplicate this page if you need additional space).

Example: *The project below will develop legislative advocacy skills. Skills will be used to support legislative bills affecting mental healthcare services and policies.*

PRIORITY AREA: Advocacy

| | | |
|--|----------------------------------|-----------------|
| GOAL: To teach adults in recovery from psychiatric disorders legislative advocacy skills allowing them to give testimony before CT legislators. | | |
| ACTIVITY PERFORMED? | BY WHO? | BY DATE? |
| A. Advertise project activity is available to interested adults. | C. Johnson | By 12/30/15 |
| B. Recruit adults to the project. | D. Carter | By 1/21/16 |
| C. Locate a trainer for the training. | D. Carter | 2/12/16 |
| D. Purchase training materials. | C. Smith | By 1/31/16 |
| E. Find a facility to locate training. | D. Carter, S. Torres, C. Johnson | By 3/25/16 |
| F. Schedule training dates and number of sessions. | S. Torres, C. Johnson | By 5/10/16 |
| RESULT: <i>Eight adults gave testimony before CT legislators on bills affecting mental healthcare program services in CT during May.</i> | | |

BUDGET

Use expense item boxes to insert total sums for materials as category related. Use additional page(s) to itemize all materials detailing quantity, cost per item, retailer(s) to be used. Finally, attach printed advertisements of itemized materials proving out costs using sources: newspaper advertisements, catalogues, websites, in-store price tags, etc.

ATTACHMENTS: Letters of Support (max of 4)

You may attach a maximum of four-letters from adults describing how your project benefits adults in recovery. Include information related to your selected priority area(s): advocacy, skill building, creativity, education, technology.

SELECTION CRITERIA

Scoring criteria for this proposal includes the following:

| POINTS | CRITERIA |
|--------|---|
| 5 | The proposed project clearly explains how it meets one of the priority areas. |
| 5 | The work plan is organized and details a complete schedule of project steps. |
| 5 | The proposed budget is cost effective. |
| 5 | The proposed outcome is practical and has a realistic goal. |
| 3 | The project meets a need determined by adults in recovery. |
| 3 | The proposal addresses continuation beyond the mini-grant's 6 month project term. |
| 4 | Letters of support from persons in recovery are attached. (1 pt per letter, max 4)) |

For More Information:

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Web: www.ncrmhb.org

Mail to:

Attn: Regional Consumer Advisory Council
North Central Regional Mental Health Board
367 Russell Rd., Bldg. 34
Newington, CT 06111

****Prior to submission, please review your proposal materials to ensure they are complete.** RCAC cannot accept proposals missing: a fiduciary agent, original signatures, three-copies of all proposal materials, itemized budget list with retailers' proof of costs and, for projects involving public distribution, a complete draft of work: books, music, video, etc.

RCAC Mini-Grant proposals are available September 9-November 3, 2015 at WWW.NCRMHB.ORG

*****Proposal submission deadline is November 4, 2014 by 4:30 p.m.*****

This includes mailed proposals, must ARRIVE by due date.