

CITY OF ALEXANDRIA, VIRGINIA
DEPARTMENT OF COMMUNITY AND HUMAN SERVICES

Request for Mini-Grant Proposals

YOUTH-LED MENTAL HEALTH AND WELLNESS PROGRAMS

INTRODUCTION AND MINI-GRANT GOALS

The Department of Community and Human Services is seeking mini-grant proposals from eligible organizations and agencies to provide youth- planned and youth-led projects to reduce stigmas associated with mental illness among their peers.

One in five people in the U.S. experience a mental health disorder in their lifetime. It could be serious depression, anxiety, psychosis, an eating disorder, or any of a number of common conditions. The most recent Developmental Assets survey of Alexandria’s public school students in grades 8, 10 and 12, found that 17 percent of the students reported that they were sad or depressed all or most of the month before the survey. In addition, eight percent of the students reported that they had tried to kill themselves at least once.

Mental health disorders are common. Recovery is possible. Treatment works. Yet, because of the stigma associated with mental illness, people are often reluctant to admit that they, or someone they care about, have a mental health problem, fearing the disapproval, misunderstanding and discrimination that could result from such a diagnosis. Sadly, this stigma keeps people from seeking help, especially at the early onset of illness, when treatment can be most effective.

Eliminating stigma requires a change in the way we talk and think about mental illness in our culture. Young people can be a very powerful, driving force behind this kind of positive culture change.

This mini-grant awards will be made to organizations and agencies whose proposals innovatively address one or more of the following programs goals:

1. Empower youth to reduce the stigma of mental illness in their communities and focus on suicide prevention;
2. Educate youth on facts regarding mental illness, including how to recognize it and seek help for oneself or others; and
3. Educate youth on ways they can promote their own and others’ mental health.

This mini-grant program is funded by a regional suicide prevention grant from the Virginia Department of Behavioral Health and Developmental Services. The Alexandria Department of Community and Human Services will administer the mini-grant program.

IMPORTANT DATES

Request for mini-grant Proposals Released.....	January 15, 2019
Mini-grant Proposals Due	February 8, 2019
Awards Announced.....	February 15, 2019
Project Period Begins.....	February 22, 2019
Project Period Ends.....	August 2, 2019
Final Project Report Due	August 16, 2019

MINI-GRANT ELIGIBILITY, REQUIREMENTS, AND FUNDING AVAILABILITY

The following types of organizations are eligible for mini-grants:

- Non-profit organizations with a 501(c)3 designation from the Internal Revenue Service, or youth groups affiliated with one;
- Youth-serving groups affiliated with Alexandria City Public Schools;
- Public agencies other than the Alexandria Community Services Board.

Additionally, applicants must:

- Serve youth from the City of Alexandria;
- Propose a project that is planned and implemented by youth. Adults can serve as mentors or sponsors, but cannot be project leads or facilitators.

A total of \$6,000 is available for the mini-grant program. Applicants may request up to \$2,000. Funding may not be used for salaries or other personnel costs.

MINI-GRANT APPLICATION AND IMPLEMENTATION PROCESS

An example of the mini-grant application is attached. However, only electronically submitted applications will be considered. To receive an electronic copy of the grant application, email noraine.buttar@alexandriava.gov.

The final grant application should be saved and submitted as a PDF. Grant applications should be no longer than three (3) pages. Applications must be received by 11:59 p.m. February 8, 2019. Applicants will receive an email acknowledgement of their application submission within one (1) business day.

Applicants will be notified of their status by February 15. Awardees can begin project implementation as soon as February 22, 2019. Projects must be completed by August 2, 2019. Projects do not need to be implemented throughout the entire project period. (For example, they can take place over the course of one week.) Projects can be implemented in school or community settings.

Grant recipients will be required to submit a final report by August 16, 2019 using the template to be provided by the Department of Community and Human Services. The report will include a narrative of the project, copies of any materials or pictures the project team wants to share, the number of youth reached (served) by the project or its various elements, and a description of the project's outcomes.

SELECTION CRITERIA

Proposals will be scored based on the following criteria:

1. Likely effectiveness – the extent to which the project is likely to achieve the mini-grant program’s goal of reducing the stigma of mental illness and focusing on suicide prevention among youth with a plan to measure or demonstrate effectiveness (15 points);
2. Creativity – the extent to which the project reflects originality and resourcefulness (15 points);
3. Reach – the number of youth served by the project (10 points); and
4. Replicability – the extent to which the project could be implemented in other locations and/or in the future (10 points).

Proposals that do not clearly specify how youth will lead the planning and implementation of the project will not be considered.

Proposals will be reviewed and selected by representatives from the Department of Community and Human Services.

CONTACTS

Please contact noraine.buttar@alexandriava.gov with questions regarding the mini-grant program.

YOUTH-LED MENTAL HEALTH STIGMA REDUCTION MINI-GRANT PROGRAM

Application

A. Applicant Information

1. Applicant name:
2. Applicant address:
3. Applicant web URL:
4. Contact person name:
5. Contact person title:
6. Contact person email:
7. Contact person phone:
8. If contact person is a youth, please provide the name, title, email, and phone of an adult who will serve as the applicant's fiscal manager if awarded:

B. Project Information

9. Project title:
10. Estimated number of youth reached (served) by the project:
11. Provide a short narrative describing the project, including where the project will be implemented:
12. Describe how the project will lead toward achieving one or more of the program's goals. Please be as specific as possible about the planned outcome(s) of the project:
13. Describe how youth will be involved in the planning and implementation of the project:
14. Will the project be implemented by an existing youth club or group? If yes, please provide the name and a short description of the group:
15. Provide a time line for the project:

C. Budget Information

16. Please itemize your budget using the format below:
(Expenses can not exceed \$2000. Personnel costs are not allowed. See example budget below.)

Item	Quantity	Unit	Cost per Unit	Total
Total				

Example Budget:

Item	Quantity	Unit	Cost per Unit	Total
T-shirts	20	each	\$7.00	\$140.00
Pencils	10	box	\$3.00	\$30.00
Total				\$170.00

17. Provide a short description of how each item in the budget will be used:

D. Commitment

By signing this application you as the person authorized to sign this mini-grant application agree to the following:

1. If there are any planned media coverage, press releases, or publications regarding this project, we will acknowledge the City of Alexandria's the support by indicating *"This event/message/activity is funded by the City of Alexandria's Department of Community and Human Services, a participant of the Northern Virginia Suicide Prevention Plan, and funding made possible through a grant from the Virginia Department of Behavioral Health and Developmental Services."*
2. To use the mini grant funding as proposed in our application.
3. To expend no mini grant funding beyond August 2, 2019.
4. To submit the required final report no later than August 16, 2019, using the template to be provided by the Department of Community and Human Services.

Name of Person Authorized to sign the Application: _____

Signature of the Authorized Representative: _____