Guidelines

Coalitions registered with the Department of Mental Health (DMH) Division of Behavioral Health (DBH) are eligible to apply. This application must address drug and alcohol use prevention. All awardees are expected to use evidence-based interventions to meet the projected outcome, when available.

Budget Information and Unallowable Costs:

Funding is available for up to $5,000. Funding is limited, so request only what is needed to allow more coalitions to be awarded.

Mini-Grant funds are not intended to support one-time events, unless they are tied to a larger, ongoing effort.

* Funds **may not be used** for the purchase of incentives or other symbolic disposable items intended for giveaways.
* Funds **may not be used** for promotional items. Items include, but are not limited to: clothing, pens, mugs/cups, folders/folios, lanyards, and conference bags. This does not include the cost of printing materials or purchasing printed materials.
* No more than 50% of the budget can be used for personnel or contractors.
* No more than $250 may be used for food and drink.
* Coalition must show a 50% match on funds requested.

Written approval is required prior to any budget adjustments and before the expense is incurred. Failure to obtain prior approval may result in suspension of the funding or not receiving approval of the expenditure.

The coalition shall keep financial records of all expenses and maintain them for six years. This includes receipts, invoices, statements and other documentation.

Process:

Application must score a minimum of 60 in the Scoring Rubric (see below) to be fundable. If more applications are approved than funding is available, priority will be given to the top scoring applications.

The application submitted by the coalition will serve as the official scope of work.

Disbursement – Applications will be awarded in June, and funds will be distributed in July.

Award recipients will be required to submit a mid-year by December 31. The mid-year report will summarize the progress made towards proposed goals and objectives, the barrier encountered and identify any assistance needed.

All funds MUST be spent by June 30th. Any expenses incurred after that day (a purchase made, a person’s time paid for, etc.) will have to be rejected due to funding deadlines.

Any unused funds exceeding $100 must be returned to the Prevention Resource Center by July 15.

A final report is due upon completion of the project (30 days after project completion, no later than July 31). The reports must be sent to the Prevention Resource Center. Reporting forms are attached.

Formatting:

If you have your own formatting needs, it is fine to stay with your system. But if possible, please help the scoring staff by following these optional guidelines. These are the only **optional** guidelines in the packet.

Word is preferred over PDF

File name should be Coalition name Type of Doc Anything else you want – be consistent. Susan’s Awesome Coalition is fine, SAC is fine. But stick with one or the other.

Ex: SAC Logic Model, SAC Mini Grant Application, SAC Mini Grant Application Final draft FY25

DMH / DBH Mini Grant “Funding Examples”

Note that this list is designed to help coalitions understand the limits of what this grant mechanism will be able to fund. It is a helpful starting place but **it is not an exhaustive list**. DBH reserves the right to deny funding to any activity that is not within the scope of the grant. If you have questions about what is and is not allowed, talk to your Prevention Resource Center.

Mini Grants must be focused on substance use prevention in the community. This means that DBH cannot fund:

* Trauma focused interventions (prevention with a trauma focus is ok)
* Treatment (including tobacco cessation)
* Recovery
* Community development (ex: building playgrounds, rec centers, etc.)
* Other social issues (ex: child abuse, distracted driving, parental treatment, etc.)
* Mental Health

Mini Grants must be focused on at least a subset of the community. This means that DBH cannot fund:

* Staff development
* Office supplies not related to program implementation
* Travel outside of the state (even to national conferences)

Mini Grants are strongly encouraged to focus on interventions that has evidence that demonstrates a *positive* effect (see list below). If an intervention has evidence that shows *no* or *negative* effects, DBH will not fund it. Examples include:

* Mock car crashes
* Fatal vision goggles
* Post prom events, post-graduation events, and dance events
* Incentives or other symbolic disposable items intended for giveaways

It is understood that some of the activities above may have been funded in the past. However, they will not be funded in the future.

It is also understood that some of the non-allowable activities would help improve the efforts of substance use prevention! However, due to the funding stream restrictions from the federal government, even if the link is clear, DBH still cannot pay for it.

Things that can be funded under a mini grant include (but are not limited too):

* Evidenced based programs like Peacebuilders or Too Good For Drugs
* Environmental strategies like compliance checks or media campaigns
* Capacity building efforts like resource libraries or educational awareness events
* Interventions that have not yet been tested but are based upon concepts that have been shown to be effective in reducing / preventing substance use

Mini Grant App. Cover Sheet, July 2024 – June 2025

Each section must be completed to be considered responsive. Non-responsive applications will not be scored.

**Application Due to PRC by May 13 & to DMH by May 29, 2024**

Amount Requested:

Registered Coalition Name (as it appears on the registry):

Contact Person:

Email:

Phone Number:

Address w City and Zip Code:

Prevention Resource Center (PRC):

Prevention Specialist:

Phone:

Email:

Has the coalition received technical assistance from the PRC? Yes / No

Title of Project:



Counties included in this project:

In 75 words or less, briefly describe the project. Include the problem being addressed, target population and planned activities. Ex: Positive Action will be implemented in two middle schools to decrease underage drinking.

Note: The below must be filled out even if the coalition is a 501(c)(3). A letter of support or memorandum of agreement must be included from the fiscal agent if the fiscal agent is an organization other than the coalition.

Organization / Fiscal Agent:

Organization / Fiscal Agent Contact Person:

Address:

Email:

Phone Number:

Federal ID Number (F.E.I.N):

Narrative, July 2024 – June 2025

Type out a narrative covering the points below. This section should be at least one page and no more than 4 pages, 1 inch margins, 1.15 spaced, Calibri 11. Leave in section headings but **all instructions should be deleted**. Feel free to add tables or other graphics if that is helpful.

Needs Assessment:

Briefly identify the area the project is attempting to cover (1-2 sentences.) This could be a geographic area (city, county, etc.) or a specific population (8th graders at X and Y school, members of Z Church Congregation, etc.)

Describe the problem identified by the local data. Use additional data to provide context for the numbers, especially context that clearly identifies need. Provide a citation of data sources (in text or footnotes). Talk with the Prevention Resource Center if help is needed in identifying data sources.

End with a brief (1-2 sentences) description of how the coalition intends to meet the needs identified. More detail will be required later. This just provides the reviewer some context for the next two sections.

Capacity

Describe partners and stakeholders that are already committed to the project.

Describe the resources that will be needed in order to implement the project. Consider things like staff time, stakeholder buy in and expertise needed as well as the more tangible items. Indicate which resources are already available, which will be covered under the grant, and which still need to be obtained. Ex: Room for meeting – available for free through partner, speaker fee – funded under mini-grant, food – will ask for donations.

This grant requires a 50% coalition match (aka, in-kind). Describe how that will be accomplished.

Planning

Describe how the coalition arrived at the plan for this project. Who was consulted and how was the final decision made? Titles or description of roles rather than names required. If applicable, explain how you engage the voice of high need groups (underserved population OR high risk population). Consider the 12 community sectors as baseline. Talk to the Prevention Resource Center if assistance with the sectors is needed.

Implementation

Under Needs Assessment, it was briefly described how to meet the needs identified. Now describe in more depth how that will be accomplished including:

* The target population and an estimate of the number of people who will be reached,
* The steps that will be taken to complete the project,

Continued Next Page

* The time line of activities including dates of milestones and when the project will start / end, and;
* Who will be responsible for each step (here, names should be included addition to the title).

Describe how this project fits within the larger prevention plan for the community.

Describe how the efforts under this project will be sustained.

Provide a logic model that has been built through <https://preventionsmart.com/> (note, this is a new website as of 2024) The logic model does not count towards page limits and may be submitted as a secondary attachment. See [https://bit.ly/tutorialsLMB](https://nam02.safelinks.protection.outlook.com/?url=https%3A%2F%2Fbit.ly%2FtutorialsLMB&data=05%7C02%7Csusan.depue%40mimh.edu%7C9d0502942ea64d90938108dc2723bddd%7Ce3fefdbef7e9401ba51a355e01b05a89%7C0%7C0%7C638428281657826744%7CUnknown%7CTWFpbGZsb3d8eyJWIjoiMC4wLjAwMDAiLCJQIjoiV2luMzIiLCJBTiI6Ik1haWwiLCJXVCI6Mn0%3D%7C0%7C%7C%7C&sdata=arrqV0P3uAU5w%2FAD3MBORv84meKqHDzRYzZw9wr%2FLtw%3D&reserved=0)for helper videos on how to use this tool.

Evaluation

Describe how the project will be evaluated. Include how and what data will be collected and how it will be used. Briefly describe how it will be disseminated to partners involved in the project and, as applicable, the larger community.

Budget, July 2024 – June 2025

Fill out the table below. In the first column, identify the expense. In the second column, give the total amount. In the fourth column, write a short description as to how this item fits into the narrative. More rows may be added as needed. If using in-kind resources, indicate that in the appropriate column.

If the coalition is unsure of the exact purchases, outline a category and label it TBD (ex: TBD – Media purchase). TBD items will be provisionally approved but a detailed list **MUST** be submitted to the Prevention Resource Center for approval prior to purchasing any items from this category. Once approved, add a note under the justification. Ex: *Detailed new list written out*, approved by Jessica in an email 9/26.

Once the budget is approved, small adjustments may need to be made. Up to 10% or $200 (whichever is less) of each category can be allocated to other previously approved category lines without additional approval. Add a note in each category when moving funds. Ex: Funds not spent on supplies 10/6 -$20, Funds from supplies added to curriculum purchase 10/6 + $20.

Note that the funders reserve the right to ask for revisions to the budget prior to implementation start to ensure that all spending is within the approved guidelines.

|  |  |  |  |
| --- | --- | --- | --- |
| Item | $ Amount | In-Kind | Justification |
| Personnel / contractors (no more than 50% of total budget) | | | |
|  |  |  |  |
|  |  |  |  |
|  |  |  |  |
| Supplies | | | |
|  |  |  |  |
|  |  |  |  |
|  |  |  |  |
| Meeting Logistics (no more than $250 on food and drink) | | | |
|  |  |  |  |
|  |  |  |  |
|  |  |  |  |
| Curriculum | | | |
|  |  |  |  |
|  |  |  |  |
|  |  |  |  |
| Media & Printed Material | | | |
|  |  |  |  |
|  |  |  |  |
|  |  |  |  |
| Travel | | | |
|  |  |  |  |
|  |  |  |  |
|  |  |  |  |
| Other | | | |
|  |  |  |  |
|  |  |  |  |
|  |  |  |  |
| Total: |  |  |  |

Memorandum of Agreement (MOA)

This agreement is entered into between (Registered Coalition Name) and (PRC Name) in order to document the partnership for the terms of the FY2025 Mini-Grant. This MUST be completed by the coalition and PRC and is considered part of the mini-grant application.

**The PRC agrees to:**

Provide technical assistance in writing the above narrative.

If funded, disperse funds in a timely manner and work with the coalition to amend the budget if necessary.

If funded, provide technical assistance in implementing programming as described in the above narrative.

If funded, provide technical assistance to help coalitions evaluate the efforts of this grant.

If funded, provide technical assistance to help coalitions sustain the efforts of this grant.

If funded, review and provide feedback on mid-year and final report to ensure the reporting meets the requirement of the grant.

If the above narrative does not score in the “fundable” range, the PRC will work with the coalition upon request to understand what improvements can be made for resubmission in the following fiscal year.

**If funded, the Coalition agrees to:**

Carry out all activities as described in the above narrative. If modifications are needed, the coalition will contact the PRC prior to planning / scheduling any new activities.

Adhere to the budget outlined above.

Submit a mid-year report to their Prevention Resource Center by December 31 and a final report upon completion of the project (30 days after project completion, no later than July 31).

Provide any material developed under this grant to other Missouri Division of Behavioral Health registered coalitions and Prevention Resource Centers free of charge upon request. Where available, the materials will be shared electronically. If not available electronically, one printed copy of each item will be mailed to the requesting coalition at the funded coalition’s expense. Requesting coalition may then have additional copies printed at their own expense.

This memorandum of agreement shall be in effect from July 1, 2024, through 30 days after the final report has been submitted.

Electronically signed / date (PRC):

Electronically signed /date (Coalition):

MOA Other Partner *Optional* Template

Note that MOA’s can be helpful among other partners as well! It is not required for this funding mechanism but here is a generic template in case a coalition would want to use it. Feel free to add / delete items as needed.

***Purpose***

The purpose of this Memorandum of Agreement (MOA) is to…

(Be broad, e.g., “…decrease substance use...” “…increase the capacity of our community to….” etc.)

***Agreement***

Party one *(fill in actual names)* agrees to….

Party two *(fill in actual names)* agrees to…

Can continue with additional parties as needed.

***Funding***

If money will be exchanged from one party to another, outline the conditions for that.

(Ex: Party 1 will bill on the 30th of each month, Party 2 will have 15 days to transfer the funds, etc.)

***Points of Contact***

Insert primary contact with email / phone / etc. for each party.

***Duration of Agreement***

This Memorandum of Agreement will be in effect for *fill in time period*. Approximately six months before expiration, both parties will discuss expiration or renewal, based on an assessment of the continuing value of the Agreement to both parties. The Agreement may be terminated at any time upon written notification by one party to the other.

***Signatories:***

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

(typed name and title) (typed name and title)

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Date Date

STOP

While the following three pages are very important for coalitions to understand how they will be scored, and so should be reviewed, coalitions will not actually fill out any information.

Final Checklist, July 2024 – June 2025

One of the ideas behind the mini-grants is to build capacity for coalitions to write for larger grant applications if they so choose.  One skill that we would like to see built is the ability to pay attention to detail.  Details are important!  In a SAMSHA grant application for example, using the wrong size margins will automatically get the grant rejected no matter how great the ideas are in the application.

To that end, while the scoring rubric covers the big picture of the application, it is extremely important that your application addresses all the details as well.  Please use this checklist to ensure you’ve met everything that has been requested of you.

**1 missing item from this list will result in 5 points being taken off your total score, 2 missing items will result in 10 points being taken off.  3 or more missing items means the application will be rejected.  Remember you must have a minimum score of 60 to be funded.**

* Cover sheet completed, including 75 word description
* Budget completed
* MOA completed (remember to fill in names in first sentence)
* Narrative is no more than 4 pages long (more than 5 will be automatically rejected)
* Target population identified in Needs Assessment
* Coalition match is described in Capacity
* People involved in planning described in Planning
* Estimated number of individuals reached given in Implementation
* Sustainability plans described in Implementation
* Logic model is included with data to support the strategies
* Process data collection is described in Evaluation (if application is awarded the highest score)
* Efforts to disseminate described in Evaluation

Technical Assistance Review Form, June 2024 – July 2025

Coalitions leave blank. Email this document to the Prevention Specialist the coalition has been working with, completed with the above information, and they will fill this out.

Coalition Name (as it appears on the registry):

Prevention Resource Center:

Prevention Specialist:

Briefly describe how the project described in this application fits within the PRC’s Strategic Plan:

Comments and Concerns:

Does the PRC approve of the requests in this application? Yes / No

Once this section is completed by the PRC, email a copy of the full document to Amanda Baker ([Amanda.Baker@dmh.mo.gov](mailto:Amanda.Baker@dmh.mo.gov)) Susan Depue Bradford ([Susan.Depue@mimh.edu](mailto:Susan.Depue@mimh.edu)) and Rikki Barton ([rikki@onwardconsulting.biz](mailto:rikki@onwardconsulting.biz)). This is due no later than the end of day May 29th, 2024.

Scoring Rubric

Coalitions leave blank. State staff will fill this out and return to the coalition with feedback and the funding decision by June 19, 2024.

|  |  |  |  |
| --- | --- | --- | --- |
| Needs Assessment | | | |
| **20 Points Awarded** | **15 Points Awarded** | **10 Points Awarded** | **0 Points Awarded** |
| Data are presented with context that clearly demonstrates need | Data on the issue are presented with context (other county, state or over time comparisons) | Data on the issue are presented but with no context | No Data are presented  **STOP HERE** Application cannot be funded |
| Needs Assessment Feedback (will be repeated for each row): | | | |
| Capacity | | | |
| **20 Points Awarded** | **15 Points Awarded** | **10 Points Awarded** | **0 Points Awarded** |
| Coalition’s plan seems reasonable given the resources available. Necessary partners have committed to the project. Coalition has successfully completed a plan of a similar level in the past. | Coalition’s plan seems reasonable given the resources available. Necessary partners have committed to the project. | Coalition’s plan seems reasonable given the resources available. | Coalition does not have the capacity to carry out plan  **STOP HERE** Application cannot be funded |
| Planning | | | |
| **20 Points Awarded** | **15 Points Awarded** | **10 Points Awarded** | **10 Points Awarded** |
| Coalition has demonstrated that all relevant partners in the community have been engaged in the planning process with a special focus on engaging the voice of high need\* groups. | Coalition has demonstrated that all relevant partners in the community have been engaged in the planning process. | Coalition has demonstrated that many relevant partners in the community have been engaged in the planning process. | Coalition is narrowly focused (i.e. school based only) and request is not part of a larger community effort. |
| Implementation | | | |
| **20 Points Awarded** | **15 Points Awarded** | **10 Points Awarded** | **0 Points Awarded** |
| Project contains at least 1 named EBI\* with positive evaluation results. EBI is targeting the majority of the community OR a high needs\* group | Project contains at least 1 named EBI\* with positive evaluation results. EBI is targeting small group | Project is capacity building only, clearly addressing a gap in their plan | Project does not connect to a larger plan to prevent substance use  **STOP HERE** Application cannot be funded |
| Evaluation | | | |
| **20 Points Awarded** | **15 Points Awarded** | **10 Points Awarded** | **0 Points Awarded** |
| Project will collect outcomes data (% change in a risk factor, pre / post, etc.) in addition to process data | Project will collect process data (collecting numbers served, items distributed, etc.) | Project has a “completed yes / no” evaluation plan | Project does not have an evaluation plan  **STOP HERE** Application cannot be funded |

\*High needs - underserved population OR high risk population

\*Named EBI – specifically named program like *Lifeskills* or *“Talk, They Hear You”*. NOT *character development curriculum* or *media campaign*.

STOP

The following documents will only be used by those coalitions who are awarded funding.

They are not part of the grant application.

Missouri Mini-Grant Program Mid-Year Report

**FY2025**

**By December 31st**, each funded program must submit to their Prevention Resource Center a Mid-Year Program Report. **Failure to submit this report will result in loss of funding for future programming.**

Registered Coalition Name (as it appears on the registry):

Title of Program / Activity Conducted:

Prevention Resource Center:

Prevention Resource Center Prevention Specialist:

Grant Contact Person:

Email:

**Please answer the following questions as they apply to the narrative in the grant application.**

1. Identify the strategy/program implemented as a result of this funding.
2. Briefly describe how the strategy was implemented. What, if any, deviations from the original plan occurred? How many people were served? Describe any preliminary evaluation data.
3. What strategy/program(s) remain to be implemented? Are they on track to be completed on the original timeline and as described? If not, what modifications to the plan are needed?
4. Is the budget on track to be implemented as described (including allowable adjustments)? If not, contact the Prevention Resource Center immediately.
5. What type of training or technical assistance are needed to continue moving forward?

Missouri Mini-Grant Program Final Report

**FY2025**

**Thirty days after the conclusion of program activities (no later than July 31st)**, each funded program must submit to their Prevention Resource Center a Final Program Report. **Failure to submit this report will result in loss of funding for future programming.**

Registered Coalition Name (as it appears on the registry):

Title of Program / Activity Conducted:

Prevention Resource Center:

Prevention Resource Center Prevention Specialist:

Grant Contact Person:

Email:

**Please answer the following questions as they apply to the narrative in the grant application.**

1. Identify the strategy/program implemented as a result of this funding.
2. Briefly describe how the strategy was implemented. What, if any, deviations from the original plan occurred? How many people were served?
3. Describe the process and outcome data in detail (if unsure of what these terms mean, contract the Prevention Resource Center).
4. What changes have been made in the strategy/program as a result of the evaluation? How will the results listed above be sustained?
5. What type of training or technical assistance are needed to continue moving forward?

**Indicate the number of individuals in the following groups who received services from this program:**

*(Report non duplicated numbers served for each event. Duplicate pages as needed for multiple events.)*

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
| **AGE** |  |  |  | **GENDER** |  |
| Age 0-5 |  |  |  | Male |  |
| Age 6-12 |  |  |  | Female |  |
| Age 13-17 |  |  |  | Trans man |  |
| Age 18-20 |  |  |  | Trans woman |  |
| Age 21-24 |  |  |  | Gender non-conforming |  |
| Age 25-44 |  |  |  | Gender Unknown |  |
| Age 45-64 |  |  |  |  |  |
| Age 65-74 |  |  |  | **RACE** |  |
| Age 75 & over |  |  |  | White |  |
| Unknown |  |  |  | Black or African Am. |  |
|  |  |  |  | NH/Other Pacific |  |
|  |  |  |  | Asian |  |
|  |  |  |  | More than One Race |  |
| **ETHNICITY** |  |  |  | Other Race |  |
| Hispanic or Latino |  |  |  | Race Unknown |  |
| Not Hispanic or Latino |  |  |  |  |  |
| Ethnicity Unknown |  |  |  |  |  |

**FINAL BUDGET REPORT**

**Registered Coalition Name:**

**Grant Number: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

|  |  |  |
| --- | --- | --- |
| **BUDGET CATEGORY** | **ORGININAL AWARD AMOUNT** | **ACTUAL EXPENDITURES** |
| **Personnel/Contractors** |  |  |
| **Supplies** |  |  |
| **Meeting Logistics** |  |  |
| **Curriculum** |  |  |
| **Media & Printed Material** |  |  |
| **Travel** |  |  |
| **Other** |  |  |
| **ORIGINAL AWARD AMOUNT:** | |  |
| **ACTUAL EXPENDITURES:** | |  |

**Include copies of Receipts and Invoices**

**The Final Program Report and Final Budget Report must be submitted to the Department of Mental Health, Amanda Baker at** [**Amanda.baker@dmh.mo.gov**](mailto:Amanda.baker@dmh.mo.gov)**.**

PROGRAM ADJUSTMENT REQUEST FORM MINI-GRANT

**For requests over the 10% / $200 (whichever is smaller) limit described on the budget page**

**Can be duplicated if mutiple requests are needed**

Top of Form

Registered Coalition Name (as it appears on the registry):

Grant Contact Person:   Email:

Prevention Resource Center:

Prevention Resource Center Prevention Specialist:

Title of Program/Activity Conducted:Bottom of Form

**All program adjustment requests must be submitted by June 1, 2025.** Requests should be completed by the grantee and with the assistance of the Prevention Resource Center. Prevention Resource Centers will send the completed form to the Department of Mental Health.

1. Describe the rationale for adjusting the grant’s budget.

2. List each budget line item and the dollar amounts that will change as a result of this adjustment.

3. Attach a revised action plan and timeline for implementing the changes, if applicable.