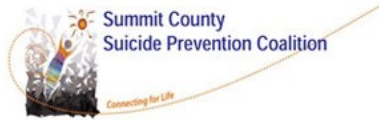




**County of Summit ADM Board  
Summit County Suicide Prevention Coalition  
Suicide Prevention Mini Grant Opportunity  
Proposal Requirements**



**Background:** Suicide is preventable, and everyone has a role to play to save lives and create healthy and strong individuals, families, and communities. Organizations actively working to reduce suicide in the community can apply for suicide prevention mini-grants and these funds may be used to support prevention initiatives that focus on increasing awareness and reducing incidents of death by suicide. Proposals should reflect the mission of the Summit County Suicide Prevention Coalition:

*“Collectively work to create systems, processes, coordinated services, and evidence-based strategies to prevent deaths by suicide and promote overall mental health and wellness.”*

Please complete the proposal form by entering the information in the space provided.

APPLYING ORGANIZATION	
Organization	
Address*	
City	
State	
Primary Contact Person**	
Email Address	
Telephone	
Website	

\* Address must match W-9; awards will only be sent to this address.

\*\*Please note that award recipients will need to designate a representative to attend a brief informational session regarding invoicing and reporting requirements. Unless otherwise noted, your primary grant contact person will be considered your designee.

**ORGANIZATIONAL OVERVIEW – tell us about your organization/group. Include information about your organization/group’s history, mission and purpose.**

**PROJECT DESCRIPTION – Briefly describe the project/program you will be implementing (300 word maximum).**

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**FUNDING REQUEST**

Amount requested*	
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\*The maximum amount that can be requested is \$5,000 dollars.

**BUDGET – please describe your budget details that includes how funds will be used.**

Please use attached spreadsheet.

**PROJECTED PARTICIPANTS**

Number of expected participants	
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Number of volunteers	
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**TARGET POPULATION/PROMOTION PLAN – tell us who will be served by your program or event and how you plan to reach the intended audience. Identify who will be served by gender, age, sexual orientation, race, or ethnicity. Provide an overview of your plan to promote the program/activity to this target population, any barriers that may exist and/or special needs or accommodations required.**

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**WHY SHOULD THIS PROGRAM BE FUNDED? How does your program or event align with the mission of improving the well-being of our community by reducing the incidence of mental health problems and eliminating the abuse of alcohol and other drugs in Summit County?**

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PROGRAM OBJECTIVES – please review the Centers for Disease Control and Prevention’s (CDC) SMART Objectives strategies and complete the table below with your project in mind. Please visit: [https://www.cdc.gov/phcommunities/resourcekit/evaluate/smart\\_objectives.html](https://www.cdc.gov/phcommunities/resourcekit/evaluate/smart_objectives.html)

SMART Objectives	RESPONSE
<p><b>Specific</b>  <u>Example:</u> What is your objective? Is the objective described with strong action verbs such as conduct, develop, build, plan, execute? Who will be involved? Is the desired outcome specified? Will this objective lead to the desired results?</p>	
<p><b>Measurable</b>  <u>Example:</u> How will you know that change has occurred? Are you able to gather these measurements</p>	
<p><b>Achievable</b>  <u>Example:</u> In what time frame can this be achieved? Is that timeframe realistic? Are the limitations and constraints understood? Can you do this objective with the resources available?</p>	
<p><b>Realistic</b>  <u>Example:</u> Do you have the resources available to achieve this objective? Is it possible to achieve this objective?</p>	
<p><b>Time-Bound</b>  <u>Example:</u> When will the objective be accomplished? What is the stated deadline?</p>	

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

Requests	Required Activities
All Requests	<ul style="list-style-type: none"> <li>• Add an ADM logo and link on the program/event section of your organization’s website</li> <li>• Include ADM logo on all printed materials specific to the program/event activities these funds will support</li> <li>• Mention and tag ADM on social media</li> </ul>

Reporting Requirements
<ul style="list-style-type: none"> <li>• A report with outcomes of your SMART objectives must be submitted within forty-five (45) days after the initiative has been completed.</li> <li>• Include the number served and a narrative of initiative highlights and/or challenges.</li> </ul>

Submit this completed application along with budget form electronically to [grantapplications@admboard.org](mailto:grantapplications@admboard.org) with the subject line Summit County Suicide Prevention Coalition mini grant. These funds are first come, first serve, so when all funds have been expended for the year no further grants will be awarded. Grants must be submitted no later than 60 days prior to the event. Board staff will be available for technical assistance. Please submit any questions regarding this funding application to [grantapplications@admboard.org](mailto:grantapplications@admboard.org).

Award notices will be sent within 30 days of receipt.