



**DEPARTMENT OF HEALTH & WELLNESS**

**Mental Health Branch**

12<sup>th</sup> Floor, Joseph Howe Building

PO Box 488, Halifax, NS B3J 2R8

To Whom It May Concern:

The Mental Health Branch of the Department of Health and Wellness is interested in supporting (one time) Mental Health Consumer - Led Projects that will be directed toward education, research to inform decisions, advocacy, or seed money to start self-supporting projects.

These grants must not be used for operational expenses of programs already in place. It is important to provide evidence that consumers support and are involved in all areas of the project. Further, it is important that your District Health Authority is aware of and supports such a project.

Enclosed:

- ▶ Application Form for year 2011 - 2012
- ▶ Background Information
- ▶ Booklet on Writing Proposals
- ▶ Form Letter for District Mental Health Director

Applications must be submitted by and post marked no later than midnight **June 30, 2011.**

Thank you for your interest in obtaining grant money for a Consumer-Led Project.

Tony Prime  
Coordinator, Adult Mental Health Services

**Provincial Consumer, Family, Community Working Group  
Selection Criteria: Mental Health Consumer-Led Initiative Grants  
2011-2012**

**Preamble:**

The Grant Selection Criteria were piloted in 2002-2003. To meet the mandate of the Consumer , Family, Community Working Group, the criteria were reviewed and revised prior to each call for expressions of interest.

**Applicant Eligibility:**

The applicant must demonstrate that the project is a mental health consumer-led initiative and that a minimum of 80% of the project team must be comprised of disclosed mental health consumers that have direct decision making authority over project. Further, the applicant must be able to demonstrate an acceptable system of fiscal accountability.

Applications will not be accepted from individuals, government departments, the formal mental health system, and private sector, foundations or District Health Authorities / *IWK*, although support from District Health Authorities / *IWK* is required.

**Application Process:**

Applicants must complete all questions on the application form.

Additional pages may be added as required.

Additional information or back up to support request for grant funding may be attached.

All applications must be post marked by midnight **June 30, 2011**; late applications will not be processed.

No application will be reviewed until the deadline for submissions has expired.

Completed applications must be copied to District Health Authority/ *IWK* for their information. The name of the individual the application was copied to and / a form letter of support should be submitted with the application.

*The Mental Health Director's responsibility is to ensure that the initiative is not a duplication, and fits with the strategic direction of mental health services and not to place a value judgment on the initiative.*

There will be a call for applications through the seven daily newspapers

A packet (in plain language) of information containing the application form, supplementary information, the name of a contact person, and any other pertinent information will be provided to each interested applicant.

Completed applications for submission must be sent to:

Tony Prime , Coordinator Adult Services  
Department of Health, Mental Health Branch  
12<sup>th</sup> Floor, Joseph Howe Building  
PO Box 488, Halifax, NS B3J 2R8

**Grant Parameters:**

- grants are time limited (**maximum 1 year**) and must be directed towards self - sustaining initiatives that will enhance the lives of mental health consumers
- grants cannot be used to fund ongoing daily operational expenses of existing programs / organizations
- evidence of support from the District Health Authority and/or IWK is required ( if evidence of DHA support is not included with the application, then the Department of Health will discuss with the DHA and/or IWK prior to any decision)
- evidence must be provided that mental health consumers support the initiative (district, region, provincial etc)
- evidence must be provided that mental health consumers will be involved in carrying out all phases of the initiative, have decision making powers etc
- qualified disclosed mental health consumers will be eligible for any salaried position(s)
- grant requests must include evaluation costs and fiscal accounting fees if applicable
- other resources being committed to the project must be disclosed
- there must be a framework for accountability, measurement, and evaluation (qualitative / quantitative are acceptable evaluation methodologies)
- must demonstrate how the mental health consumer community benefits from the initiative
- rationale must be provided to support the effectiveness or potential for success of initiative

#### **Assumptions:**

The information will be presented in a ‘user friendly’ format.

- ◇ **The Mental Health Branch of the Department of Health and Wellness will assist in linking applicants with services to assist in the proposal process.**
- ◇ The Consumer, Family & Community Involvement Working Group will be involved in application screening
- ◇ All successful applicants must sign a contract. There must be two individuals who carry responsibility for the project and submit reports as outlined in the contract ;names and contact information included in the application for a grant.
- ◇ All successful projects must sign an agreement that mental health consumers are involved and responsible for the project are self-disclosed.
- ◇ Recommendations may be made by the selection committee to split the funding over two years for starting a business etc.

**Representatives from the Department of Health, Mental Health Branch will discuss with successful applicants prior to contract award to review responsibility and accountability process.**



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**Please use this form and answer all questions.**

**APPLICATION FORM 2011 - 2012**

**MENTAL HEALTH CONSUMER-LED INITIATIVE GRANT  
REQUEST**

The name of Project: \_\_\_\_\_

Amount of Request: \_\_\_\_\_

Contact Name: \_\_\_\_\_

Phone #: \_\_\_\_\_

1. Were consumers involved in writing the proposal request?  No  Yes

2. The goal(s) of Project:

3.a. Is the project:  Local/community  District  Provincial (If more than one explain)

3.b. Describe Project:

3.c. Total number of people on a project team: \_\_\_\_\_

3.d. Number of **self-disclosed** mental health consumers on a project team: \_\_\_\_\_

3.e. Describe the **roles and responsibilities of the project team** .

4. Identify work plan and timelines for the project.

5. Do mental health consumers support project?  No  Yes Describe how you determined consumer support.

6. What is the evidence that the proposal will benefit the mental health consumer community?

7. Will any of the grant money be used for daily operational expenses of existing projects / programs?  
 No  Yes (Explain)

8. Are there resources committed to the project from other sources?  No  Yes (Explain)

9. How will the finances be accounted for?

10. Describe the way in which the project will be evaluated.

11. What research, partnerships or collaboration has been explored to make this project a success?

<b>Budget Template for Consumer – Led Initiative Proposal</b>	
<b>Item(s)</b>	<b>Cost</b>
Equipment (list )	
Transportation	
Office Supplies	
Honorariums	
Salaries	
Accounting Fees	
Evaluation	
Other (list)	

12. Provide the names of the 2 self-disclosed consumers and their contact information (mailing address, phone number, email etc) who are responsible for the project.

1. Name: \_\_\_\_\_ 2. Name: \_\_\_\_\_  
Address: \_\_\_\_\_ Address: \_\_\_\_\_

Phone #: \_\_\_\_\_ Phone #: \_\_\_\_\_  
Email: \_\_\_\_\_ Email: \_\_\_\_\_

Was your District Health Authority made aware of your request and have they been sent a copy of the proposal?  No  Yes

\_\_\_\_\_  
Signature Date

Consumer:  No  Yes

**Note: Screening Tools have been included**

**\* Be sure to check your proposal against the criteria in order to strengthen your application.**

## Preliminary Screening Tool

- project leadership is disclosed mental health consumers (10)
- grant request budget appears to be reasonable for project (5)
- proposal outlines how finances will be accounted for (5)
- proposal has been copied to Director of Mental Health Services for appropriate District Health Authority (2)
- proposal has budgeted for an evaluation of initiative (5)
- will not be used to fund ongoing daily operational expenses of existing programs / organizations (3)
- proposal provides evidence that mental health consumers in the community support the initiative (10)
- proposal identifies evidence that initiative works (5)
- proposal clearly defines initiative and what outcomes are anticipated (10)
- roles and responsibilities of the project team are clearly defined (5)
- accommodations have been made for finances to flow through a NGO or health services where groups are not registered with joint stocks. (5)
- budget has a line item for fiscal accounting (5)

\_\_\_\_\_ /70

*All scores 60 and over proceed to next phase of screening*

## Mental Health Consumer-Led Grant Initiative Second Phase Screening Tool

Structure:

- initiative is accomplished within one year (5)  
(if project is an initiative that is ongoing a sustainability plan is described)
- initiative involves *at least 80% self-disclosed mental health consumers* (10)
- self-disclosed mental health consumers will have direct decision making authority over the initiative (i.e. development, implementation etc.) [10]
- evidence that any salaried positions will be *given* to qualified *self-disclosed* mental health consumers(10)

Value 35: \_\_\_\_\_/35

Nature:

- initiative involves a collaborative process and allows for partnerships (5)
- a work plan and timelines for project are provided (25)

Value 30: \_\_\_\_/30

Content:

- other resources being committed to project are identified and described (5)
- an action plan for measurement of effectiveness has been identified (15)
- evidence provided that demonstrates that the initiative will benefit the mental health consumer community  
\_\_\_\_ local, \_\_\_\_ district/region, \_\_\_\_ provincial (5)

Value 25: \_\_\_\_/25

Misc.:

- peer review of proposal supports this initiative (5)
- project demonstrates innovation and forward thinking (5)

Value 10 \_\_\_\_\_/10

**Total score: \_\_\_\_\_/100**

To:

Tony Prime, Coordinator Adult Services  
Department of Health, Mental Health Branch

12<sup>th</sup> Floor, Joseph Howe Building  
PO Box 488, Halifax, NS B3J 2R8  
[primets@gov.ns.ca](mailto:primets@gov.ns.ca)  
424-7235 Fax: 424-0647 Cell: 499-9564

I have received a copy of the Mental Health Consumer- Led Initiative Grant Proposal  
entitled: \_\_\_\_\_  
I have received and reviewed the proposal and it does not duplicate any initiatives I am  
aware of in my District Health Authority and is in keeping with current Mental Health  
directions.

\_\_\_\_\_  
Signature Director Mental Health Services

\_\_\_\_\_  
DHA

\_\_\_\_\_  
Date

\_\_\_\_\_  
Phone Number

## Consumer Initiative Grant Evaluation Form

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



2. In what ways has your Consumer Initiative Grant made your program possible or more successful.

3. Attach any printed material relating to your program: press or news items, brochures, letters of support, photographs, etc.

### **Financials**

10. Please include a complete accounting of how your Consumer Initiative Grant was spent:

- Show original budget, as submitted with the grant application, and actual income and expense compared to the original budget.