



# **NATIONAL CONSUMER SUPPORTER TECHNICAL ASSISTANCE CENTER (NCSTAC)**

A PROGRAM OF MENTAL HEALTH AMERICA

STRENGTHENING CONSUMER/PEER-RUN ORGANIZATIONS THROUGH T.A. AND FINANCIAL ASSISTANCE

SEPTEMBER 15, 2009

## **NCSTAC SPECIAL ORGANIZATIONAL ESTABLISHMENT GRANT ANNOUNCEMENT**

### **REQUEST FOR PROPOSALS FOR GRANTS**

NCSTAC announces the availability of one Organizational Establishment grant, of up to \$15,000.00 to support efforts in forming strong, sustainable statewide consumer organizations. There is high flexibility around the eligibility for expenditures, but suggested areas include organizational meetings, expert consultation, incorporation fees, 501 (c) (3) expenses, on-site TA and travel.

#### **Application process**

##### **Eligibility requirement**

Only consumer run organizations who have not received Federal Statewide Consumer Network grants are eligible to apply for the grants. Organizations that do not have their own 501 (c) (3) may apply through a non consumer run fiscal agent.

Consumer run organizations (CRO) that do not have 501 (c) (3) status and are interested in organizing must have a responsible fiscal agent, registered as a not-for-profit agency, available to accept and manage the grant funds.

Applications will be reviewed and scored based on content, format, proposed goals and activities, plan of implementation, budget and letters of recommendation. To receive funding, applications must clearly support identified goals/objectives as a part of a long- term plan. Grant winners will be expected to submit a 90 day report on implementation of all activities and/expenditures from this funding, and a final report at 6 months.

**Application guidelines**

Applications must be submitted by fax or email and **must be received by October 15, 2009**. It is estimated that grant applications received by that date, and approved, will receive their funding within 6 weeks.

Please use the following three page form as a template for your grant application.

**Date:**

**Name of Organization** \_\_\_\_\_

**Address** \_\_\_\_\_

**Contact Person for Grant** \_\_\_\_\_

**This Person's Position with Organization** \_\_\_\_\_

**Phone number:** \_\_\_\_\_ **email:** \_\_\_\_\_

**Employee Identification Number:** \_\_\_\_\_

**Treasurer or Accountant for Organization** \_\_\_\_\_

**Address** \_\_\_\_\_

**Phone number:** \_\_\_\_\_ **email:** \_\_\_\_\_

**ABSTRACT:** Please tell us in one paragraph the purpose of your funding request, why you want the money, what will it change or how it will help in your work?

**PROJECT GOALS AND OBJECTIVES:** List how the funding will help your organization become more effective and support consumers in your region.

**SUMMARY OF PROJECT ACTIVITIES and TIMELINE--** List what you plan to do, such as what activities, purchases, events, programs, trainings, stipends, etc. with this grant funding AND when you plan on doing it.

List Each Activity Tell Us The Month/Date

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**BUDGET:** Please list the costs/expenditures in this grant. Categories could include any listed here, please be specific:

- Stipends for peer activities \$ \_\_\_\_\_
- WRAP training \$ \_\_\_\_\_
- Peer Support Specialist Training \$ \_\_\_\_\_
- Website development (designer/builder) \$ \_\_\_\_\_
- Technology Hardware (computers and/software) \$ \_\_\_\_\_
- Meeting costs \$ \_\_\_\_\_
- Other \_\_\_\_\_ \$ \_\_\_\_\_
- Other \_\_\_\_\_ \$ \_\_\_\_\_
- Other \_\_\_\_\_ \$ \_\_\_\_\_
- Other \_\_\_\_\_ \$ \_\_\_\_\_

**Please let us know if there is any technical assistance with which NCSTAC can help you with this project.**

**Please provide two letters of recommendation from local stakeholders detailing the importance of the proposed grant activity to the community and the capacity of your agency to succeed.**

**Additional information or attachments**

\_\_\_\_\_ **Date** \_\_\_\_\_  
**Signed by Executive Director/Chair/President of the Board**

\_\_\_\_\_ **Date** \_\_\_\_\_  
**Signed by Fiscal Agent or Board Treasurer**

**NCSTAC Responsibilities**

**On-going technical assistance:** NCSTAC will provide on-going support through phone calls, emails, and additional technical assistance as needed.

**Grantee Responsibilities**

**Memorandum of Understanding:** Successful applicants must sign a Memorandum of Understanding with NCSTAC outlining proposed activities and the reporting agreement.

**Reports:** Based upon the work plan timeline submitted to NCSTAC, grantees will submit a report at 90 days (3 months) from receipt of grant funding on the activities, and at 6 months on the final expenditure of grant funds.

For further information on the grant application process, please contact Patrick Hendry at (703) 838-7538, [phendry@mentalhealthamerica.net](mailto:phendry@mentalhealthamerica.net).

**Submit applications to**

**Patrick Hendry**  
**Director, NCSTAC**  
**Mental Health America**  
**2000 N. Beauregard St.**  
**6<sup>th</sup> Floor**  
**Alexandria, VA 22311**  
**Email: [phendry@mentalhealthamerica.net](mailto:phendry@mentalhealthamerica.net)**  
**Phone: 703-838-7538**  
**Fax: 703-684-5968**  
**[www.ncstac.org](http://www.ncstac.org)**

**Applications must be received by October 15, 2009**

**Award announcements will be made by November 15, 2009**



Funded by the Federal  
Substance Abuse and Mental  
Health Services Administration