



205 Whitney Avenue
New Haven CT 06511
Phone (203) 498-4160
Fax (203) 498-4165

Consumer Grants 2010

Applications are accepted between September 1 and November 19, 2009.

Fill out the Contact Sheet, the Grant Description and the Applicant Contract on this Website and print them out. Then download the Agency Agreement and give it to your fiduciary to fill out and send 5 copies of these documents to us.

The South Central Behavioral Health Network is pleased to offer grants to consumers in DMHAS Region II who are receiving mental health or substance abuse treatment or received treatment in the past. If you fit the qualifications, we want to offer you an opportunity to receive a grant of up to \$1500 for a project that will benefit you or your community. Grant applications are submitted to a committee of consumers, program staff and family members who look for projects that seem worthwhile and can be done in a year of less with a reasonable budget. If you want to use a grant to start a small business, you must fill out a business plan and submit it, so please call us for a copy.

If the committee awards you a grant, the money does not go to you directly. Instead, we will send the money to a fiduciary who will pay out the funds as needed. A fiduciary can be an agency staff member, or any other person who we think will be able to handle money responsibly and who is not a friend, family member or partner. It is your responsibility to locate someone to be a fiduciary, but if you are having trouble, please call us for help. Many fiduciaries help applicants in filling out the forms, but the project must be something you think up and want to do. We want to fund your ideas, not somebody else's. Part of the application needs to be filled out by your fiduciary.

We announce the people getting grants in January and we expect that projects will be completed by the end of the year. If it looks like you can't finish your project in time, please ask for an extension. We will work with you to make your project a success.

If you receive a grant, in addition to completing your project, you must come to the annual banquet, fill out forms we send you, and attend any activities we think will benefit you in making your project a success. Additional information about the grants is at the end of the application. Good Luck.

Your friends at SCBHN

2010 Consumer Grants Application

Arrival Date (Office use only) _____

Application # (Office use only) _____

Contact information page

Project Name _____

Amount Requested _____

Name of applicant _____

(If more than one applicant, attach separate copy of this page for each person.)

Address _____

City _____ Zip code _____

Phone _____

E-mail _____

Your Project Type:

Self-Help/Recovery (1) Community Involvement (2) Advocacy (3) Giving Back (4)

Stigma Busting (5)

Please write in the number(s) above that best fits your project. # _____

Your Recovery Area:

Substance Abuse (SA) Mental Illness (MI) Both (BO)

Please write in the letters above that best fits you. _____

Only applicants from the following towns (or who receive services in one of these towns) are eligible for a grant. If you don't have an address in these towns, the state won't let us give you a grant.

Eligible towns are: Ansonia, Bethany, Branford, Chester, Clinton, Cromwell, Deep River, Derby, Durham, East Haddam, East Hampton, East Haven, Essex, Guilford, Haddam, Hamden, Killingworth, Lyme, Madison, Meriden, Middlefield, Middletown, Milford, New Haven, North Branford, North Haven, Old Lyme, Old Saybrook, Orange, Portland, Seymour, Shelton, Wallingford, Westbrook, West Haven and Woodbridge.

Your Grant Description

Project Name _____

(The committee only sees this part of the application without your name, so there is no favoritism)

1. Describe your project.

2. Please explain how your project fits one or more of the project areas:
self-help/recovery, giving back to the community, advocacy, community involvement,
stigma busting.

Project Name _____

3. How will your project help in your recovery?

4. How will you go about starting your project? (List and number your first five steps.)

5. How will your project make a difference for you or others?

Project Name _____

Budget Sheet

Your project will not be considered without this page filled out in accurate detail
Look for best prices when pricing out items

6. What will your project cost? Please give us a detailed budget. Payment of yourself or someone else should not exceed \$8.00 an hour. Please be as accurate as possible. Projects will not be considered without this page.

<u>Item</u>	<u>Cost per item</u>	<u>Total Cost</u>
<i>SAMPLE: 10 Books</i>	<i>@\$5 per book</i>	<i>\$50</i>

Project Total \$

If you need more space, please feel free to make additional copies of this page.

Consumer Initiatives Grants Applicant Contract

Project Name _____

I _____ agree that

- I will be committed to my project and the grants program for at least one year and until my project is completed. Being committed means that I will attend all functions and events that are a part of the general grants program for the grant year. I will quickly return all phone calls pertaining to the grants program and I will fill out and return all questions, surveys and forms that are a part of the grants program.
- I pledge that I have been clean and sober from alcohol and other drugs for the past 12 months or longer.
- I pledge that I will remain clean and sober throughout the duration of my grant project
- I understand that by filling out and turning in this application, I give my permission for my case manager, other clinical staff, and/or an approved sponsor to verify whether or not I have been and am still clean and sober.
- I understand that by turning in this application I am also giving permission for my case manager and/or clinical staff to state whether or not I am generally stable enough to complete my project. I understand that should I terminate this permission before my project is completed or if I have a relapse from drug or serious alcohol use, my funding will automatically be returned to the grants program. I understand that any monies not spent by December 31, 2008, unless I have a written extension, must be returned to the Consumer Grants fund.

Signature(s)

Date

**Grants 2010
Consumer Initiatives Grants Program**

Agency Support Agreement

Name of Agency _____

Name of Contact Person _____

Phone _____ Fax _____

e-mail _____

Agency Address _____

Name of Applicant for Grants 2010 Award _____

Project Name _____

I, the undersigned, a person authorized to act on behalf of this agency, state the following:

1. **I have READ the Applicant's Proposed Project and have discussed it with him/her.**
2. The ideas in the Project are those of the person applying and not those of our agency.
3. This agency agrees that it will be responsible for fiscal management of the Project. This means it will accept the funds from the South Central Behavioral Health Network that are awarded to the applicant. It will then disburse the funds in a reasonable and prudent fashion to the applicant in accordance with the approved project design. The applicant is expected to provide receipts to the agency for activities and/or purchases and to provide time records to the agency for hours for which a stipend is being claimed.
4. In addition to fiscal responsibility our agency is ready to provide support to the grantee should he/she need assistance to carry out his/her project. As fiduciary for the grantee, I will meet with him/her regularly and offer assistance where it is needed.
5. I have read the above and understand that my help and support of the grantee is an essential element for his or her success.

Signed _____ Date _____

Supervisor's Signature _____ Date _____

If you are a person with a substance abuse or psychiatric disability, The Consumer Initiatives Grants Program will give you creative opportunities in which you will be able to:

- Express the idea that you are well
- Engage in healthy activities and lifestyles
- Learn new skills and put them into action
- Demonstrate abilities and skills that help you reduce stigma concerning people with psychiatric / substance use challenges
- Give back to the mental health and / or the greater communities
- Participate in a wellness program that encourages you to embrace being well (healthy), active and connected within both the mental health and general communities.
- Start a new business

The grants process consists of

1. Filling out the Consumer Initiatives Grants application on line
2. Attaching an agreement by a fiduciary that he or she is willing to handle the funds granted to you
3. Being supervised and supported by your fiduciary and the Consumer Grants staff
4. Attending several mandatory activities which are held throughout the year
5. Working on and completing your individual projects

Each of these components is geared toward ensuring

- That you succeed in completing your project
- That you relate to others in a style that highlights your good health and
- That you learn and tryout new skills, expanding your creativity, and setting and achieving personal, self defined goals

Each applicant must agree to a contract stating that he or she is drug free and has been so for at least the past 12 months, and that we have their permission to verify his or her clean time. Anyone found to be using illegal substances will be terminated for that year. Each grantee must also agree to respond to all questionnaires, and **attend all program events.**

We will not accept applications for the following projects:

- Agency-generated requests
- Autobiographies
- Drivers Classes/Licensing expenses
- Certified Nurses Assistant Classes
- New Computers unless we can verify that you have a high degree of computer competence

Basic needs such as

- Medical/glasses
- Dental
- Rent/housing
- Clothing
- Paying or catching up on bills

We will not buy:

- cars, houses, home furnishings, trips to the beauty salon , etc.

You are not eligible if you are part of the grant selection process or have a family member on the selection committee. Family members or friends cannot act as fiduciaries.

If you wish to apply for a grant to go to school, you must apply first for any available free educational grants through other sources. **Check with your local educational system and send us written verification that you have applied for all grants that you are eligible for and that you still need additional funds to pay for your course.**

The committee reserves the right to fund all or part of a proposed grant. The **average** awarded amount is usually approximately \$500 or less.

Please, if you are awarded a grant do not spend your own money. Wait until your check has been received by your fiduciary. We will not consider any application that exceeds the grant amount limits of \$1,500. We will not consider any application that is not complete, clearly written, and legible.

If submitting an application for starting a business you must also submit a simple business plan which we will provide upon request

2010 Consumer Grants Application Check List

- I can verify that I have been clean and sober for at least the past twelve months and I am stable enough to complete my project.
- I have not requested any basic needs.
- If I request educational expenses, I have verified that I have received all available grants.
- If I am requesting a computer, I have sent in an explanation of my computer skills.
- I have included the agency agreement and it has been read carefully and signed by my fiduciary and his or her supervisor.
- I have signed my application.
- I have provided a detailed budget with accurate amounts; and those amounts do not exceed the \$1,500 limit.
- I have included my business plan (if applying for business funding)

GOOD LUCK HAVE FUN GOOD LUCK HAVE FUN
HAVE FUN GOOD LUCK HAVE FUN GOOD LUCK