**Kansas Consumer Run Organization’s Peer Support Awards Application - 2018**

Statement of Purpose:

The Kansas Consumer-Run Peer Support program exists to develop, support, and implement consumer-run peer support programs in order to support recovery for the Medicaid or Medicaid-eligible target population of people diagnosed or labeled as “Severe and Persistent Mentally Ill” (SPMI). Please note that this language is used only to designate those people toward whom this money is targeted. It should be noted that awardees are NOT expected to perform diagnostic assessments of individual members, and neither are awardees expected to collect data on the diagnostic status of individual members.KDADS and our partners encourage the use of less clinical language in preparing responses to this application.

Kansas Department for Aging and Disability Services (KDADS) will provide support for this grant through grants with the Kansas Consumer Advisory Council for Adult Mental Health (CAC) and Wichita State University, Community Engagement Institute/Center of Behavioral Health.

These awards are intended to support

* Opportunities for members to develop their network of recovery support and develop their own strategies to address the challenges and opportunities of their individual and collective recovery journeys;
* Connection between members and their home communities as they transition out of state psychiatric hospitals, nursing facilities, and other institutions;
* Personnel, volunteers, and infrastructure necessary to support the above

These awards are not intended to support

* Drop-in centers
* Food pantries or meal programs
* Activities that are purely social in nature

**Eligible Programs**

These awards will support peer support recovery programs at organizations that:

* Are independent 501c (3) corporations or have a fiscal agent that has the 501c (3) designation;
* Maintain a governing board with 100% consumer membership; and
* Maintain a 100% consumer paid and volunteer staff.

Applications will be reviewed by the KDADS’-convened CRO Funding Council (100% consumer) and awards will be made by KDADS based on the recommendations of the Council.

**Application Process and Deadline:**

Electronically send applications to the Community Engagegment Institute via email to **Samuel.Demel@wichita.edu**, by November 15, 2017. Be sure to request a reply from Sam to assure that your email was received by him.

**Late or incomplete applications will not be reviewed. Please carefully read the instructions and criteria below.**

For assistance please call or email Sam Demel at Wichita State Univerisity, Center for Behavior Health Initiatives: (800) 445-0116, office (316) 978-6474 or cell (316) 765-2332 - samuel.demel@wichita.edu

Grant review assistance will be given for grants received before **October 31, 2017**. Grants will be reviewed and suggestions made within a week of submission.

**All funding determinations are made by KDADS with guidance from the consumer CRO funding council team, according to application proposal requirements.**

**DETAILED APPLICATION/PROPOSAL**

The following sections ask for detailed information about your organization’s proposed capacity building project. Applications must be typed or word processed; **no handwritten applications will be accepted.** Answer the following questions (using additional paper if necessary) using a **12-point standard font (Arial, Times New Roman, or Verdana), on white paper, with black ink and 1-inch margins on all sides.** Please include a header or footer on each page with the name of your organization and the page number.

**You must answer all of the questions in each section.** Some questions may take more space to answer than other questions in the section. You may adjust space as needed for each answer, but please **retain all headings and questions in the document**.

**Cover Page**

Name of CRO:

CRO Address, City, State, Zip:

Telephone:

Valid business E-mail Address for questions:

Employer Identification Number:

Dun & Bradstreet Number (DUNS number):

Name and Title of Contact Person:

Telephone of Contact Person:

Total amount of funds that your CRO is requesting: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Please list name and signature of all who participated in the process of developing this proposal:

**FY2018 Section 1 Program Narrative (18 pages max)**

Please answer the following questions as completely as possible. Take as much or as little space as necessary.

1. What is your projected future schedule of CRO activities for FY2018?
2. How will your CRO promote mental health recovery among its members? How do you support members who also experience substance use and addiction challenges?
3. What is your projected total membership number for FY2018?
4. What is your projected average weekly non-duplicated member attendance?
5. What are your projected hours of operation in FY 2018? How will your CRO provide support to individuals who need support outside of your hours of operation?
6. What are the mission and vision of your CRO?
7. How does your CRO communicate with members, visitors, and the community that mental health and/or co-occurring substance use recovery is real and expected for all?
8. How does your CRO engage with members or other people after crisis, or as they come out of the hospital or other institutional settings?
9. In your CRO, how do the board, members, and staff create a sense of community and belonging? How do your board, members, and staff meet the needs of a diverse community (including age, ethnicity, gender and sexual identity)? How does your board reflect the community it serves?
10. How does your CRO help people find resources in the community and develop their own networks of support?
11. How does your CRO promote whole-person health and wellness?
12. How do peer relationships and mentoring serve as part of the day-to-day experience of members at your CRO?
13. What leadership opportunities are available to your membership?
14. How do the board, members and staff maintain a welcoming and safe place of acceptance and belonging?
15. How does the CRO address both discrimination and stigma within and outside of the mental health system, as well as within the CRO?
16. Please describe your relationships with key community partners (good or bad, extend beyond just CMHC and landlord).
17. How will your CRO find new members? How will potential new members find your CRO (marketing, community presence, social networking, etc.)?
18. Please share your CRO’s financial sustainability plan.

**FY2018 Section 2  Budget and Budget Narrative (No pages max)**

Please complete the attached budget and complete a budget narrative for line items.

**FY2018 Section 3 Organization’s documents**

**Please provide the funding council with the following information:**

1. 501 (c) 3 documentation.
2. CRO’s Code of Conduct.
3. Employee Handbook.
4. CRO’s Financial Procedure Manual.
5. A list of current board members, with length of service and positions they currently hold or have held in the past.
6. Board member and officer responsibilities/role descriptions.
7. A narrative description of current CRO activities.
8. What is the current total membership number?
9. What is your average weekly non-duplicated member attendance?
10. What is your membership criterion? If you have a membership application, please submit.
11. The target population for this project is Kansans diagnosed with severe and persistent mental illness (SPMI) and who are on Medicaid or eligible for Medicaid. Please attach a formal letter from your Executive Director and Board President certifying that these funds will be used in service to this population.
12. Please list all current employees and the number of hours per week they work.

Accepted applications need to be received **by November 15, 2017.**