# Mental Health Month San Mateo County



### 2024 May Mental Health Month | Mini-Grant Application

#### Introduction

#### Hello, colleagues and friends!

San Mateo County will be joining our state and country in celebrating Mental Health Month (MHM) this May. MHM is one of the best times of the year where we reduce stigma, connect people to services and promote wellness for mental health and substance use matters and conditions.

San Mateo County's MHM will feature a variety of virtual and in-person events, advocacy days, and communication campaigns. Examples of past events include (but are not limited to), open mic/poetry performances, painting classes, speakers panels, film screenings, and self-care toolkit workshops.

There will be ten \$300 mini-grants to help fund ten events. The application has details on qualified applicants, event criteria, qualified expenditures, and required deliverables.

We would like MHM to reach our diverse communities in San Mateo County. Some groups you may reach out to include, but are not limited to, the following:

- 1. 0-17 and 18-25 years old (children, youth and young adults)
- 2. 55+ years old (older adults)
- 3. Identify as part of the LGBTQ+ community
- 4. Identify as men or boys
- 5. Identify as women or girls
- 6. Identify as a people of color or racial/ethnic minority
- 7. Who are veterans
- 8. Who were born outside of the United States (immigrants)
- 9. Without stable housing

If you would like to apply for a mini-grant, please note that this <u>mini-grant</u> application is open through Sunday, March 24, or until all 10 grantees are selected.

Online Application (Preferred): surveymonkey.com/r/2024-MHM-Mini-Grant

PDF Application: 2024 MHM Mini Grant Application.pdf

Thank you for all you do to reduce stigma and promote wellness in our community, Sylvia, Kristie, & Maria

Sylvia Tang | She/Ella/她 | stang@smcgov.org | 650-208-5799 Kristie Lui | She/Her/她 | kflui@smcgov.org Maria Martinez | She/Ella/她 | msmartinez@smcgov.org

### Co-Chairs, MHM Planning Committee

San Mateo County Behavioral Health and Recovery Services Office of Diversity and Equity

# Mental Health Month



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**Contact Information** 

| Please include your contact information | ease inciude | vour | contact | iniormation | perow |
|---|--------------|------|---------|-------------|-------|
|---|--------------|------|---------|-------------|-------|

| 1. | Name (First and Last) |
|----|-----------------------|
|    |                       |
| 2. | Pronouns              |
| 3. | Organization          |
| 4. | E-mail                |
| 5. | Phone Number          |
|    |                       |

# Mental Health Month



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Event & Mini-Grant Requirements

| grant requirements, you qualify for this mini-grant and may continue to complete this online form.  |
|---|
| 6. Please select the criteria your event meets (ALL are required to qualify for a mini-grant).  |
| Takes place in May 2024   |
| Free or low cost for admission (NOT a fundraiser)   |
| Open to the public  |
| 7. Please select whether you understand and agree to below mini-grant rules (Checking off "Yes, I understand and agree to below mini-grant rules" is required to qualify for mini-grant). |
| Yes, I understand and agree to below mini-grant rules.  |
| No, I DO NOT understand and agree to below mini-grant rules   |

If, (1) your event meets the below criteria, and (2) you agree to meet the below mini-

### Mini-Grant Rules

#### **Qualified Applicants**

- Only 1 mini-grant will be given to each organization or individual community member. Multiple submissions
  may be submitted, but only 1 mini-grant may be awarded to each organization or individual community
  member.
- 2. Programs funded by the San Mateo County Behavioral Health & Recovery Services, Office of Diversity and Equity (BHRS ODE), including *Health Equity Initiatives* and *Health Ambassador Program*, do not qualify for these mini-grants. Alternatively, those programs can submit separate budget proposals. For *Health Equity Initiatives*, please reach out to Dr. Maria Lorente-Foresti (MLorente-Foresti@smcgov.org), and for *Health Ambassador Program*, please reach out to Charo Martinez (mmartinezresendiz@smcgov.org).

#### Qualified Use of Funding

- 1. Mini-grant funds may be used for the following:
  - 1. Speaker stipends
  - 2. Volunteer stipends
  - 3. Incentives (such as raffle prizes) to register, attend, participate and/or complete evaluations
  - 4. Advertising or marketing fees
  - 5. Mailing costs
  - 6. Other event related expenses
- 2. Mini-grant funds may NOT be used for the following:
  - 1. Expenses that are not for the event described in this application
  - 2. Payment to county staff and contract providers who are participating on work-time

#### **Process of Disbursing Funds**

- 1. Mini-grant funds are **disbursed AFTER deliverables have been submitted** (processing time can take about 4-8 weeks).
- 2. Event coordinators may need to pay for event expenses out of pocket.
- 3. Mini-grant funds are subject to be taxable income.

#### Required Deliverables - Due by June 16, 2024

- 1. \$200 mini-grant deliverables include the following:
  - 1. Flyer with BHRS-ODE's logo
  - 2. Attendance list
  - 3. Completed W-9 signed with blue ink
- 2. \$100 mini-grant deliverables include the following:
  - 1. Evaluation results (using links provided by BHRS ODE)
  - 2. Photo(s) of event with permission of photo participants (using media release provided by BHRS ODE)

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| 8. Which type(s) of mini-grant are you applying for? Please note that each event will be funded up to \$300 (or less). Please select ALL that apply.  |
|---|
| Host an event that meets all event criteria and provides deliverables mentioned in previous page (\$200)  |
| Provide additional deliverables mentioned in previous page (\$100)  |
| 9. Please specify exact amount you are requesting and how this funding will be used.  |
|   |
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|   |
| Event Support Request   |
| Event Support Request  While you will be primarily responsible for your event, there are a variety of ways Behavioral Health & Recovery Services, Office of Diversity and Equity may be able to support your event. Please note that this question is meant to learn about (not guarantee) what kind of event support you are looking for.  |
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## **Event Information**

# <u>IMPORTANT</u>: Please complete the fields below as you would like your event promoted on our website and other communication channels.

# 11. Start Date/Time Date / Time Date Time AM/PM MM/DD/YYYY 12. End Date/Time Date / Time AM/PM Date Time MM/DD/YYYYhh 13. Event Location (In-Person and/or Virtual) 14. Event Title 15. Event Language(s) 16. Event Description 17. Event Partner(s) 18. Event Target Audience

| 19. Event Contact   |
|---|
| Name and Pronouns   |
| Organization  |
| Email Address   |
| Phone Number  |
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|   |
| 20. [Optional] Do you have anything else you would like to add that may not have been |
| captured elsewhere in your application?   |
|   |
|   |