



MENTAL HEALTH AND WELLBEING NON-PROFIT GRANT PROGRAM

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Task – Prescreen Eligibility Questionnaire:

1. Does your organization have 501c3 status in good standing with the State of Michigan and the Internal Revenue Service? (Yes/No)
2. Is your organization based in Oakland County or providing services to Oakland County residents? (Yes/No)
3. Is your organization currently providing services in one or more of the following areas? (Yes/No)
 - a. Mental health treatment for adults
 - b. Mental health treatment for children and/or adolescents
 - c. Other behavioral health services for adults
 - d. Other behavioral health services for children and/or adolescents
 - e. Substance misuse treatment
 - f. Hotlines or Warmlines
 - g. Crisis intervention services
 - h. Other
4. I have read the grant information sheet and certify that I understand the following compliance requirements (yes/no):
 - a. All funds received under this grant must be spent within the spending period of November 1, 2021 – October 31, 2022. No extensions to the spending period will be granted.
 - b. Organizations must be providing mental and/or behavioral health services through providers who are licensed and in good standing with the State of Michigan.
 - c. Award funds shall not be used for any damages that are covered by insurance.
 - d. There should be no duplicative funding for the same services provided.
 - e. Grant award recipients shall be required to submit quarterly reports in accordance with the grant timeline provided above.
 - f. Funds received through this grant must be spent on programs or services in Oakland County and/or to support Oakland County residents.
5. I have read the grant information sheet and certify that I understand the following funding priorities: (Yes/No)
 - a. Organizations that have a long-standing track record in the community.
 - b. Organizations that address critical mental health and/or behavioral health needs in the community.
 - c. Spread of organizations of awarded demonstrates adequate coverage of geographic area and service type.

[Page 1] Instructions:

Funds are available for three different types of awards and funding ranges. Each funding range is associated with different eligibility criteria. Please read these criteria and options carefully. Refer to the grant information sheet for further details.

Choose the funding range that best fits your organization's needs and capacity within the award and spending timeframe. You will provide a specific funding request and budget later in the application.

Award Type: Operational Grant

- Funding Range: \$50,000 to \$100,000
- Award Description: Operational grants from \$50,000 and up to \$100,000 may be awarded to nonprofit organizations that meet basic eligibility criteria and need funds to maintain or enhance mental and/or behavioral health services because of increased demand due to the COVID-19 pandemic.

Award Type: Enhanced Operational Grant

- Funding Range: \$100,001 - \$250,000
- Award Description: Expansion grants from \$100,001 and up to \$250,000 may be awarded to nonprofit organizations that meet basic eligibility criteria and need funds to expand or implement new mental and/or behavioral health services because of increased demand due to the COVID-19 pandemic.

Award Type: Community Grant

- Funding Range: \$250,001 - \$500,000
- Award Description: Community grants of \$250,001 and up to \$500,000 may be awarded to nonprofit organizations that meet basic eligibility criteria and need funds to maintain or enhance mental and/or behavioral health services and/or implement new services because of increased demand due to the COVID-19 pandemic. To be considered, organizations applying for this award type must have an annual operating budget of at least \$4,000,000, recorded in the most recently approved organizational budget. Organizations applying for this award type must also have a large service footprint that reaches clients throughout Oakland County and will be asked to provide plans to demonstrate the ability to deploy the larger amount of funds requested within the spending period.

1. Which award type do you wish to apply for?
 - a. Options: Operational Grant, Expansion Grant, Community Grant
 - i. Branching rule shows questions specific to each type of award type
2. Justification for Operational Grant Request from \$50,000 to \$100,000 - Please explain how your organization's funding request meets the criteria as laid out in the award description for operational grants. (Text Response)
3. Justification for Expansion Grant Requests from \$100,001 to \$250,000 – Please explain how your organization's funding request meets the criteria as laid out in the award description for expansion grants. Specifically, please describe the expanded services for which your organization is applying for funds. (Text Response)
4. Justification for Community Grant Request from \$250,001 to \$500,000 - Please explain how your organization's funding request meets the criteria as laid out in the award description for expansion grants. Please provide a detailed spend down plan including a timeline for how your

organization will ensure all funds at this grant level can be deployed by the end of the spending period, October 31, 2022. (Text Response)

[Page 2] Program Information

1. What challenge will be addressed by work supported by this grant? How will Oakland County residents benefit from your organization receiving this funding? (Text Response)
2. How is your organization positioned to address this challenge and provide this service? (Text Response)
3. Describe the conditions that exist in Oakland County and in your client population that require additional resources. (Text Response)
4. If you are implementing new programs or enhancing your services, please explain which new services will be offered and how your organization plans to monitor new operations to ensure successful implementation. Enter N/A if not applicable. (Text Response)
5. What best describes the types of mental and/or behavioral health services your organization will provide through this grant: (check all that apply)
 - a. Options:
 - i. Mental health treatment for adults
 - ii. Mental health treatment for children and/or adolescents
 - iii. Other behavioral health services for adults
 - iv. Other behavioral health services for children and/or adolescents
 - v. Substance misuse treatment
 - vi. Hotlines or Warmlines
 - vii. Crisis intervention services
 - viii. Other
6. Description of Evidence-Based Programming being used that grant funding will support including the program name and type of intervention. (Text Response)
7. How do you intend on evaluating outcomes and fidelity to your evidence-based model? (Text Response)
8. How are staff trained to implement the Evidence-Based Programming? (Text Response)
9. How is your organization monitoring the fidelity of the Evidence-Based Programming in use? (Text Response)
10. Has your organization made any modifications to the Evidence-Based model in use? If so, please justify below.
11. Certification Statement: I certify that the service(s) provided with the use of these grant funds will be carried out under the direction and supervision of licensed professionals where applicable. (Checkbox)
12. Please provide a detailed description of what the funds will be used for in relation to the programs/services selected above. (Text response)

13. What do you hope to achieve with this funding? How will you measure success? (Text Response)
14. Please provide a detailed description of the methods/manner in which operations and service delivery has been adapted to account for current public health protocols around COVID-19. (Text Response)
15. Please provide details on how staff will be deployed to support the adapted service delivery model.
16. Does your organization have a conflict-of-interest policy? (Yes/No)
 - a. If yes -> Please upload your conflict-of-interest policy.

[Page 3] Demographics and Service Scope

Instructions: The questions in this section are designed to assess the reach of your services within Oakland County.

1. Identify the **primary** service demographic your organization will reach within the programs/services for which you are seeking funds: (Multiple Choice Response)
 - a. Options:
 - i.Children 0-5
 - ii.Children 6-18
 - iii.Adults
 - iv.Older Adults (65 years and older)
 - v.Families
 - vi.Veterans
 - vii.Individuals with Disabilities
 - viii.Immigrants
 - ix.Other: please specify
2. Identify the **other** demographics that your organization will reach with the programs/services for which you are seeking funds: (Check all that apply)
 - a. Options:
 - i.Children 0-5
 - ii.Children 6-18
 - iii.Adults
 - iv.Older Adults (65 years and older)
 - v.Families
 - vi.Veterans
 - vii.Individuals with Disabilities
 - viii.Immigrants
 - ix.Other: please specify
3. Will these funds be used to serve people disproportionately affected by the COVID-19 health pandemic? (Yes/No)
4. (Conditional) If yes, are the individuals you serve living within a Qualified Census Tract (QCT), other low-income areas identified by HUD, or part of a population, household, or geographic area that was disproportionately impacted by COVID?

5. (Conditional) How is your organization determining these individuals are disproportionately impacted?
6. (Conditional) Please describe the population and the unique challenges they face to accessing services. (Text response)
7. Describe your program's proposed geographical reach in Oakland County associated with the services you will provide with these grant funds. (Text Response)
8. How many years have you provided services in Oakland County and/or Oakland County residents? (Multiple Choice Response)
 - a. Options:
 - i. Less than 1 year
 - ii. 1-2 years
 - iii. 3-5 years
 - iv. 5-10 years
 - v. 10+ years
9. Do you have a physical location(s) in Oakland County? (Yes/No)
 - a. If yes -> Please list all addresses. (Street Address, City, State, Zip, Add another?)
10. Please estimate the total number of individuals that you anticipate serving with these funds. (Numeric Response)
11. Please estimate the number of people your organization will serve in each municipality in Oakland County (specific to the program and/or services you are seeking funds). (Grid response with all OC municipalities)
12. Please estimate the number of individuals by gender identity that your organization will serve (specific to the program and/or services which you are seeking funds).
 - a. Male
 - b. Female
 - c. Non-Binary
 - d. Other
 - e. Organization does not currently track this demographic
13. Please estimate the number of individuals by race/ethnicity that your organization will serve (specific to the program and/or services which you are seeking funds).
 - a. Black or African American
 - b. White
 - c. Hispanic or Latino
 - d. Asian
 - e. American Indian or Alaska Native
 - f. Native Hawaiian or Other Pacific Islander
 - g. Two or More Races
 - h. Other
 - i. Organization does not currently track this demographic
14. Please estimate the number of individuals by age brackets that your organization will serve (specific to the program and/or services which you are seeking funds).
 - a. 0-5
 - b. 6-12

- c. 13-17
- d. 18-24
- e. 25-34
- f. 35-44
- g. 45-54
- h. 55-64
- i. 65+
- j. Organization does not currently track this demographic

15. Please estimate the number of individuals by household income that your organization will serve specific to the program and/or services which you are seeking funds.

- a. Less than \$25,000
- b. \$25,000 - \$34,999
- c. \$35,000 - \$44,999
- d. \$45,000 - \$74,999
- e. More than \$75,000
- f. Organization does not currently track this demographic

[Page 4] Budget Questionnaire

1. Please indicate the primary expenses that will be covered by this funding. (Check all that apply.)
 - a. Options:
 - i. Staff/payroll
 - ii. Technology to transition to remote work (e.g., Laptops)
 - iii. Materials and services to transition physical environments to accommodate COVID-19 precautions (e.g., Increased cleaning services/supplies, establishing quarantine environments, personal protective equipment, adapting food distribution model etc.)
 - iv. Direct financial support to individuals in need to overcome barriers to receiving mental/behavioral health services (e.g., food cards, transportation assistance, etc.)
 - v. Direct financial support to individuals in need to overcome barriers to receiving mental/behavioral health services (e.g., food cards, transportation assistance, etc.)
 - vi. Other: please specify

2. Amount of Funding Requested – Please enter requested amount here without \$ symbol, full budget will be required in the next task. (Text Response)

3. I certify the following statements are true: (Check All)
 - a. All funds received under this grant will be spent within the spending period of November 1, 2021- October 31, 2022. No extensions to the spending period will be granted.
 - b. Funds received through this grant will be spent on programs or services in Oakland County and/or to support Oakland County residents.

Task: Budget

1. Standardized UWSEM Budget Template