

## Instructions

Thank you for your interest in Community Impact Funds for Mental Health. We want to make this process as easy and seamless as possible, so we have a few recommendations before you begin.

- Download a copy of the document and open it in Adobe Acrobat Reader. This is standard software on most machines; however, if you don't already have this installed on your computer, you can obtain it for free at <https://get.adobe.com/reader/>.

This is **very important** because if you don't use Adobe Reader, but instead complete the document using an internet browser (Internet Explorer, Firefox, Chrome, etc.), you won't be able to save your work, digitally sign the form, or submit electronically.

- Once you have opened the document in Acrobat Reader, immediately 'Save As' from the 'File' menu on the upper left-hand corner. Save often as you work through the document.
- Review your document to ensure everything has been completed. When ready, submit to the Sourcewell contact as indicated.

Please take your time and don't hesitate to reach out if you have questions or concerns. We look forward to working with you!

# Community Impact Funds for Mental Health

2023

## Eligibility requirements

Community Impact Funds for Mental Health aim to support county Health and Human Services Departments' response to mental health needs that align with Sourcewell's purpose to support student and community success, address unmet mental health needs, and support initiatives that improve quality of life. Counties in Sourcewell's service area can submit one (1) application per fiscal year for one collaborative project (minimum of two entities must collaborate).

- The applicant entity must:
  - Be a participating county in Sourcewell's service area (Cass, Crow Wing, Morrison, Todd, or Wadena).
  - The Region V+ Adult Mental Health Initiative may be a collaborating organization.
- The proposed project must:
  - Fall within the scope of Sourcewell's enabling statute, Minnesota Statutes § 123A.21, subdivision 7, and serve a public purpose.
  - Request up to \$200,000.
  - Be completed within one (1) year of the execution date of the Community Impact Funds Agreement, if funds are awarded.
  - Be collaborative and regional in nature, benefiting more than one entity.
  - Be impactful through an idea that seeks efficiencies and solutions to fill mental health gaps within Sourcewell's five-county service area (i.e. pilot programs, seed funding, startup funds, shared services, or programmatic).
- Not involve:
  - Payment for vehicles, land acquisition, or building purchases or development.
  - Expenses incurred prior to receipt of the award.
  - Loans or reimbursement to individuals or businesses.
  - Athletic programs.
  - Purchase of gift cards or gas cards.
  - Expenses incurred with conference attendance (travel, conference fees, etc.).
  - Out of state travel costs.
- To be considered for funding, one (1) complete Community Impact Funds for Mental Health application must be submitted by **April 26, 2023, and include:**
  - Application information (attached).
  - A signed resolution in support of the project from the governing body of the fiscal/project manager and from each of the collaborating entities.

## Application instructions

- Attach a resolution in support of the project from each entity's governing body.
- **Incomplete submissions and those which do not adhere to the specifications of the application will not be considered.**

## Application review process

**Step 1:** At the May 2023 Advisory Committee meeting, Sourcewell staff and the Community Solutions Advisory Committee will review the application to ensure the criteria outlined above has been met.

**Step 2:** If the application does not meet the criteria, it will be eliminated from the review process.

**Step 3:** If the application meets the criteria, it will be approved. Award recipients will be announced, but no funds will be awarded or guaranteed until Step 4 is complete, and the new fiscal year begins for Sourcewell on July 1, 2023.

**Step 4:** At the June meeting of the Sourcewell Board of Directors, Sourcewell staff will present the request for approval.

**Step 5:** Upon approval by the Sourcewell Board of Directors, Sourcewell staff will provide a Community Impact Funds Agreement and further instructions to the award recipient. The funding agreement must be fully executed before funds are issued.

## Contact information

For more information about Sourcewell, Community Impact Funds, or this application, please contact [community@sourcewell-mn.gov](mailto:community@sourcewell-mn.gov).

To ensure your application is considered complete by our Advisory Committee, submit all application documents in one email to: [community@sourcewell-mn.gov](mailto:community@sourcewell-mn.gov) or one large envelope via mail to:

Sourcewell Community Solutions  
202 12<sup>th</sup> Street NE  
P.O. Box 219  
Staples, MN 56479

# Community Impact Funds Application for Mental Health 2023

## Organization information

Please provide the following information for the entity that will serve as **fiscal and project manager**.

Entity name:

Physical address:

Mailing address:

Project point of contact name:

Email:

Telephone:

Name of authorized signatory:

Email of authorized signatory:

Please provide the following information for each entity that will collaborate on the project:

Entity name:

Point of contact name:

Email:

Telephone:

Entity name:

Point of contact name:

Email:

Telephone:

Entity name:

Point of contact name:

Email:

Telephone:

Entity name:

Point of contact name:

Email:

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Entity name:

Point of contact name:

Email:

Telephone:

## Project information

Please provide the following information specific to the proposed project:

1. Project title.
2. Amount of Community Impact Funds for Mental Health being requested.
3. Provide an executive summary of your project that includes a project overview, how you are collaborating, and the population and geographic region served. (400-word limit)
4. Who are the entities collaborating on this project? Describe in detail how you will be working together on this project. (200-word limit)



9. The proposed project must relate to Sourcewell's government purpose as defined in Minn. Stat. § 123A.21, Subdivision 7. Please identify all program or service areas to which the proposed project will relate.

- |   |  |
|---|--|
| <input type="checkbox"/> administrative services  | <input type="checkbox"/> vocational rehabilitation   |
| <input type="checkbox"/> curriculum development   | <input type="checkbox"/> health, diagnostic, and child development services and centers  |
| <input type="checkbox"/> data processing  | <input type="checkbox"/> leadership or direction in early childhood and family education   |
| <input type="checkbox"/> distance learning and other telecommunication services   | <input type="checkbox"/> community services  |
| <input type="checkbox"/> evaluation and research  | <input type="checkbox"/> shared time programs  |
| <input type="checkbox"/> staff development  | <input type="checkbox"/> fiscal services and risk management programs, including health insurance programs providing reinsurance or stop loss coverage |
| <input type="checkbox"/> media and technology centers   | <input type="checkbox"/> technology planning, training, and support services   |
| <input type="checkbox"/> publication and dissemination of materials   | <input type="checkbox"/> health and safety services  |
| <input type="checkbox"/> pupil personnel services   | <input type="checkbox"/> student academic challenges   |
| <input type="checkbox"/> planning   | <input type="checkbox"/> cooperative purchasing service  |
| <input type="checkbox"/> secondary, postsecondary, community, adult, and adult vocational education                             |  |
| <input type="checkbox"/> teaching and learning services, including services for students with special talents and special needs |  |
| <input type="checkbox"/> employee personnel services  |  |

10. Provide a proposed timeline with action steps included. The timeline should start in July 2023 when funding is available and be completed by July 31, 2024, with the final report due August 31, 2024.

11. Identify at least three (3) specific project goals you aim to accomplish.

12. Name at least three (3) benchmarks to measure progress toward the goals listed above.

### Budget information

13. Complete the table below to explain, **in detail**, the annual costs related to the project and the source of funds proposed to cover that cost. Insert additional lines to identify, **with specificity**, other costs related to the project (i.e.: wages, marketing, consultants). Sourcewell staff may contact you for additional information regarding your budget if more detail is required. **Entities must have a realistic budget where funding can be expended during a one (1) year period.**

Revenue Sources (not including in-kind)	
Entity	Amount
1. Sourcewell- Community Impact Funds	\$
2.	
3.	
4.	
<b>Total</b>	\$

Expenditures/Direct Costs (i.e.: wages, marketing, consultants)	Community Impact Funds	Other Sources
1.		
2.		
3.		
4.		
5.		
6.		
<b>Total</b>	\$	\$
<b>Total Project Budget</b>		\$

14. If the project is expected to continue beyond one year, describe how it will be financially sustained.

15. If Community Impact Funds are approved, describe specifically how they will be used to support the project.



## Certification

I certify that the information contained in this application and in any related attachments is true and correct to the best of my knowledge and belief, and that I have the authority to apply for Community Impact Funds in the amount requested.

I further certify that if funding is awarded pursuant to this application, my entity will execute the Community Impact Funds Agreement prior to receiving or expending any funds.

Finally, I certify that no funds awarded as a result of this application will be used to pay costs incurred prior to receipt of the award, or loans or reimbursement to individuals or businesses; or to fund political, religious activities, discriminatory, or illegal activities.

\_\_\_\_\_  
Signature

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Signature

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