

MINI-GRANT  
&  
CONTRACTED SERVICES  
INFORMATION

2009-2010

For: Alcohol, Tobacco and Other Drug Prevention Activities  
in  
Delaware County, Pennsylvania

Provided by:

The Delaware County Office of Behavioral Health

Coordinated by:

Holcomb Behavioral Health Systems  
Prevention/Education Services

Delaware County Office of Behavioral Health  
Alcohol and Other Drug Prevention  
2009/2010  
Mini-Grant & Contracted Services Criteria

Mini-Grants

Ten Mini-Grants of up to a \$1,000 maximum will be awarded to post-prom groups for alcohol/drug-free after prom parties.

Contracted Services

Awarded to grassroots community groups (Act 211 groups, PTO's, civic associations, community tasks forces, etc.) for a maximum amount of \$5,000 that wish to implement activities, educational programming, school or community events that are specific to preventing youth substance use and/or increasing community awareness of substance abuse issues.

Contracted Service Activities that can be funded fall into the 5 Federal categories of services:

- 1) Information Dissemination - i.e. resource centers, awareness campaigns, health fairs, speaking engagements, etc. (Red Ribbon, Nat'l Inhalants and Poison's Week, Health Fairs, assembly programs, etc)
- 2) Education- A recurring group/workshop series delivered to the same group of people designed to produce a reduction in risk factors, an increase in protective factors, and/or an increase in knowledge about the effects of substance abuse on individuals and families. Examples include: parenting programs, peer leader/helper programs, classroom and/or small group sessions.
- 3) Problem Identification and Referral - i.e. Identifying individuals in need of services (Nat'l Alcohol Screening Day) and/or referrals to drug and alcohol treatment centers, smoking cessation programs, education programs, self help groups (AA, Alanon, Alateen, etc) Specifically, evidence-based programs (Parenting Wisely, Say It Straight, etc.) will be given priority.
- 4) Community Based Process - Community and volunteer training services, community team activities (Town Hall Meetings, Task Force meetings, COPE meetings)
- 5) Environmental – Changing the norms (Creating Safe Homes networks, public policy campaigns, getting your community to go smoke-free, drug-zone signs, etc.)

Priorities for 2009-10 Contracted Services

Priority will be given to programs and activities that focus on reducing alcohol use and related problems among persons 11 through 21 years of age with continued emphasis on structured, recurring, evidence-based programs.

75% of available funding will be granted to activities in Federal Category 2 – Education (recurring evidence-based programming). Priority will be given to those groups requesting support for Educational activities. A list of approved evidence based programs is included in the budget guidelines. All other evidence based programs must be approved by the Office of Behavioral Health.

25% of overall funding is available for one-time event activities (Federal Categories 1, 3,4, 5 and 6). A single event can be funded up to a maximum amount of \$1,000.

Proposals should include:

- A) Specifically what you are requesting funding for –complete section A for each activity- include these elements:
  1. What - is the event? (Program/activity)?
  2. Who - is targeted? (See target population list – choose **one only** for each activity)
  3. When - the anticipated date or dates of the event?
  4. Where - will this activity occur?
  5. How many – participants do you anticipate?
  6. How much – will this activity cost?
  7. What specifically will the money be used for to accomplish the activity?
  8. How will the activity be evaluated?
- B) Listing of group members

- C) Fiscal report from last year's grant (if awarded) – See last page

Mini-Grant & Contracted Services Schedule:

Proposals must be delivered to HBHS by, Monday, July 13th, 2009 at 4PM. You will be given (or sent) a postcard confirming that your proposal has been received. We anticipate that notification of awards will be made by August 25, 2009. Checks will be available to community groups at the September 2009 meeting. Please consider the dates of your activities accordingly. Please call the Prevention Department at Holcomb (484) 444-0412 with any questions.

Requirements:

1. Representation at each of the quarterly meetings is required. \* If you cannot attend, please find an individual to represent your group.
2. Participation in the county-wide Needs Assessment/Focus Group (Dates and locations to be announced)
3. Group member information – Information profile sheet on the individual performing the service.
4. **EVALUATION.** For each activity you are requesting funding for, you must include a method of evaluating the success of that activity. Choose the method that best suits the activity. For example:

Health Fairs/Health Promotion events/Post Prom parties/campaigns alternative activities, etc. can be evaluated by documenting the increase in participation from prior years, letters or comments made from community members about the value of the event, increase in community involvement (more businesses agreed to advertise, donate funds or freebees, etc).

Educational activities – Educational series (same group of people attending multiple sessions) must be evaluated with a pre/post test to document actual learning that has occurred and completion of a pre/post survey which has been approved by CSAP (Center for Substance Abuse Prevention). Survey instruments will be assigned by OBH/HBHS according to program. If you need assistance with determining an appropriate pre/post test for your program, please call this office.

5. **REPORTING** – Please note – **Immediate reporting is required.** You will not be eligible for a mini grant or contracted services if you have not submitted the required reports on a timely basis. If there is no activity for any given month - no report is due. When there is activity – please submit the data collection form within two working days after the event.

Reports can be faxed to C.Koch at (484)444-0421

Reports can be submitted electronically via email to [ckoch@holcombbhs.org](mailto:ckoch@holcombbhs.org)

Reports can be mailed or delivered to Celeste at Holcomb's Prevention/Education office.

Data collection forms must be submitted 2 days after event. Reports must be specific. If the activity occurred at more than one location (i.e. Red Ribbon Campaign conducted in 2 different schools – 2 reports should be submitted). Reports must indicate direct time (time people were actually doing the event) and indirect time (time needed to plan, develop, travel to/from event).

RECURRING EVENTS: Recurring event forms must be submitted 2 days after the first session and 2 days after each subsequent session. Data forms must include name and demographics of individuals receiving the service. Completed pre tests and the pre SURVEYS instruments must be submitted with the first session recurring event form. Completed post tests and post surveys must be submitted with the last session recurring event form. If you choose to submit the event forms electronically – surveys and tests must be mailed to the office – noting what group they accompany.

Reports must indicate direct time (time people were actually doing the event) and indirect time (time needed to plan, develop, travel to/from event).

In our reporting to the state, we cannot include activities that happened prior to our reporting deadline. Your group will not get credit for activities reported late. You will not be eligible for a future funding if you do not submit the required reports on a timely basis.

# COPE

(COMMITTEE ON PREVENTION/EDUCATION)

Tentatively Scheduled meetings 2009/2010:

- September 23, 2009 from 9am-11am at Holcomb
- March 17, 2010 from 9am-11am at Holcomb
- June 16, 2010 – time & location to be announced

# Agreement form

Please sign and return with proposal

## **Mini-Grant Applicants:**

I have read the requirements for mini-grant funding from the Delaware County Office of Behavioral Health and agree to comply.

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Printed Name

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Group Name

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Signature

Date

## **Contracted Service Applicants:**

I have read the requirements for contracted service funding from the Delaware County Office of Behavioral Health and agree to comply.

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Printed Name

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Group Name

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Signature

Date

APPLICATION FOR  
OFFICE OF BEHAVIORAL HEALTH  
DIVISION OF DRUG AND ALCOHOL  
MINI-GRANT/CONTRACTED SERVICES  
2009/2010

Community Group Name:					
Contact Person:				Contact Phone number:	
Address:					
<b>*PLEASE ATTACH A LIST OF GROUP MEMBERS*</b>					
Did this group receive a Mini-Grant from OBH-D&A in 2008/2009?		YES <i>If Yes, please complete the financial summary for 2008/2009 on the last page</i>			NO <i>No report due</i>
Please describe the activity/event/program for which you are requesting funding. Please be specific. Duplicate this form for additional events if necessary.					
	Target population	Anticipated			
A) Activity description – Activity # 1	<u>Choose only 1 from list</u>	# of participants	Event Site	Maximum Amount	Amount Requested
Expenses:					
				<i>Total Activity Expense:</i>	
How will the success of this activity be evaluated?					

**Target Population Codes**

Sp01	Business & Industry	SP11	Health Professionals	Sp21	Pregnant Females/Women of Childbearing Age
Sp02	Civic Groups/Coalitions	Sp12	High School Students	Sp22	Preschool Students
Sp03	College student	Sp13	Homeless/Runaway Youth	Sp23	Prevention/Treatment Professionals
Sp04	COSAs / Children of Substance Abusers	Sp14	Law Enforcement / Criminal Justice/Military	Sp24	Religious Groups
Sp05	Delinquent Violent Youth/At Risk Youth	Sp15	Middle / Jr. High School Students	Sp25	School Dropouts
Sp06	Economically Disadvantage Youth/Adults	Sp16	Parents / Families	Sp26	Teacher /Administrators/ Counselors
Sp07	Older Adults	Sp17	People Using Substances	Sp27	Gay/Lesbian Community
Sp08	Government/Elected Officials	Sp18	People with Disabilities	Sp28	Youth / Minors
Sp09	Elementary School Students	Sp19	People with Mental Health Problems	Sp29	Other
Sp10	General Population	Sp20	Physically / Emotionally Abused People	PA01	Other Professionals







## Member Information

**This form is to be completed by the person actually doing the activity or program. If that person has not been identified at this point, please complete this information and return with your data collection forms at the time of service.**

**Community Group:** \_\_\_\_\_

Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

**Activity:** \_\_\_\_\_

### Individual Information

Salutation: \_\_\_\_\_ First Name: \_\_\_\_\_ Last Name: \_\_\_\_\_

Title: \_\_\_\_\_ Status: \_\_\_\_\_ Second Language: \_\_\_\_\_

Age Range (check one)

15 to 17 \_\_\_\_\_ 18 to 20 \_\_\_\_\_ 25 to 44 \_\_\_\_\_ 45 to 64 \_\_\_\_\_ 65+ \_\_\_\_\_

Gender: \_\_\_\_\_ Race/Ethnicity: \_\_\_\_\_

### Educational Information

Degree: \_\_\_\_\_

Vocational Education: \_\_\_\_\_

Professional Certificate: \_\_\_\_\_

### Contact Information:

Phone: \_\_\_\_\_ Ext.: \_\_\_\_\_ E-mail: \_\_\_\_\_

Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

*Check List for Mini-Grant & Contracted Services Submission*

1. Completed Application \_\_\_\_\_
2. List of Group Members \_\_\_\_\_
3. Projected Budget by Activity \_\_\_\_\_
4. Report on last years mini-grant funds (if applicable) \_\_\_\_\_
5. Member Information (if not previously supplied) \_\_\_\_\_
6. Signed Agreement Form \_\_\_\_\_

Please call HBHS Prevention Department with any questions: (484) 444-0412  
Fax: (484) 444-0421; E-mail: [bmingey@holcombbhs.org](mailto:bmingey@holcombbhs.org)

## BUDGET GUIDELINES

Mini-Grant	Maximum Amount
Post Prom Event	\$1,000

Contracted Services	Maximum Amount
<b>Community-Based Campaigns</b>	
<b>Red Ribbon Campaign</b>	
Ribbons, giveaways, signs	\$5 per participant
<b>National Alcohol Screening Day</b>	
Supplies	provided by HBHS
Staffing	8 hours of wages per screener
<b>National Inhalants Week</b>	
Supplies	provided by HBHS
Speaker Stipend	\$100 or provided by HBHS
<b>Fetal Alcohol Syndrome Week</b>	
Literature	provided by HBHS
Display Supplies	\$300

Evidence Based Programs	
<b>Say It Straight</b>	
Training fee	8 COPE members will be free, \$1,000 per additional participant
Training	4 days of wages
Meeting Supplies	\$25 per meeting, \$400 max.
<b>BABES</b>	
Training Fee	\$250 per person
BABES Kit	\$550 per kit
Training Time	3 days wages each person
Stickers, pencils, etc.	\$3 per student
<b>Project Alert</b>	
Training	\$150 per educator
Meeting Supplies	\$25 per meeting, \$400 max.
Educational Supplies	included in training price
<b>Parenting Wisely</b>	
Curriculum Purchase	CD-ROM Program kit=\$599; CD-ROM program kit bundle=\$999; 3 volume video series=\$299; CD-ROM kit plus video series=\$798
Educational Supplies	Parent Workbooks range from \$6.75 - \$9.00 each
<b>Other</b>	
Curriculum Purchase	OBH Prior Approval Needed
Meeting Supplies	OBH Prior Approval Needed
Educational Supplies	OBH Prior Approval Needed

Education	
<b>Assemblies</b>	
Cruisin Not Boozin	\$400 per assembly
Other - must get prior OBH approval	\$400 per assembly
<b>Single Educational Presentations</b>	
Speaker Stipend	\$5 per participant \$100
<b>Multi-Session Presentations</b>	
Facilitator per hour	\$50
Group Supplies	\$5 per participant per group

Alternative Activities	
Event Costs	\$10 per participant

Information Dissemination	
<b>Health Fairs</b>	
Please utilize HBHS literature library	FREE
Promotional items	\$5 per participant
Health Fair General Support	\$500
<b>Creation of Family Resource Center</b>	
Supplies	\$500

Professional Development	
Fetal Alcohol Syndrome Training (1/2 day)	\$50 per staff/volunteer
HIV/STD (full day)	\$50 per staff/volunteer
Intervention (3 day)	\$200 per staff/volunteer
Other (Cultural Competence, Addiction 101, etc.)	Conference fee plus travel expenses