



Southeast Minnesota Adult Mental Health Initiative

Southeast MN Adult Mental Health Initiative Community Grant Fund Application

Please complete the following form to apply for Community Grant Funding from the SE AMHI. The following programs are eligible for funding:

- Mental health services supported by individuals with lived experience as evidenced by local advisory councils, organizations staffed by individuals with lived experience, peer support specialists, board members with lived experience or other similar experience.
- Mental health services that address disparities in mental health and target underserved populations
- Rural mental health access
- Mental Health Services that Address Those Most In Need As Determined by Social Determinants of Health
- Housing with Supports

Funds are only available through December 31, 2025. Applications must be submitted by the close of business February 10, 2025. Grant period will begin upon signing of a grant agreement and will last through December 31, 2025. Invoices must be submitted by December 12, 2025. Grant report forms will be sent at the end of November and must be submitted by December 12, 2025. Adult Mental Health Initiative Funding is administered through the Minnesota Department of Human Services and must be administered in accordance with Minnesota statute 245.4661, the current MN DHS Brass Manual, and in compliance with the SE AMHI executed grant with DHS. Submitted applications become the property of Olmsted County and subject to the public records law. Contact Laura.Sutherland@olmstedcounty.gov for more information.

Organization Information

| | | | |
|-------------------------------|--|--|--|
| Organization Name: | | | |
| Street Address: | | | |
| City, State, Zip code: | | | |
| Phone: | | | |
| Email: | | | |
| Website: | | | |
| Tax Status: | | | |
| Primary Contact: | | | |
| Name: | | | |
| Position: | | | |
| Phone: | | | |
| Email: | | | |
| Project/Program Title: | | | |

Briefly describe the project/program. Include the needs this project/program addresses and how the voice of the community informs the work. Who will this benefit and how will it help? (Limit response to 500 characters or less).

Check the priority/priorities that this project/program addresses:

- Mental health services supported by individuals with lived experience as evidenced by local advisory councils, organizations staffed by individuals with lived experience, peer support specialists, board members with lived experience or other similar experience.
- Mental health services that address disparities in mental health and target underserved populations
- Rural mental health access
- Mental Health Services that Address Those Most In Need As Determined by Social Determinants of Health
- Housing with Supports

Describe the population served by the project/program. (500 characters or less).

Provide the number of residents directly and indirectly impacted by the project/program and how you arrived at each number.

Amount of funding request.

Minimum grant award: \$1,000. Maximum grant award: \$100,000

How will you measure the success of the project? Describe two outcomes that align with the priority area/s of this grant. The outcomes must be measurable; describe the plan to track the outcomes and evaluate the impact of the proposed project on improving mental health for community members.

Program Budget Spreadsheet

1. Fill in any areas that are being included in the funding request.
Mark any un-used areas with "NA".
2. Use the lower table to explain your budget amounts

Organization Name:

| |
|--|
| |
|--|

Total Funding Requested:

| |
|--|
| |
|--|

| Budget Area | Amount |
|------------------------|--------|
| Personnel | |
| Materials & Supplies | |
| Equipment | |
| Travel /Transportation | |
| Facilities | |
| Marketing | |
| Program Fees | |
| Other | |

| Budget Area | Explanation (ex. \$25/hour x 200 hours) |
|------------------------|---|
| Personnel | |
| Materials & Supplies | |
| Equipment | |
| Travel /Transportation | |
| Facilities | |
| Marketing | |
| Program Fees | |
| Other | |

Olmsted County, as the fiscal host for the Southeast MN Adult Mental Health Initiative, issues the following submission notices for the SE AMHI Community Grant Fund Application.

- a. The County reserves the right to withdraw, cancel, suspend, and/or modify this community grant fund for any reason and at any time with no liability to any prospective applicant for any costs or expenses incurred in connection with the application or otherwise.
- b. Upon submission, community grant fund applications become the property of Olmsted County and will not be returned.
- c. Under Minnesota law, grant fund applications are private and nonpublic until the responses are opened on the due date. Once the grant fund applications are opened, the name of the applicant becomes public.
- d. The County shall not be responsible for any costs incurred by the applicant in connection with this community grant fund application. The Applicant shall bear all costs associated with preparation, submission, or any other activity associated with this community grant fund application.
- e. The applicant affirms that, to the best of its knowledge, its application does not present a conflict of interest with any party or entity, which may be affected by the terms of a contract resulting from this community grant fund application. The applicant agrees that, should any conflict or potential conflict of interest become known, it will immediately notify the County of the conflict or potential conflict, and will advise the County whether it will or will not resign from the other engagement or representation. Further, the County may make reasonable efforts to avoid, mitigate, or neutralize an organizational conflict of interest by an applicant in all competitive procurements. To avoid an organizational conflict of interest by an applicant, the County may utilize methods including disqualifying an applicant from eligibility for a contract award or canceling the contract if the conflict is discovered after a contract has been issued. To mitigate or neutralize an organizational conflict of interest by an applicant, the County may use methods such as revising the scope of work to be conducted, allowing Applicants to propose the exclusion of task areas that create a conflict, or providing information to all Applicants to assure that all facts are known to all Applicants. The County may, at its sole and absolute discretion, waive any conflict of interest.
- f. Olmsted County reserves the right to negotiate terms contemporaneously and/or subsequently with any number of Applicants as Olmsted County deems to be in its best interest.