

REGIONAL CONSUMER ADVISORY COUNCIL (RCAC)
Mini-Grant Proposal Instructions 2013-2014

Who Can Apply: Adults 18+ years old, in recovery from psychiatric and/or substance-use disorders, resident of North Central CT.

FREQUENTLY ASKED QUESTIONS :

Submission Deadline: **Wednesday, November 6, 2013 by 4:30 p.m.** Mailed submissions must be received by due date. *(Faxed proposals are not accepted).*

Proposal & Instructions: Application materials can be found on our website at www.ncrmhb.org/rcac. *(The proposal cannot be saved to your computer)*

Xeroxed Copies: Three copies of each proposal's materials must be included in submissions.

Proof of Cost: Attach retailers' materials: *Information required on materials: retailer's name, item's model number, quantity and approximate cost. Attach these to your proposal's Budget Form, pg. 8.*

Stipends / wages are not provided to adults participating in a mini-grant project.

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

Continuous Funding: RCAC funding cannot support project operations beyond initial year. *(A one-time, related project, Phase II, can be considered).*

Applicants with creative projects to be distributed, exhibited or published for the public must attach a complete draft of such media to their proposal to be accepted for review. *(For ex: creative writing, video, music projects, etc.)*

Technology Equipment: Tech equipment will remain on-site at fiduciary's agency throughout project's six-month term. *Upon successful completion of project, ownership is transferred to grantee.*

CONFLICT OF INTEREST:

- **Employees in recovery cannot apply for RCAC Mini-Grants funding to benefit/support their employer's services or facility.**
- **CT Department of Mental Health & Addiction Services employees cannot apply for RCAC Mini-Grants funding.**
- **RCAC members cannot apply for RCAC Mini-Grants funding.**

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 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, county or catchment area.

Estimated Number of Individuals to be Assisted: A realistic estimate of adults served by the project.

Signature of Project Leader: The project leader signing this proposal states he/she is a person in recovery from a psychiatric and/or substance-use disorder, is an adult 18+ years old, and a resident of North Central Connecticut.

AGENCY AUTHORIZATION (fiduciary)

All applicants must identify an existing organization to serve as the project's fiduciary agent. Non-profit agencies with 501-C3 status qualify. A staff person with the authority to manage finances will complete this page. E.g.: Executive Director, Chief Financial Officer or Board President.

PROJECT NARRATIVE

1. **Briefly describe your project.** *This section can be expanded by one type-written page. (You should describe your project fully here and explain how you intend to carry out the project).*
2. **Explain project's relationship to a priority area.** *All projects must address at least one of the five priority areas: **advocacy, leadership, integration, education or technology.***
3. **Names of Other Persons:** *Place additional participants names here.*
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 major activity. (You may duplicate this page if you need additional space).

Example: *The project below intends to train individuals in legislative advocacy. Skills will be used to support legislative bills which benefit adults in recovery.*

PRIORITY AREA: To develop advocacy among Adults in Recovery from substance-use disorders.

MAJOR ACTIVITY/OBJECTIVE: To teach interested adults in recovery legislative advocacy giving them a voice in CT's political system.		
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. Advertise and recruit adults in recovery interested in legislative advocacy.	C. Smith	By 12/30/13
B. Identify educator for the training session.	D. Carter	By 1/21/14
C. Develop training materials	D. Carter	2/12/14
D. Secure a location and time for the training program.	C. Smith	By 1/31/14
E. Purchase training materials, arrange adults' transportation.	C. Smith, D. Carter, & S. Torres	By 3/25/14
F. Select legislative bills to support and schedule advocates legislative actions.	S. Torres & C. Smith	By 5/10/14
RESULT: <i>Fifteen adults in recovery have completed legislative advocacy training and will be participating in CT's legislative hearings in May 2014.</i>		

BUDGET

Please follow the instructions on page eight of the Budget Form. (Attach retailers' proof of costs). You may use additional pages to itemize your proposed budget using the categories and instructions.

ATTACHMENTS: Letters of Support

You may attach a maximum of four-letters describing how your project benefits adults in recovery. Include information related to your selected priority areas: leadership, advocacy, integration, education, technology.

SELECTION CRITERIA

All applications will be reviewed upon submission to ensure: budget materials are attached, signatures are present, Xeroxed copies (3) are included, a fiduciary agent is named. (**Proposals missing any of these are not accepted**).

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 complete, understandable and realistic.
5	The proposed budget is affordable and cost effective.
5	The proposed outcome is feasible and relates to the priority area.
3	The project meets a need determined by adults in recovery.
3	The proposal addresses continuation beyond the mini-grant project's term.
4	Letters of support from persons in recovery are attached. (1 point per letter)

For more Information, Technical Assistance or Presentations Contact:

North Central Regional Mental Health Board
Consumer Initiatives Coordinator, Phoebe Hamilton
(860) 667-6388 ext. 18, 10:30 a.m. - 4:30 p.m., e-mail: phamilton@ncrmhb.org

Please Mail or Walk-In RCAC Mini-Grant Proposals to:

North Central Regional Mental Health Board
367 Russell Rd., Bldg. 34
Newington, CT 06111

Both Mailed and walk-in applications must be received by the November 6, 2013 deadline.
Faxed and e-mailed applications are not accepted.