

South Central Peer Services
Division of Continuum of Care
458 Grand Avenue Suite 209
New Haven, CT 06513
Phone (203) 498-4160 x4 Fax (203) 498-4165
www.continuumct.org

Consumer Initiative Grants Application Information

This application must arrive at the address above no later than

Wednesday January 10, 2018

* Use black or blue ink when filling out application*

****Send us one copy of your application by fax or mail and keep one for yourself****

The Grant offers up to **\$300** to carry out a project of your choice that will be of benefit to you. There are two Programs- Winter and Spring.

IF YOU RECEIVE A GRANT UNDER THE WINTER PROGRAM THEN YOU WILL NOT BE ELIGIBLE IN THE SPRING. (Spring Program March 2018).

Please see "**Guidelines and Tips**" page on ideas and to better help you begin your project.

ELGIBILITY:

- Receiving DHMAS Funded Services
- Must work with an Agency Support Person
- Must be 18 years or older
- Must reside or receive services within Region 2 (eligible towns listed below)
- Have a Mental Illness or Co-occurring disorder.
- **MUST** be clean and sober for one (1) year (If co-occurring diagnosis)

Eligible towns are:

Ansonia, Bethany, Branford, Chester, Clinton, Cromwell, Deep River, Derby, Durham, East Haddam, East Hampton, East Haven, Essex, Guilford, Haddam, Hamden, Killingworth, Lyme, Madison, Meriden, Middlefield, Middletown, Milford, New Haven, North Branford, North Haven, Old Lyme, Old Saybrook, Orange, Portland, Seymour, Shelton, Wallingford, Westbrook, West Haven and Woodbridge.

Guidelines and Tips

We are happy that you are interested in applying for the Consumer Initiative Grants Program. Below are a few pointers to help you complete the application.

1. Describe your project in detail.
 2. Describe how this project will help you grow.
 3. Tell us what you want to get out of this project.
- Submit all required information by the **deadline** and **don't leave anything blank**.

NOTE: There are **two** Programs – Winter and Spring.
Winter: **January 2018** and Spring: **March 2018**

IF YOU RECEIVE A GRANT UNDER THE WINTER PROGRAM THEN YOU WILL NOT BE ELIGIBLE IN THE SPRING.

1. A **Support Person** should be someone from a Mental Health Agency in Region 2
2. Approved Gym Memberships are for the **YMCA** only. Please note you will need to complete an “Open Door” form with the YMCA of your choice and attach the letter they give you with your application which indicates the approved rate for you based on your income. *Personal training is not an approved service.*
3. For any Workshop classes such as Cooking, Clay, Crochet, Nutrition, Painting, etc ... Please make sure to include all needed supplies for that class on the budget sheet. A list of items is usually provided with your specific class of choice.
4. Camera- It is best you select a camera that has a rechargeable battery pack and SD card so you can start your project quickly.
5. If you move or change your contact information, please contact us immediately.
6. Grant application must be completed in your own words even if you obtained help from someone else.
7. Don't spend money or sign-up for anything in advance.
8. A letter will be mailed to the address provided regarding the status of your application

Unapproved Items:

- Gift Cards or Cash will not be given
- Computers, Laptops or iPad/Tablet
- Exercise equipment
- No Clothing or Food
- Local Transportation
- Medical, Dental, Vision Services, Utilities, Rent and other ordinary expenses
- Hotel/Motel
- Advertising or Promotional Materials



Office use only:

Arrival Date: _____ Application Number: _____

Winter: _____ Spring: _____

Consumer Initiative Grants Winter Program Application

Category:

Health/Wellness Adventure/Retreat Arts/Music Socialization/Personal Growth

Contact Information & Applicant Agreement

I previously received a Consumer Initiatives Grant: Yes No If Yes, was it completed _____

Name of applicant: _____

Address: _____

City: _____ Zip code: _____

Phone _____ E-mail _____

This is my own project. Everything I have said in my application is true. I promise that if I am granted funds, I will start my project as soon as I'm notified I am approved and will complete within the three (3) month time period allowed.

Applicant Signature

Date

Agency Support Person:

Contact Name: _____ Phone: _____

Agency Name: _____

Agency Address: _____

City: _____ Zip code: _____

Is your agency a DHMAS funded? YES NO

Consumer Initiative Grants Program Description

You **MUST** complete and answer in full sentences all three (3) questions to have your project considered.

Project Name: _____

1. Describe your project in detail.

2. Describe how this project will help you grow.

3. What do you want to get out of this project?

Consumer Initiative Grants Program Steps

List the steps needed to carry out the project from beginning to end. Please be specific, use full sentences and list all the steps it will take to achieve your project. For example:

Jewelry Making:

Step 1: Look through catalog, pick and order materials.

Step 2: Start creating necklaces, bracelets and earrings.

Step 3: Sign up to be a Vendor at festivals and jewelry shows to showcase my creations.

Step 4: Reap the benefits

Step 1

Step 2

Step 3

Step 4

Add more pages along with steps if needed.



Office use only:

Application Number: _____ Winter: _____ Spring: _____

Amount Approved: _____
(\$300 Max)

Consumer Initiative Grants Budget Sheet

Project Name: _____ Amount Requested: \$ _____

	Item Name	Website or Store	Item Number	Cost
1.				
2.				
3.				
4.				
5.				
6.				
7.				
8.				
9.				
10.				
<i>Project Amount Total</i>				<i>\$</i>

Please fill out the above budget sheet with the items required including taxes, fees and shipping
(If needed, attach additional pages).

NOTE: If amount granted is less than requested a “new” budget sheet will be mailed to you along with your acceptance letter. After completing and mailing back the budget sheet, please allow 2 -3 days for forms to be received. Then you **MUST Contact** Ivette Altieri, Consumer Initiative Grants Administrator at 203-498-4160 x4 to schedule an appointment to order your items.



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Consumer Initiative Grants Program

Agency Support Agreement

We have found through the years that applicants are more successful when they receive support in carrying out their project. Thank you for agreeing to provide that support.

Name of Applicant _____

Project Name _____

- a) I have read the applicant’s proposed project and have discussed it with him/her.
- b) I will be in regular contact with the applicant and will assist as needed.
- c) To my knowledge, the ideas for the project are those of the person applying.
- d) If I become aware that the Consumer cannot complete their project, I will contact South Central Peer Services as soon as possible
- e) If the consumer relapses, I will notify South Central Services as the consumer no longer qualifies.

YES NO

***I helped the applicant complete their application using their own words.**

Consumer Support Name: _____ Contact Phone: _____

Agency Name: _____ Agency Phone: _____

Consumer Support Signature _____ Date _____



Reference Request- Agency Support Person

Thank you for taking the time to complete this reference form.

The individual asking for this reference is completing an application for the Consumer Initiative Grants Program. We are asking if you could give an honest and realistic assessment of the applicant as to whether or not they are ready to take on the project of their choosing.

Reference/ Support Name: _____ Date: _____

Agency _____ Phone: _____

Applicant's Name: _____

Please **answer** the following:

1. Is the consumer motivated to start the project? _____
2. Is the consumer reliable enough to follow through with the project? _____
3. Does the consumer appear to be stable enough in recovery to complete their project? _____
4. If the consumer has a history of substance abuse, has he/she been clean for a minimum of 1 year? _____
5. Is this project feasible? _____
6. Do you think he/she will follow through with the project? _____

**PLEASE FAX THIS REFERRAL SEPARATELY TO THE ATTENTION
OF: Ivette Altieri at 203-498-4165**

Thank you for your time and assessment.