

South Central Peer Services
Division of Continuum of Care
109 Legion Avenue
New Haven, CT 06519
Phone (203) 562-2264 x253 Fax (203) 562-4729
www.continuumct.org

Consumer Initiative Grants Application Information

This application must arrive at the above address, to the attention of Ivette Altieri, no later than

Tuesday December 31, 2019

* Use black or blue ink when filling out application*

***Send us one copy of your application by fax or mail to**

Ivette Altieri: ialtieri@continuumct.org 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 or others.

Please see “**Guidelines and Tips**” page on ideas that will help you develop your project.

ELGIBILITY:

- Receiving a service from a DHMAS funded Program
- Must be working 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.



Office use only:
Arrival Date: _____ Application Number: _____

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Consumer Initiative Grants Application

Category:

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

Contact Information & Applicant Agreement

I previously received a Consumer Initiative Grants? Yes No If Yes, was it completed _____
The above question does not disqualify you from applying.

Name of applicant: _____

Address: _____

City/State: _____ Zip code: _____

Phone _____

This is my own project. Everything I have written 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: _____

Email: _____ Fax number: _____

Agency Name: _____

Agency Address: _____ City: _____ Zip code: _____

Is your agency a DHMAS funded? Yes No

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.

Application must arrive no later than **Tuesday, December 31, 2019**

1. Submit all required information by the **deadline** and **don't leave anything blank**.
2. Grants can be approved from \$10 - \$300 depending on project, committee review or funding availability.
3. A **Support Person** is someone from a Mental Health Agency in Region 2 willing to work with you throughout the project.
4. If you move or change your contact information after submitting application, please contact us immediately.
5. Don't spend money or sign-up for anything in advance. ***Reimbursements are not provided.***
6. A letter will be mailed to the address provided regarding the status of your application
7. The grant application must be completed in your own words even if you obtained help from someone else.
8. Gym Memberships are for the **YMCA ONLY** (one month approval at time). 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 based on your income. ***Personal training is not an approved service.***
9. For any Workshops/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.
10. Photography- It is best if you select a camera that has a rechargeable battery pack and SD card so you can start your project quickly.
11. Reference Request and Agreement form **MUST** be submitted by Support Agency to complete your application. This can deny your application if not received by application due date.

Unapproved Items:

• Gift Cards or Cash	• Exercise Equipment
• Clothing or food	• Local Transportation
• Advertising or Promotional Materials	• Hotel/Motel
• Medical, Dental, Vision Services, Utilities, Rent and other ordinary expenses	• Warrantees or Rebates

I have read the above guidelines and my project is within the scope of them:

Print Name

Signature

Date

Consumer Name: _____

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. What do you want to achieve from this project?

3. Describe how this project will benefit you or others.

Consumer Name: _____

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 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: Sell jewelry in order to create more

Step 1

Step 2

Step 3

Step 4

Add more pages along with steps if needed.



Office use only:
 Application Number: _____ Amount Approved: _____
 (\$300 Max)

Consumer Name: _____

Consumer Initiative Grants Budget Sheet

Project Name: _____ Amount Requested: \$ _____

	Item Name	Website or Store	Item number	Quantity	Total Cost
1.					
2.					
3.					
4.					
5.					
6.					
7.					
8.					
9.					
10.					
					<i>Project Amount</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 and instructions.



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Agency/Reference Request

Thank you for taking the time to complete the reference and agreement form. Please email or fax back by ***December 31, 2019*** (due date).

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.

Applicant's Name: _____

Reference/ Support Name: _____ Date: _____

Agency: _____ Phone: _____

Please **answer** the following:

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

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.

- a. I understand the application and supported documents must be submitted by the due date or the application will be denied and marked incomplete.
- b. I have read the applicant's proposed project and have discussed it with him/her.
- c. I will be in regular contact with the applicant and will assist as needed.
- d. To my knowledge, the ideas for the project are those of the person applying.
- e. If I become aware that the Consumer cannot complete their project, I will contact South Central Peer Services as soon as possible
- f. I will notify SCPS if the consumer is no longer eligible, per criteria.

* I helped the applicant complete their application using their own words. Yes No

Applicant's Name: _____

Consumer Support Name: _____ Contact Phone: _____

Email: _____ Fax: _____

Agency Name: _____ Agency Phone: _____

Consumer Support Signature: _____

Please **EMAIL OR FAX** Agency/Reference Request Separately with cover page to:

Ivette Altieri

Email: ialtieri@continuumct.org Fax: (203) 562-4729