Mini Grant Application

*With this submission, the organization affirms that the facts set forth in this application are true and complete. Any false statements, omissions, or other misrepresentations on this application may result in funding refusal. Application materials are due the first Wednesday of each month **at least 60 days prior to the program** or event start date and should be submitted to* https://admboard.egnyte.com/ul/9BSOCQJf3J.

Please note, any applications submitted outside this timeframe may be subject to automatic funding refusal.

Part 1 – Overview

1. Applicant Information

Organization	
Address	
City, State, Zip Code	
Contact Person	
Email address	
Authorized Signer	
Email address	
Telephone number	
Website	

2. Please check which priority this grant application addresses. (Check all that apply)

This funding is targeted for grass roots efforts in our community to promote overall mental wellness. Please note, this funding is not for traditional treatment, prevention or recovery supports as defined by the Ohio Department of Mental Health and Addiction Services (OhioMHAS). For more information regarding these services and definitions, visit the OhioMHAS website here.

☐ Raise awareness of behavioral health issues
☐ Substance use prevention
☐ Promotion of mental wellness
☐ Reduce stigma around mental illness and substance use
☐ Increase resilience (i.e., healthy alternatives, prosocial events)

3. **Program/Event Information**

Program name	
Program address	
Program city, state, zip code	
Start date – End date	

4. **Funding Request** – must not exceed $7,500 for one day events or $75,000 for a year long program. Funding is disbursed on a reimbursement basis and requires proof of expenditure.

Amount requested	

5. **Projected Participants**

Number of expected participants		Number of expected volunteers	

6. **Partnerships** (List all partners for your program/event including funding partners, community partners, supporters, etc. Support letters from partners are encouraged.)

Part 2 – Narrative

7. **Organizational Overview -** Tell us about your organization/group. Include information about your organization/group's history, mission, and purpose. (**Not to exceed 1,500 characters**)

8. **Program/Event Activities**– Provide the details of your program or event. Include specific activities that will take place, and/or speakers who are on the agenda. Please include how this program will address diversity, equity, inclusion and belonging efforts. **(Not to exceed 1,500 characters)**

9. **Target Population** - Tell us who will be served by your program or event. Identify a target population who will be served by gender, age, sexual orientation, race, or ethnicity.

   Priority may be given to programs/events that target ADM Board identified priority populations (LGBTQ+, older adults, African Americans, immigrants/refugees, pregnant women with substance use disorders and families with dependent children impacted with substance use disorders)

10. **Promotion Plan**- Tell us how you will promote your program/event. **(Not to exceed 2,000 characters)**

11. **Why should ADM Fund this Program/Event?** How does your program or event align with the ADM Board's mission provide a pathway to health and healing for Summit County residents seeking resources for addiction and mental health as the ADM Board provides help and hope through a network of more than 30 community partners providing affordable, quality alcohol, drug addiction and mental health services for the whole family. To view our Global Ends, visit here. (**Not to exceed 2,000 characters**)

12. **Covered Expenses -** Identify and outline the expenses for which that funding will cover, such as space costs or rentals (staff office space and capital improvements are not covered), speaker's fees/honorariums, program materials and supplies, promotion, or other program items. Some additional examples of unallowable expenses are meals, large scale marketing campaigns, and items that are not related to programming.

Program/Event Expenses	Amount	% of Total
Personnel		
Presenters		
Room rental		
Equipment rental		
Refreshments (light snacks only)		
Transportation		
Information materials		
Promotional materials		
Other:		
Other:		
Other:		
Total Expense:		**100%**

13. **Other Support** - Identify other sources of funding support for this project. **(Not to exceed 1,500 characters)**

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14. **Sustainability** – If this is an ongoing program, please indicate the sustainability plan beyond this grant period. **(Not to exceed 1,500 characters)**

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15. Engagement

All recipients of mini-grant funding must complete these minimum requirements:

Request	Required Activities
All Requests	• Add an ADM logo and link on the program/event section of your organization's website • Include ADM logo on all printed materials specific to the program/event activities these funds will support • Mention and tag ADM on social media

ADM will identify additional activities from the list below for applicants who receive funding.

Request	Number of Additional Activities	Potential Activities
$2,000 - $4,999	1	• Invite ADM staff to the program • Provide a booth for ADM to use at your event • Allow ADM to distribute promotional material to program participants • Include an ADM article in your organization's newsletter • List ADM as a sponsor on all media releases • Submit agreed upon outcomes data on scheduled basis to ADM
$5,000 - 9,999	2	
$10,000 - up	3	

Application Checklist

- Incomplete packets will not be reviewed.
- In order to be considered for a mini-grant, an applicant must provide the following documentation:
  - ☐ Application (overview, narrative and funding outline)
  - ☐ Support letter from any partner identified in the application.
  - ☐ Submit application to https://admboard.egnyte.com/ul/9BSOCQJf3J prior to 4:30 p.m. on the first Wednesday of the month.
  - ☐ Vendor – Application 231101
  - ☐ Vendor – OPERS – PEDACKN – 220501, if applicable