Community Mini-Grants

2020-2021 Application

The purpose of the mini-grant program is to provide funding for community coalitions to initiate or expand prevention programs in Lancaster County. Coalitions are encouraged to develop projects that are aligned with the following definitions from the Substance Abuse and Mental Health Services Administration (SAMHSA):

**Promotion**: *Strategies designed to create environments and conditions that support health and the ability of individuals to withstand challenges.*

**Prevention**: *Interventions delivered prior to the onset of a disorder which are intended to prevent or reduce the risk of developing a substance use problem.*

# How to Apply

Please complete this application to describe the proposed project. Submissions must also include a project budget. All grant recipients will be required to (1) meet with the Compass Mark’s Community Mobilizer regarding the progress of the project and (2) complete and return a Final Report of all grant-funded activities, accomplishments, and expenses by July 20, 2021.

# Application Process

Submit completed applications to:

Compass Mark

 Attn: Eric Kennel

 1891 Santa Barbara Dr.

 Suite 104

 Lancaster, PA 17601

 or electronically to ekennel@compassmark.org

# Application Timing

Based on feedback from the community and coalitions, two informational sessions will be held before submission deadline. This schedule will allow grant applicants more opportunities for the development and funding of projects:

November 11th: Applications become available

November 13th: Informational Session / Workshop November 18th: Informational Session / Workshop

December 3rd: Informational Session / Workshop

December 11th: Applications must be submitted

December 28th: Award Announcement

# Grant Priorities

Priority will be given to applications that address one of the following areas: Covid-19 and/or Racial equity.

Covid-19: As COVID-19 attacks the lungs, the coronavirus could be a serious threat to those who smoke tobacco, cannabis, or who vape. People with Opioid Use Disorder and Methamphetamine Use Disorder may also be vulnerable due to those drugs’ effects on respiratory and pulmonary health. Also, individuals with a Substance Use Disorder are more likely to experience homelessness or incarceration than those in the general population, and these are circumstances that pose unique challenges regarding transmission of the virus that causes COVID-19.

Racial Equity: Discrimination on the basis of race (racism) has been linked to disparities in health outcomes for racial/ethnic minorities. Research suggests that repeated experiences of discrimination may cause the body to be more physically sensitive in stressful or potentially stressful social situations. Routine discrimination can be a chronic stressor and increase vulnerability to physical illness. As with other forms of sustained stress, discrimination “may lead to wear and tear on the body.”

Public health interventions aimed at improving the health of substance users must address the social factors that accompany and exacerbate the health consequences of illicit drug use.

# Grant Amounts

No application will be rejected based solely on the amount requested. However, the program is primarily intended to support requests ranging from $1,000–$10,000.

# Ineligibility

Schools, school districts, healthcare providers, and addiction treatment providers are not eligible to apply. Organizations currently receiving funding from the Lancaster County Drug & Alcohol Commission are also not eligible.

**SECTION I: ORGANIZATION DETAILS**

Name of the Organization: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Address of the Organization: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Contact Name, Title: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Phone Number & E-mail: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Organization’s Tax ID Number: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Name of Fiscal Sponsor (if applicable): \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Fiscal Agent’s Tax ID Number: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Please indicate which Tax ID

*(Organization or Fiscal Agent)*

Number will be used for this grant: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

# SECTION II: PROJECT OVERVIEW

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

Amount of Funding Requested: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

# SECTION III: PROJECT SUMMARY

1. DESCRIPTION:

Please provide a short description summarizing your project.

1. TIME FRAME

On what date or dates would your proposed project take effect? Describe the projects timeline including date(s) of implementation

# SECTION IV: PROJECT RATIONALE

1. RELEVANCE

How does this project promote racial equity and/or combats the impact of COVID-19 in our community?

1. IMPACT

Who is the proposal intended to benefit?

1. OUTCOME

What are the deliverables/outcomes you are anticipating? How will you be monitoring and evaluating those outcomes?

1. PROMISE

What evidence do you have that this project will achieve the desired results?

1. SUSTAINABILITY

What is your goal for ensuring future financial sustainability for this project? How will you ensure that this idea will be sustainable in the future? What are your goals for the project’s financial sustainability?

1. CAPACITY BUILDING

Will this project contribute to the organizational and financial capacity of your organization? Will this project be an alternative revenue source or otherwise contribute to the financial sustainability of the organization? Please explain.

1. ADDITIONAL INFORMATION

Is there anything else that you believe the review committee should know?

Community Mini-Grant Budget *(page 5 of 6)*

# SECTION V: PROPOSED BUDGET

1. EXPENSES

Please detail the expenses you will incur to bring this project to life, consider all costs including staff requirements.

* 1. \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ $\_\_\_\_\_\_\_\_\_\_\_
	2. \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ $\_\_\_\_\_\_\_\_\_\_\_
	3. \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ $\_\_\_\_\_\_\_\_\_\_\_
	4. \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ $\_\_\_\_\_\_\_\_\_\_\_
	5. \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ $\_\_\_\_\_\_\_\_\_\_\_

 \***Total Project Expenses:** \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ $\_\_\_\_\_\_\_\_\_\_\_

1. FUNDING SOURCES

Please list all other sources of funding you are seeking or already have in place. For each funding source, please indicate whether those funds are anticipated (A) or already granted (G). If contributions are in-kind (vs. cash), please indicate as such, and estimate the dollar value associated with the contribution.

* 1. Requested amount from Compass Mark’s Mini-Grants $\_\_\_\_\_\_\_\_\_\_\_
	2. \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ A or G $\_\_\_\_\_\_\_\_\_\_\_
	3. \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ A or G $\_\_\_\_\_\_\_\_\_\_\_
	4. \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ A or G $\_\_\_\_\_\_\_\_\_\_\_
	5. \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ A or G $\_\_\_\_\_\_\_\_\_\_\_ \***Total Funding Source:** \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ $\_\_\_\_\_\_\_\_\_\_\_
1. EXPLANATION OF PROJECT COSTS

How did you arrive at the total cost of this project?

1. PARTIAL FUNDING

How would a partial mini-grant award affect the project? Would the project be scaled back? Please explain.

Organization’s Authorized Signer **(If applying with another organization as fiscal agent, please also provide signature of organization’s authorized signer)**

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_

Signature Title Date

Fiscal Agent’s Authorized Signer (Signature required if using a fiscal agent)

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_

Signature Title Date

With my signature, I verify that the facts put forth in this application are true to the best of my knowledge. If funded, 1) I will meet with Compass Mark regarding the progress of the project and 2) present the project outcomes to the Mini-Grant Selection Committee.

2020-2021 Mini-Grant Application

Coalition Training and Technical Assistance Memorandum of Understanding

Compass Mark

1891 Santa Barbara Dr

Suite 104

Lancaster, PA 17601

This document describes the agreed-upon responsibilities and expectations between TA Provider (Compass Mark) and Coalition for the training and technical assistance services to be provided under this Memorandum of Understanding. The purpose is to build the Coalition’s capacity and sustainability.

I. Responsibilities and Expectations

TA Provider is responsible for the following:

* Training
	+ Monthly trainings and skills building workshops for entire Coalition Network
	+ Additional network training opportunities as funding permits
	+ Individualized trainings for coalitions as requested and agreed upon
* Consultations
	+ Available via virtual meeting platforms, phone calls or emails
* Resources
	+ Connect coalition to community resources
	+ Review and revise original materials developed by the coalition
	+ Identify barriers, funding opportunities and collectively create a strategic plan
	+ Assist coalition in development of organizational or programmatic materials
* General Support
	+ Attend coalition meetings regularly
	+ Promote coalition events and activities to the community networks
	+ Share information with coalition about upcoming events, activities and opportunities
	+ Attend coalition events and provide support in event planning
	+ Act as liaison between coalition and county-wide initiatives such as Joining Forces
* Annual Coalition Assessment
	+ Conduct annual assessment to determine the “health” of the coalition
	+ Provide coalition leadership with a summary of the assessment
	+ Conduct presentation to entire coalition membership
	+ Make recommendations to increase the health of the coalition
* Facilitate Collaboration
	+ Among Coalition Network
	+ Quarterly network webinars/calls
	+ Regionalized trainings (in person, webinar, conference call)
	+ Facilitate coalition presentations at Joining Forces Quarterly Meetings
	+ Quarterly Coalition Network Newsletter

Coalition is responsible for the following:

* Participate in annual coalition conference
* Participate in other training opportunities as offered
* Facilitate the implementation of the coalition assessment
* Complete survey that evaluates TA Provider

II. TIME PERIOD

This Memorandum of Understanding shall remain in place from January 01, 2021 through June 30, 2021 unless modified in writing before that date.

III. TERMINATION

This agreement may be terminated in whole or in part by either party. Written notice of termination shall be given to both the TA Provider and the Coalition.

IV. CONTACT INFORMATION

TA Provider

Xavier Garcia-Molina

Xgarcia-molina@compassmark.org

717.490.0728

Coalition

Coalition Name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Contact Name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Phone Number: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

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

V: SIGNATURES

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

 (Name) (Date)

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Bevan Allen, Director of Operations, Compass Mark (Date)