**Request for proposals**

**Community Wellbeing Grant**

**Application**

**2018-2019**



**Community Wellbeing Program**

**Mental Health Services Act/Prevention and Early Intervention**

**February 2018**

**Community Wellbeing Grant Application**

**2018-2019**

Please submit completed application (no more than 8 pages total) no laterthan

**12:00 p.m. on Tuesday April 3, 2018**

2001 N. Garey Ave., Pomona, CA 91767

**AND**

Submit an electronic copy to: Chris Anzalone email: canzalone@tricitymhs.org

|  |  |
| --- | --- |
| **Are you a previous Community Wellbeing Program grantee? \*** | **How many years has this community received a grant?** |
| Yes No | 1 yr.2 yrs. 3yrs |

I. CONTACT INFORMATION

|  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- |
| **A. COMMUNITY CONTACT INFORMATION** | | | | | | |
| COMMUNITY NAME | | TELEPHONE NUMBER | | 501(c)3 STATUS? Yes/No  (Please attach proof of status) | | |
|  | |  | |  | | |
| STREET ADDRESS | | CITY | | STATE | | ZIP CODE |
|  | |  | |  | |  |
| MAILING ADDRESS (if different) | | CITY | | STATE | | ZIP CODE |
|  | |  | |  | |  |
| **B. COMMUNITY LEADER INFORMATION** | | | | | | |
| NAME | | | |  | | |
|  | | | |  | | |
| TITLE | | | | TELEPHONE NUMBER | | |
|  | | | |  | | |
| STREET ADDRESS | | | | FAX NUMBER | | |
|  | | | |  | | |
| CITY | STATE | | ZIP CODE | E-MAIL ADDRESS | | |
|  |  | |  |  | | |
| **C. PROJECT LEADER INFORMATION** | | | | | | |
| NAME | | | | | | |
|  | | | | | | |
| TITLE | | | | | TELEPHONE NUMBER | |
|  | | | | |  | |
| STREET ADDRESS | | | | | FAX NUMBER | |
|  | | | | |  | |
| CITY | STATE | | ZIP CODE | | E-MAIL ADDRESS | |
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| --- | --- | --- | --- |
| **D. FISCAL SPONSOR INFORMATION (individual authorized to sign contracts and submit financials)**  **Please attach proof of 501(c)3 status** | | | |
| AGENCY NAME CONTACT PERSON | | | TELEPHONE NUMBER |
|  | | |  |
| STREET ADDRESS | | | FAX NUMBER |
|  | | |  |
| CITY | STATE | ZIP CODE | E-MAIL ADDRESS |
|  |  |  |  |
| **E. BRIEF DESCRIPTION OF COMMUNITY: Describe briefly who is in the community, how many people are in the community, the types of challenges you face as a community, the relationship between members of the community, what your goal is, and anything else you think we should know about you.** | | | |
|  | | | |

II. APPLICATION NARRATIVE

**The application narrative should be no more than 6 pages**.

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| --- |
| 1. Brief summary of the project that will be funded by the community wellbeing grant: |
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| 2. Who are the **community members who will benefit** from this project? How have they participated in developing this proposal? Keep in mind that the community that will benefit should be the same community that is applying for the grant. You may also choose to elaborate if there are secondary benefits to your project (e.g., people that you serve, also benefitting) |
|  |

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| --- |
| 3. What are the **current emotional and behavioral wellbeing needs of your community** that this project attempts to address? Why do you think this project will be a good response to meet these needs? How will you know if people are better off as a result of your efforts? |
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| --- |
| 4. Describe how you propose to implement the project? Please be as specific as possible in regards to anticipated timeline, division of responsibilities, etc. |
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| --- |
| 5. Describe some ways you think community members will **continue** to maintain their emotional and behavioral wellbeing **after grant support has ended**? What aspects of the project will be sustainable beyond the duration of the grant? |
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| --- |
| 6. **Commitment to learning.** By submitting this grant proposal, members of the applying community agree to:   * 1. Collect data (with training and support from Tri-City Mental Health Center) to document the impact of the project on the emotional and behavioral wellbeing of community members; and   2. Participate in a series of learning events with other Tri-City area communities who are implementing community wellbeing efforts.   3. Participate in meetings with the Community Capacity Organizer on a quarterly basis to develop skills that are helpful to your particular community.   Please comment on why the commitments to the above points (A, B, and C) are important to your community members. Also share what your community hopes to learn/gain from the Community Wellbeing Program beyond funding for your project. |
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| 7. **Role in the system of care.** Tri-City Mental Health is the mental health authority for Pomona, La Verne, and Claremont. In addition to supporting people and groups in staying healthy, we also provide services to people who may be dealing with difficult situations and mental health issues. As our partner, we hope that your community might be willing to work toward those goals as well.  Please describe how your community does, or could, support people facing mental health challenges. Please mention the services and supports that Tri-City offers that might be useful for your community. What other resources exist in the community that may further benefit your community? What can you do as a community to reduce the stigma of mental illness. |
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| **8. \* Only For Communities that have received Community Wellbeing grants in the past:** How are the members of your community better off because of the previous CWB grant? How will the lessons from the previous year(s) inform the project this year? |
|  |

**II. APPLICATION BUDGET FORM**

1. **2018-2019 BUDGET**

|  |  |
| --- | --- |
| **Year 2018-2019 Project Budget Total:** | **Total Amount Requested from Community Wellbeing Grant:** |
|  |  |

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| Budget Category  (Staff, Consultant, Supplies, Marketing, etc.) | Community Wellbeing Grant Amount | Other Potential Funding Sources  (if applicable) | | Total Budgeted Amount |
| 1. |  |  | |  |
| 2. |  |  | |  |
| 3. |  |  | |  |
| 4. |  |  | |  |
| **Grand Total** | $ |  | $ | |

|  |
| --- |
| **Provide a narrative explanation for each category, including in-kind contribution(s).** |
| 1. |
| 2. |
| 3. |
| 4. |

|  |
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| **In-kind Contribution(s): (meeting space, office supplies, etc.)** |
|  |

**Do you expect this to be a multi-year project? \_\_\_ Yes \_\_\_ NoDemographics Tracking Form**

In an effort to provide culturally competent services and programs we would like demographic information about your community members. Please complete the following using **estimates of your individual community members**. This information is for tracking purposes only and **has no impact on your Community Wellbeing Grant application.**

|  |  |
| --- | --- |
| **Community Name:** |  |
| **Total # of members:** |  |

|  |  |  |  |
| --- | --- | --- | --- |
| **Age Group** | **# of Individuals** | **Race/Ethnicity** | **# of Individuals** |
| Child & Youth  (0-15) |  | Hispanic or Latino |  |
| Transitional Aged Youth (16-24) |  | Black/African American |  |
| Adult (25-59) |  | Asian |  |
| Older Adult (60+) |  | Pacific Islander |  |
|  |  | Native American |  |
| **Gender** |  | White/Caucasian |  |
| Male |  | Unknown |  |
| Female |  | Other |  |
| Other |  |  |  |

|  |  |  |  |
| --- | --- | --- | --- |
| **Primary Language** | **# of Individuals** | **Culture** | **# of Individuals** |
| English |  | LGBTQ |  |
| Spanish |  | Veteran |  |
| Vietnamese |  | Other |  |
| Cantonese |  |  |  |
| Mandarin |  |  |  |
| Tagalog |  |  |  |
| Cambodian |  |  |  |
| Hmong |  |  |  |
| Russian |  |  |  |
| Farsi |  |  |  |
| Arabic |  |  |  |
| Other |  |  |  |

**IV Signature**

|  |  |  |
| --- | --- | --- |
| I hereby certify that the information contained herein is true to the best of my knowledge and understand that falsification of this information is grounds to be excluded from the Community Wellbeing Grant program. | | |
| Project Leader | | |
| Name (print) |  | Position/Role  \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ |
| Signature |  | Date \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ |
| Community Leader | | |
| Name (print) |  | Position/Role  \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ |
| Signature |  | Date \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ |
| Fiscal Sponsor \*if applicable | | |
| Name (print) |  | Position/Role  \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ |
| Organization |  | |
| Signature |  | Date \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ |