

MINI-GRANT APPLICATION

Cover Sheet

Name of Organization: _____

Contact Person: _____

Address: _____

Telephone: _____

Name of Proposed Program: _____

Federal ID Number: _____

Signature of Applicant: _____

Date: _____

Submit by June 1, 2009 to: Garrett County Health Department
ATTN: Brenda Sisler
1025 Memorial Drive
Oakland, MD 21550
bsisler@dhmh.state.md.us

MINI-GRANT AWARD PROGRAM

Definition:

The mini-grant award program is a source of funding to assist community-based organizations to:

- Promote positive attitudes and behaviors,
- Promote communication, decision-making, and problem-solving skills,
- Develop and implement strategies that will increase youth involvement and protect youth from high risk behaviors such as alcohol, tobacco, and drug use.

Funds Available:

A total of approximately \$20,000 is available for mini-grants for the period between July 1, 2009 and June 30, 2010. Applicants should apply for amounts between \$500-\$2500, dependent upon programmatic needs. Applications will be evaluated according to the enclosed rating system.

Accountability:

Grantees will be required to submit monthly activity reports and a final budget report. If the request submitted is not completely funded a revised budget is requested.

Please use the information below as a guide in your narrative description of your program. Please also complete the attached matrix that outlines your group's activities and the budget form.

1. Describe in narrative form the program for which you are requesting funding. Present a clear picture of the program so that the committee reviewing the application will know what you plan to do. Make sure you address each area on the rating form so the group will get the points deserved.
2. Briefly describe your organization and its ability to carry out the program and handle grant funds. Please use the questions below as a guide in your description.
 - How long has your group or organization been meeting and offering youth programming?
 - On average, how many members participate in **planning** activities?
 - Describe the role that youth play in your group.
 - Describe how your organization works with other groups in your community.
 - Do you have officers? If so, please list them.

Budget Information

Show your budget for the proposed program. Give details about rates and prices per item.

Please indicate the costs that would not be funded by the mini-grant program.

Name of Activity:		Month:	
Item	Description	Grant Funds	In-Kind
Personnel			
Supplies			
Food			
Transportation			
Building Use			
Prizes/Incentives			
Admission Cost			
Other			
Total of Estimated Grant Funds:			

Name of Activity:		Month:	
Item	Description	Grant Funds	In-Kind
Personnel			
Supplies			
Food			
Transportation			
Building Use			
Prizes/Incentives			
Admission Cost			
Other			
Total of Estimated			

Total Grant Funds Requested:
\$ _____

Name of Activity:		Month:	
Item	Description	Grant Funds	In-Kind
Personnel			
Supplies			
Food			
Transportation			
Building Use			
Prizes/Incentives			
Admission Cost			
Other			
Total of Estimated Grant Funds:			

Name of Activity:		Month:	
Item	Description	Grant Funds	In-Kind
Personnel			
Supplies			
Food			
Transportation			
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Admission Cost			
Other			
Total of Estimated Grant Funds:			

Name of Activity:

Month:

Item	Description	Grant Funds	In-Kind
Personnel			
Supplies			
Food			
Transportation			
Building Use			
Prizes/Incentives			
Admission Cost			
Other			
Total of Estimated Grant Funds:			

Name of Activity:

Month:

Item	Description	Grant Funds	In-Kind
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Admission Cost			
Other			
Total of Estimated Grant Funds:			

Name of Activity:

Month:

Item	Description	Grant Funds	In-Kind
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Admission Cost			
Other			
Total of Estimated Grant Funds:			

Name of Activity:

Month:

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Personnel			
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Other			
Total of Estimated Grant Funds:			

Name of Activity:

Month:

Item	Description	Grant Funds	In-Kind
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Admission Cost			
Other			
Total of Estimated Grant Funds:			

Name of Activity:

Month:

Item	Description	Grant Funds	In-Kind
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Supplies			
Food			
Transportation			
Building Use			
Prizes/Incentives			
Admission Cost			
Other			
Total of Estimated Grant Funds:			

Name of Activity:

Month:

Item	Description	Grant Funds	In-Kind
Personnel			
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Prizes/Incentives			
Admission Cost			
Other			
Total of Estimated Grant Funds:			

Name of Activity:

Month:

Item	Description	Grant Funds	In-Kind
Personnel			
Supplies			
Food			
Transportation			
Building Use			
Prizes/Incentives			
Admission Cost			
Other			
Total of Estimated Grant Funds:			

Matrix

Activity	Time	# of Volunteers	Developmental Asset	Targeted Group	Strategy(s)	Prevention Message
<i>Example: Recreation Night</i>	<i>1 times/wk for 6 wks.</i>	<i>6</i>	<i>Asset #18 youth programs</i>	<i>Youth (ages 8-13)</i>	<ul style="list-style-type: none"> • <i>Presentations</i> • <i>Games</i> 	<i>Wk 1-Pandora's Box bullying skit Wk. 2- Deal or No Deal, tobacco Wk. 3- Fatal Vision Goggles, alcohol Wk. 4- Sheriff's dept., drugs Wk. 5-Jeopardy game, highway safety Wk. 6-M&M game, self-concept</i>

Suggested list of alcohol & drug prevention activities

- Family Fun Night
- Family Sports leagues (basketball, volleyball, tennis)
- Movie Night
- Karate/Dance classes
- Teen Dances
- Holiday activities (egg hunt, Santa workshop)
- Craft classes
- Walk/Run event
- Fishing rodeo
- Back to school bash
- After school program
- Bike rodeo
- Field trips
- Bowling, skating, swimming, camping
- Scarecrow making
- Carnivals
- Bingo

Suggestions for incorporating prevention messages

- T-shirts for sports league teams with prevention names
- Movie night – count ATOD appearances
- Have baby think it over dolls at community events – assign to teens
- Corn maze – ATOD or teen pregnancy messages
- November – Great American Smoke-out – adopt a smoker, make a pledge to quit, challenge another Community Planning Group, reward success
- Have empathy belly at community event – assign to teens
- Invite a teen parent to speak to other teens
- Carnival type event – Jeopardy, Tic-Tac-Tobacco
- Miniature golf – prevention message/question at each hole
- Asset building bingo
- Have DJ incorporate prevention message at dances
- Prevention poster contest, have winning poster put on T-shirt
- Have teens do prevention puppet show for younger children (puppets available at health department)
- Be creative

Mini-Grant Evaluation
Score Sheet

Group Name _____

Component	Possible Score	Score
Presents <u>clear</u> prevention message (could include alcohol, drug, tobacco, teen pregnancy, or cancer prevention, highway safety, healthy eating, assets, physical activity).	20	
Provides a variety of strategies to present message.	10	
Serves all age groups through activities without barriers to participation. (ex. all activities occur during school day would be a barrier, or all activities are related to dance would be a barrier).	5	
<u>Proposed</u> activities with preference given to programs meeting weekly, 6 weeks.	10	
<u>Completed</u> activities with preference given to programs meeting weekly, 6 weeks.	10	
Activities reach a total of 50 community members	10	
Displays skills in managing money (in-kind, seeks additional grant funds, fundraising)	10	
Includes youth in planning meetings	5	
Group strength (determined by # of meetings, # of active members, # of activities)	10	
Community-based activities (take place in community)	10	
TOTAL POINTS	100	

Group Name: _____

Activity: _____

Grant Amount:	\$ _____
Activity Cost:	\$ _____
Remaining Grant Balance:	\$ _____

Grant Amount for this Activity: \$ _____

Fundraiser Deposits		Expenses			
Fundraiser Description	Amount Raised	Check #	Payable to	Description	Amount
Total Deposit from Fundraisers	\$ _____	Total Amount of Expenses			\$ _____

Remaining Positive or Negative
Balance from this Activity: \$ _____

