

Continuum of Care  
109 Legion Avenue  
New Haven, CT 06519  
Phone (203) 562-2264 x253  
[www.continuumct.org](http://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

**Monday December 18, 2023**

Send us one copy of your application by email or mail to  
**Ivette Altieri: [ialtieri@continuumct.org](mailto:ialtieri@continuumct.org) and keep one for yourself**

\* Use black or blue ink when filling out application\*

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 DMHAS 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: \_\_\_\_\_

Amount Approved: \_\_\_\_\_

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**Consumer Initiative Grants Application**

**Category:**

Health/Wellness    Adventure/Retreat    Arts/Music

**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 DMHAS 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 **Monday, December 18, 2023**

1. Submit all required information by the **deadline** and **don't leave anything blank** this can delay/deny application. Only one project per applicant.
2. **A project is defined as a sequence of tasks that must be completed to attain a certain outcome or goal.** 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 facilities that don't require a yearly contract. As the grant only, awards month to month (up to 3 months). ***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.

### Some Unapproved Items:

|  |                                |
|--|--------------------------------|
| • <b>Gift Cards or Cash</b>  | • <b>Laptops/Tablets</b>       |
| • <b>Clothing or food</b>  | • <b>Local Transportation</b>  |
| • <b>Advertising or Promotional Materials</b>  | • <b>Hotel/Motel</b>           |
| • <b>Medical, Dental, Vision Services, Utilities, Rent and other ordinary expenses</b> | • <b>Warrantees or Rebates</b> |

**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

A project is defined as a sequence of tasks that must be completed to attain a certain outcome or goal.

**You MUST complete and answer in full sentences all three (3) questions to have your project considered.  
Be specific as possible so the reader may understand your project.**

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

1. Describe your project in detail.

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2. What do you want to achieve from this project?

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

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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.                   |           |                  |             |          |            |
|                       |           |                  |             |          |            |
| <b>Project Amount</b> |           |                  |             |          | <b>\$</b>  |

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

Agency/Support Signature: \_\_\_\_\_

**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 18, 2023** (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? \_\_\_\_\_

Agency Support Signature: \_\_\_\_\_

## 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 Continuum of Care as soon as possible
- f. I will notify Continuum of Care 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: \_\_\_\_\_

Agency Support Signature: \_\_\_\_\_

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

***Ivette Altieri***

***Email:*** ialtieri@continuumct.org

**Mail:** Continuum of Care 109 Legion Avenue New Haven, CT 06519



## **Consumer Initiative Grants Checklist**

This project checklist will help guide you in preparing and double checking your grant application.

**What is a project?** A project is defined as a sequence of tasks that must be completed to attain a certain outcome or goal.

**Grant amount?** The grant offers up to \$300 to carry out a project of your choice that will be of benefit to you or others.

- Review grant eligibility requirements to ensure fit.
- Submit all required information by the **deadline** and **don't leave anything blank** this can delay/deny application. Only one project per applicant.
- Create a realistic well-thought-out grant project, including steps. Be as detailed as possible. Use full sentences so the reader may understand your project idea and goal.
- Required Signatures on pages 1, 2, 5, 6 & 7.
- Budget sheet: Clearly delineates costs of the project to be met by the funding source.
- Agency/Support Person Reference Request, Agreement along with required signatures.
- Send us one copy of your application by email or mail and keep one for yourself.
- Save the date and luncheon flyer. Share your completed project and inspire others.

**SAVE THE DATE**

**Consumer Grant  
Luncheon Celebration**

**07.17.24 | Continuum of Care  
109 Legion Avenue**

**DETAILS TO FOLLOW**



**CONTINUUM**

*rebuilding lives*