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. To qualify for funding, proposal must serve adults with severe and persistent mental illness or fall into a recognized exception. The following programs that serve adults 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, 2026. Applications must be submitted by the close of business Friday, November 7, 2025. Grant period will begin upon signing of a grant agreement and will last through December 31, 2026. **Applications should be submitted via email to Laura.Sutherland@olmstedcounty.gov**

Invoices must be submitted by December 11, 2026. Grant report forms will be sent at the end of November and must be submitted by December 11, 2026. 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:	

Check one or more of the following priorities that this project/ program addresses:

- ☐ Adult 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.
- ☐ Adult mental health services that address disparities in mental health and target underserved populations.
- ☐ Adult rural mental health access.
- ☐ Adult mental health services that address those most in need as determined by social determinants of health.
- ☐ Adult housing with supports.

Acknowledgements

Applicants must check each of the following boxes for their application to be considered.

- ☐ Proposal is for adults with serious and persistent mental illness as required by Minn. Stat. 245.4661 Subd. 2. Serious and persistent mental illness is defined by Minn. Stat. 245.462 Subd. 20(c). OR, proposal is for one of the following:
- ☐ Information and Referral. DHS Brass Code 401. Provision of information to individuals regarding social and human services, and assistance to individuals in making contact with resources that can respond to needs or problems.
- ☐ Community Education and Prevention. DHS Brass Code 402. Activities designed to educate the public about mental health, reduce stigma, promote recovery and increase awareness of availability of

resources and services, improving skills in dealing with mental health issues.

- ☐ Adult Client Outreach. DHS Brass Code 403. Activities within the community and segregated settings designed to locate and engage potentially eligible adults, inform them of available mental health services and ensure they have access to those services.
- ☐ Proposal does not include services for children.
- ☐ Proposal does not include administrative costs in excess of 10%.
- ☐ Proposal does not include purchase requests for capital improvements including but not limited to the purchase of a vehicle.
- ☐ Proposal does not include services for substance use.
- ☐ If requested, applicant is willing to make a presentation on the impact of the grant to the monthly SE AMHI meeting once the grant has been implemented.
- ☐ Failure to timely implement the grant and invoice the SE AMHI for grant expenses may result in additional grant requirements or funding being reallocated for another purpose.

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 300 words or less).

Describe the population served by the project/program. (300 words or less).

Provide the number of residents directly and indirectly impacted by the project/program and how you arrived at each number. Provide a proposed timetable for implementation of the project. (300 words or less).

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. Answer the question, "Are people better off for having received the proposed services?" (300 words or less).

Amount of funding request:
Minimum grant award: $5,000. Maximum grant award: $45,000

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:

*Administrative Costs Not to Exceed 10% of Total Budget

Budget Area	**Amount**
Personnel	
Materials & Supplies	
Equipment	
Travel /Transportation	
Facilities	
Marketing	
Program Fees	
Administrative Expenses	
Other	

*Administrative Costs Not to Exceed 10% of Total Budget

Budget Descriptions	**Briefly explain each Budget Amount**
Personnel	
Materials & Supplies	
Equipment	
Travel /Transportation	
Facilities	
Marketing	
Program Fees	
Administrative Expenses	
Other	

Award Flexibility

If your proposal is selected for funding, the total amount awarded may be less than the amount requested due to budget limitations. Please indicate whether your organization would be willing to accept a reduced award and still carry out the project as proposed. This will help us allocate funds effectively and avoid delays in the funding process.

- ☐ Yes, we would be willing to accept a reduced award.
- ☐ No, we require the full amount requested to implement the project as proposed.

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.