**Community Peer Support**

**Mini-Grant Application**

Table of Contents

[Mini Grant Information 3](#_Toc106979240)

[Welcome 3](#_Toc106979241)

[Who we are? 3](#_Toc106979242)

[Purpose of the DPSC SAMHSA funded grant H79SM083932 3](#_Toc106979243)

[Purpose of the Community Peer Support Mini-Grant 3](#_Toc106979244)

[Instruction Overview 4](#_Toc106979245)

[Criteria 4](#_Toc106979246)

[Budget 5](#_Toc106979247)

[Distribution of funds: 5](#_Toc106979248)

[Instructions for the Application 5](#_Toc106979249)

[Instructions for the Final Report 5](#_Toc106979250)

[Mini-grant Application 6](#_Toc106979251)

[Cover Page 6](#_Toc106979252)

[Application Questions 7](#_Toc106979253)

[Project Budget 8](#_Toc106979254)

[Sample Worksheets 9](#_Toc106979255)

[Sign-In Sheet 10](#_Toc106979256)

[Evaluation 11](#_Toc106979257)

[Final Report 12](#_Toc106979258)

[Appendix 13](#_Toc106979259)

[Appendix A Goals and Objectives 14](#_Toc106979260)

[Examples of Goals and Objectives 16](#_Toc106979261)

[Appendix B Sample Budgets 17](#_Toc106979262)

[Sample Budget A 17](#_Toc106979263)

[Sample Budget B 18](#_Toc106979264)

[Appendix C Criteria Checklist 19](#_Toc106979265)

[Appendix D Definition of terms 20](#_Toc106979266)

# Mini Grant Information

## Welcome

Thank you for your interest in this application. We are excited to hear about your project and look forward to partnering with you to develop your program. To learn more about Developing Peer Support Communities and to apply for the mini-grant opportunity, please read the information and instructions below.

## Who we are?

Developing Peer Support Communities (DPSC) is a program of Consumer Voices Are Born (CVAB) and is collaborating across the state with other peer-run organizations in Washington State. CVAB is a nonprofit peer-run organization providing direct services, Certified Peer Counselor training, and peer community development. The DPSC grant supports the continued development of a centralized resource and leadership education platform for peer supporters, supports grassroots peer organizations' efforts and abilities to network, and establishes connections for greater support of peer leadership through virtual and in-person engagements.

## Purpose of the DPSC SAMHSA funded grant H79SM083932

The DPSC grant seeks to collaborate with peer-run organizations and peer groups to support recovery and peer support/services. The goal of all collaborative efforts is to promote consumer engagement and improve access to peer support/services policies and practices in underserved communities. All attempts to reduce sigma, train in recovery and peer service models, and support consumers in finding their voices are greatly encouraged through this state networking grant.

## Purpose of the Community Peer Support Mini-Grant

Peer and Recovery Support/Services are evidence-based practices. Each community is uniquely positioned and aware of which services and supports are needed to meet the varied needs of peers. By offering a community peer support organization or peer group the opportunity to plan and implement a program or training unique to the needs of the community, then recovery and peer support services will be uniquely positioned in the community.

The hope is that these monies will be used for a program, training, or the creation of an ongoing peer support/services group. The mini grant is intended to fund projects that focus on supporting individuals with lived experience with behavioral health challenges. Projects can include (but are not limited to) the Wellness Recovery Action Plan (WRAP), ongoing peer support group, or another peer project. There are multiple ways that peer support/services could be introduced or enhanced in a community; however, funds cannot be used for food or operational costs (i.e., business insurance, business licensing).

# Instruction Overview

 The following outlines the project requirements. The first set outlines the information needed in the application. The second set are sample sign-in sheets and evaluations that help your project collect information for the final report. The third section is outlining the components for the final report that is submitted after the project is finished.

To begin the project, complete the application components.

* Completed cover Page
* Completed application
* Goals and Objectives (Question 3 on application)
* Budget

During the project (See samples beginning on page 9)

* Sign-in Sheet
* Evaluations
* Promotion materials, flyers, handout

End of Project

* Final Report (Pg 12)
* Include sign-in sheets, evaluations, and handout examples.
* The following optional items may also be submitted
	+ Success Story
	+ Challenge Story
	+ Pre & Post Surveys

## Criteria

The following criteria will be used to determine eligibility.

* All required documents have been included
	+ Application Cover Page
	+ Answers to seven questions
	+ At least one Goal using the Goals sheet format
	+ Project Budget
* The proposal is in an underserved, underrepresented, rural, or frontier community in Washington State
* The plan encourages or trains for peer/recovery services to be introduced or increased in the community.
* 75% or more of the planning committee are peers
* A budget is included.
* The applicant agrees to evaluate the results before, during, and six months after the event date.

## Budget

Our hope in offering this mini-grant opportunity is that it supports programs that will continue with local funding. Therefore, this grant aims at supporting up to 80% of the project, with the award being up to $2,500. Therefore, if the overall project costs $3,125, then the mini grant will fund 80% ($2,500) \*. You will fund 20% ($625).

\*Funds cannot be used for food or operational costs (i.e., business insurance, business licensing).

## Distribution of funds:

Applications can be submitted at any time; however, the project must start 30 days (or further) from the application submission date. If an application is approved, the funds will be available in the following manner: 45% will be paid directly to begin funding the project; 45 % will be paid at the time of or right after the event, and the last 10% will be paid when the final review is submitted.The first disbursement will happen at least 2-3 weeks after the approval date.If funding is needed to purchase items before the project date, please consider applying well in advance of the 30 days so that the funding will arrive in time to plan the event. Instructions regarding payments will be given at the time of approval.

## Instructions for the Application

* Fill out the cover page. The last question on the cover page is a quick summary of the proposal and only needs to be a couple of sentences. For Example:
	+ The (project name) will reach out to x number of people through the ABC event. We are asking for $2400 for the event, which will take place on May 8, 2020.
* Answer all seven questions in 1-2 paragraphs each except for question three which utilizes the goal worksheet on pages 14 and 15.
* Please state the need clearly in question one.
* Include at least one goal with 2-4 objectives following the guidance of Appendix A Goals and Objectives on pages 14 and 15.
* Demonstrate that this request for funding will assist or train for peer support/services in an underserved community.
* Include budget; see Appendix B Sample Budgets on pages 17 and 18.
* Send the completed application to Diana Porter at porterd@cvab.org.
* The committee will respond to the application within 30 days. The criteria they use are included in Appendix C on page 19.

## Instructions for the Final Report

Please fill out the final report form after your project has been completed. The last 10% of your funding will be distributed after the report is submitted. Please include the sign-in sheet and evaluations with your final report as applicable. The report can be sent by email to porterd@cvab.org or via regular mail to PO Box 256 Friday Harbor, WA 98250.

# Mini-grant Application

## Cover Page

Application Date \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Community Name\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Accountable Communities of Health (ACH) Region \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Organization Name \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Mailing Address \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Website if applicable \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Name of contact person\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Phone \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Email Address: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Project Name \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Target Audience \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Projected number of people reached \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Project Date or Date Range \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Please share two to three sentences about the grant request including the amount requested and the proposed outcome. \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

## Application Questions

1. **Statement of Need:**

Describe the need of peers in your community and how your project will address the needs.

1. **Proposed Approach:**

Describe the proposed activity, the purpose of the activity, and how it will meet the stated community need.

1. **Goals and Objectives:**

State the goal or goals of this project and the objectives that will accomplish the goals. See appendix.

1. **Implementation:**

Describe the implementation process, including how the activities leading up to the event, the event, and post-event activities will promote peer engagement and improve access to peer support/services.

1. **Key Leaders:**

List the key leaders and whether they have lived experience.

1. **Data and Performance:**

Describe how data will be collected, including the number of participants, and indicate the evaluation or the assessment process.

1. **Add any additional information unique to the community project.**

|  |
| --- |
| Project Budget |
|
|  | **Event Name and Description** | **Item** |  **Grant Funding**  |  **Local Funding**  |  **Check if in Kind**  |
|  |  |   |   |   |   |
|  |   |   |   |   |
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|  |   |   |   |   |
|  |   |   |   |   |
|  |  |   |   |   |
|  |   |   |   |   |
|  |  | **Total** |  **$ -**  |  **$ -**  |  |
|  |  |  |  |  |  |
|  | Total Project Cost |  |  |  |  |
|  | Percentage of each |  | **%** | **%** |  |

**Disbursement Schedule:**

On average the grant applications will take 2-3 weeks for the review committee to review and approve an application. You may be contacted during this process with questions or requests for revisions. Once the application is approved it will take another 2-3 weeks for the first disbursement check to arrive.

**Disbursement dates:**

**First Disbursement (45%):** Approximately 2-3 weeks after the application has been approved.

**Second Disbursement (45%):** At the time of the event or at the midpoint of the project and at least 2-3 weeks after the first check.

**Third Disbursement (10%):** 2-3 weeks after final reports have been submitted.

# Sample Worksheets

The following forms can be used for your project.

These documents are samples. If you have your own documents that are comparable, you may use them. Some activities require certain documentation to be submitted with the final report.

If you host an activity with participants, please have the participants sign in.

If you have someone teaching or facilitating a group, please provide each participant the opportunity to evaluate each presenter.

Some projects will create flyers or hand out materials.

After your project or event is completed, please provide a copy of the sign-in sheet, evaluations, and promotion materials, as applicable, with the final report.

## Sign-In Sheet

This is an example of a sign-in sheet that could be used to keep track of your event. Please send a copy with your final report.

|  |
| --- |
| Sign-In Sheet |

|  |  |  |  |
| --- | --- | --- | --- |
| **Project:** |  | **Project Date:** |  |
| **Facilitator:** |  | **Location:** |  |

| **Name** | **Contact Info**  |  |
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## Evaluation

**\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_**

**(Project Name) (Date)**

**Trainer: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_Topic: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

*To help us improve the quality of our training, we would appreciate your feedback!*

**Please circle the response option that best reflects your evaluation of the training provided:**

1. The trainer's knowledge of the topic was: Excellent OK Poor
2. The pacing of the trainer's delivery was: Excellent Too fast Too Slow
3. The amount of material covered was: Just right Too much Too little
4. The amount of interaction encouraged was: Just right Too much Too little
5. Was your interest held? Definitely Sometimes Not really
6. Was your time well spent in this training? Definitely Probably Not really
7. The description matched the material covered. Definitely Sometimes Not really
8. What did you learn (knowledge or skill) during today's session that you look forward to using in your work?
9. Was there anything you did not understand during today's sessions? Please provide a specific example.
10. What other specific comments do you have?

Thank you! Please turn in this completed form at the end of the session.

# Final Report

1. Describe the project, including project goals
2. Which goals and objectives were met?
3. Which goals and objectives were not met?
4. How did this project affect peers, peer service/supports, or other behavioral health objectives in the community?
5. If given the opportunity, what would be different, and what would stay the same?
6. Please copy the sign-in sheet, evaluations, and/or promotional materials and submit them with this report at the conclusion of your project.
7. The report and forms can be either emailed to porterd@cvab.org or mailed to PO Box 256 Friday Harbor, WA 98250

# Appendix

The following information will help you fill out the application. It provides explanations and examples for both the application and your project.

Appendix A Goals and Objectives gives instructions on how to write goals and objects and supplies examples. It also provides the format that we would like the goals and objectives to take.

 Appendix B Sample Budgets provide two sample budgets that will help to clarify how the budget form is to be filled out.

Appendix C Criteria Checklist is the actual criteria checklist that the review committee uses to evaluate the applications.

## Appendix A Goals and Objectives

Describe 1-2 goals, including 2-3 SMART objectives with measurable outcomes, which are related to your project. SMART objectives are specific, measurable, achievable, realistic and time bound. See definitions and examples below.

Goal One: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

To meet the above goal, please state two objectives that provide the steps for meeting the goal.

Objective One: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Objective Two: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Goal Two: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Objective One: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Objective Two: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

### Examples of Goals and Objectives

**A goal** is a brief, clear statement of an outcome to be reached within a timeframe. A goal is a broad, general, tangible, and descriptive statement. It does not say how to do something but rather what the results will look like at the end of the project. It is measurable both in terms of quality and quantity. It is time-based. It is achievable. It is a stretch from where we are now. Above all, it is singular. **There should be at least one goal for your project.**

Examples of a goal:

* The ABC Project will provide Peer Support/Services for twenty peers in the XYZ community by July 2022.

**An objective** is a specific, measurable, actionable, realistic, and time-bound condition that must be attained to accomplish a particular goal. Objectives define the **actions** that must be taken to reach the goal. The objectives are the incremental steps that achieve the desired target within the desired timeframe. **Write two objectives for each goal.**

* By March of 2022, two CPCs will reach into the community to build relationships with up to five individuals who have mental health or co-occurring challenges and are living outside.

|  |
| --- |
| Appendix B Sample BudgetsSample Budget A |
|
|  | **Event Name** | **Item** |  **Grant Funding**  |  **Local Funding**  |  **Check if in Kind**  |
|  | The ABC Project | Peer Support Outreach (2 people X 20/hr. x 5wk | $ 2,000.00 |   |   |
|  | Peer Support Outreach Kits (22) $25.00 each | $ 500.00  |  $ 50.00 |   |
|  | Copies (500 bw x .10) (150 color x .5) |   |  $ 125.00  |   X |
|  | Outreach Trainer |   |  $ 450.00  |  |
|  |  |  |   |   |
|  |  | **Total** |  **$ 2,500.00**  |  **$ 625.00**  |  |
|  |  |  |  |  |  |
|  | Total Project Cost |  **$ 3,125.00**  | **$ 2,500.00** | **$ 625.00** |  |
|  | Percentage of each |  | **80%** | **20%** |  |
|  |  |  |  |  |  |

**\*If you are using Outreach Materials for your project, please itemize them below:**

* Peer Support information
* Bottle of water
* Socks

|  |
| --- |
| Sample Budget B |
|
|  | **Event Name** | **Item** |  **Grant Funding**  |  **Local Funding**  |  **Check if in Kind**  |
|  | The XYZ Event | Meeting Space $300 x 3 event days |  $ 900.00  |   |   |
|  | CPC Topic Presenter ($50/hr. X 2hrs x 3 event days |  $ 300.00  |   |   |
|  | Set Up/Clean Up Crew $25 stipend X 5 individuals x 3 event days |  $ 375.00 |  |  |
|  | Materials (promotion supplies + activity supplies) \* |  $ 800.00 |  |  |
|  | Food (25 X $8.00) x 3 events |   |  $ 600.00  |   X |
|  |  |  |   |   |
|  |  | **Total** |  **$ 2,375.00**  |  **$ 600.00**  |  |
|  |  |  |  |  |  |
|  | Total Project Cost |  **$ 2,975.00**  | **$ 2,375.00** | **$ 600.00** |  |
|  | Percentage of each |  | **80%** | **20%** |  |
|  |  |  |  |  |  |

**\*Please list activities planned and materials needed below**

Promotional material will include

* Flyers posted in the neighborhood
* Social Media announcement

Activity Supplies includes:

* Plain paper
* Card stock
* Glue
* Pens
* Sharpies
* Glitter

## Appendix C Criteria Checklist

When the review committee looks over your application, they will use the following checklist to determine if your application meets the criteria to be funded.

1. Does the application include the cover page, application questions, Yes No at least one goal with objectives and a budget?
2. Is the project in an underserved community in Washington State? Yes No
3. Does the project create, sustain, or train a peer service or support? Yes No
4. Are 75% of the decision-makers for this project peers? Yes No
5. Is the project achievable? Yes No
6. Is the budget reasonable? Yes No
7. Is there an evaluation/assessment plan? Yes No

## Appendix D Definition of terms

**Peer-Run Organization:**

An organization that primarily services those in mental health recovery and where the majority of the persons who oversee the organization's operation, whether the Board or Staff, have lived experience.

**Peer-Run Group:**

A group of people whose primary focus is serving those in behavioral health recovery and where the majority of the persons who oversee the group's operation and make decisions have lived experience.

**Peer:**

A Peer is an individual who has lived experience with mental health and/or substance use challenges.

**Underserved Community**

A community that has limited access to and education about peer support/services.