



COMMUNITY GRANT APPLICATION FORM

FUNDING PERIOD: JULY 1, 2023 TO JUNE 30, 2024

To be considered for funding, applicants must complete and submit one (1) signed and complete application for each program to be funded.

The grant application should be submitted to:

Lauren Thorp, Associate Director
via email: LThorp@TrumbullMHRB.org
fax: (330) 675-2772
or mail: 4076 Youngstown Rd SE
Suite 201
Warren, OH 44484

Due by close of business on:

May 5, 2023

PURPOSE

The Trumbull County Mental Health & Recovery Board (TCMHRB) is committed to supporting the recovery of Trumbull County residents and recognizes that a variety of community programs are required to achieve long term success. The TCMHRB will award grants to community organizations that provide mental health and/or addiction services and supports to Trumbull County residents. Grant funds may be used to build and/or sustain programs or services. Any provider that is awarded funding will enter into an Agreement with the TCMHRB prior to receiving any payments. Questions regarding this application should be directed to Lauren Thorp at (330) 675-2765 ext. 119.

INFORMATION REVIEW PROCESS

The TCMHRB staff will review each grant submission for completeness and accuracy, requesting clarification or revisions, if necessary, from the organization. Consideration of community-wide needs and financial resources will be central to such review. The TCMHRB staff will visit the program/property prior to grant approval. Final approval is determined by the TCMHRB Executive Director.

QUALIFIED APPLICANTS

Qualified applicants will:

- Have been in operation at least 6 months, can provide backup documentation of the duration and operates an office located in Trumbull County or a contiguous County
- Serve residents of Trumbull County
- Not supplant existing funds with TCMHRB funds
- Adhere to reporting and confidentiality requirements of the TCMHRB
- Include a list of all current Board of Directors (if applicable) and staff members. Provide updated lists as necessary

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APPLICANT INFORMATION

Organization Information

Applicant Organization:		
Mailing Address:		
City:	State:	Zip:
Telephone:	Fax:	County Served:
Website:		
Executive Director:		Email:
Project Director (<i>if different</i>):		Email:
Title (<i>if different</i>):		Phone:

Tax Status

Tax Status (check one): <input type="checkbox"/> 501(c)(3) <input type="checkbox"/> Faith-Based Organization <input type="checkbox"/> Government Agency <input type="checkbox"/> Not a nonprofit organization; we have a fiscal sponsor. <i>Fiscal Sponsor Name:</i>	
Legal Name, per IRS determination:	
Tax ID #:	Attach copy of IRS letter

(* W9 form must accompany this application if first time applicant or name or other information has changed in past year)

Organization's Mission

Brief statement of organization's objectives and/or activities:	
Annual operating budget: \$	Audited? <input type="checkbox"/> Yes <input type="checkbox"/> No

APPLICATION

Summary of Request

Date of inquiry:
Amount requested: \$
Timeframe for amount requested: From: To:
*(Grant requests should not be for more than one year or extend past June 30, 2024.)
1a. What services/activities/interventions are you proposing and for what target population(s)?
1b. How many people are proposed to be served?
2. Project Staffing (<i>Describe the special qualifications of the staff involved and the role they will play in project implementation</i>)
3. Timetable for Implementation and Duration of Program/Project
4. Are you and/or your staff members trained in Cultural Competency and Trauma Informed Services? ___ Yes ___ No If yes, please explain:
5. Does your organization require background checks on employees and volunteers? ___ Yes ___ No If yes, what kind of background check is conducted?
6. Does the organization have liability and Officer and Directors Insurance? ___ Yes ___ No (If yes, please include certificate of insurance with application)

Proposed Outcomes

Use the table below to identify expected outcomes for your program and how the outcomes are measured.

<u>Goal/Impact</u> What are you going to achieve? What impact will you make?	<u>Measure</u> What will be the measurable outcome for this goal?	<u>Data Source</u> What information are you going to collect or use to demonstrate you have accomplished your goal?	<u>Proposed Outcome</u> Quantify your expected outcome
<i>Example: Decrease the number of Suicides in Trumbull County</i>	<i>Increase in suicide screening activities</i>	<i>Data will be collected through reports from the Trumbull County Coroner's Office</i>	<i>The number of suicides will decrease by 10% from last calendar year to this calendar year</i>

Awardees will be required to provide mid-year and year-end outcome reports for the identified goals.

How will this be reported to the TCMHRB? *(For Example: Satisfaction Surveys; Attendance Sheets; Etc.)*

Grant Program Budget Form

Organization Name: _____

Proposal Name: _____

Total Request:	Project Budget
Trumbull County Mental Health & Recovery Bd.	\$

Other Funds for this Project:	
TOTAL PROJECTED REVENUES	\$

EXPENDITURES:

	Trumbull County Mental Health & Recovery Board	All Other Sources	Total Project Expense
Salaries and Wages			
Fringe Benefits/Payroll Taxes			
TOTAL PERSONNEL	\$	\$	\$
OTHER EXPENSES:			
Training			
Travel			
Consultants and Professional Fees			
Rent & Utilities			
Telephone			
Supplies			
Printing/ Postage			
Equipment			
Program Materials			
Food			
Other:			
Other:			
Other:			
Other:			
TOTAL OTHER EXPENSES	\$	\$	\$
TOTAL EXPENDITURES	\$	\$	\$

Signature of Manager/Director: _____ **Date:** _____

For Trumbull County Mental Health and Recovery Board Use Only:

Date received: _____ **Approved** ____ YES ____ NO

Date Approved: _____ **Authorized by Executive Director:** _____
(Signature)