

EW

Ella Weaver

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Title

Mental Health & Substance Abuse Grant Application

Instance

2023

Questions 136

Agency Information

2 Legal Name of Agency (as listed on IRS Documentation) * Required field

Answer

3 Agency's DBA Name (if applicable)

Answer

4 Agency EIN Number * Required field

Answer



5 Agency Mailing Address * Required field

Answer

6 Contact Person for this Proposal * Required field

Answer



7 Contact Email * Required field

Answer

8 Contact Title * Required field

Answer

An updated Giving Matters and 211 profile are required at the time of submission. For help updating or setting up a Giving Matters profile, [click here](#). For help updating or setting up a 211 profile, click [here](#).

10 Please provide a link to your Giving Matters profile: * Required field

Answer

11 Please provide a link to your 211 profile:

* Required field

Answer



Program Information

13 Title of this Proposal (Program or Service Name, NOT the name of your agency)

* Required field

Answer

14 Please provide a description of this program.

* Required field

Answer

15 Is this program a:

* Required field

- ☐ Current program
- ☐ New program

16 What are the eligibility requirements (such as Federal Poverty Guidelines) for your services?

* Required field

Answer

17 Is there a fee associated with this program?

* Required field

- ☐ Yes
- ☐ No

18 If yes, what is the fee?

Answer

19 Are there special circumstances that greatly impact your cost per person (i.e., licensed staff required)

* Required field

- ☐ Yes
- ☐ No

20 If yes, please explain.

Answer

Identify Bold Goal Alignment

Please review the Bold Goals, Strategies and Tactics [found here](#) and identify the Bold Goal, strategies, and tactics this program aligns with.

This application is specifically for the Mental Health & Substance Abuse impact area, and specifically the following Bold Goals:

- By 2030, improve mental health by 25% or more.
- By 2030, decrease drug related overdose deaths and suicides by 25%.

If your programs aligns with a different impact area, please contact Ella Weaver (ella.weaver@yourlocaluw.org) to gain access to that application.

22 Which strategies and tactics within Mental Health & Substance Abuse does this program align with (may include multiple)?

* Required field

- ☐ Prevention: Develop projects that help sector groups implement a culture of positive mental health and wellness practices
- ☐ Prevention: Community-based strategies to increase awareness and outreach to destigmatize mental health and increase access to services
- ☐ Prevention: Connection to basic needs
- ☐ Early Intervention: Co-locating services
- ☐ Early Intervention: Workforce development (address shortage in mental health professionals)
- ☐ Early Intervention: First Responder engagement
- ☐ Early Intervention: Equitable access to school-based programs and services
- ☐ Treatment & Recovery: Increase accessibility to affordable treatment and services
- ☐ Treatment & Recovery: Workforce Development (increase number of treatment profiders)
- ☐ Treatment & Recovery: Increasing access to peer support services
- ☐ Data Collection & Evaluation: Standardized data collection
- ☐ Data Collection & Evaluation: Community level baseline data
- ☐ Data Collection & Evaluation: Program evaluations

Identify Shared Measurements

Please review the Shared Measurements that have been identified for each Bold Goal area [found here](#). Please select 2-3 of the shared measurements related to the Strategies this program align with. At least one should be an outcome (e.g. % change in...) as opposed to selecting all outputs (e.g. # of people served).

24 Select 2-3 shared measurements to include in your reporting.

* Required field

- ☐ Prevention: # of community trainings to destigmatize mental health
- ☐ Prevention: # of clients enrolled in or connected to program also enrolled in SNAP/TANF/TNCARE
- ☐ Prevention:# of organizations trained in suicide and substance abuse prevention (businesses,

churches, etc.)

- ☐ Prevention: Total # of youth/adults served and assessed for avoiding or reducing risky behaviors (e.g. alcohol, drug abuse, unprotected sexual activity)
- ☐ Early Intervention: # of clients participating in prevention services
- ☐ Early Intervention: % of clients with improvements in their assessment scores
- ☐ Early Intervention: % of individuals who meet treatment goals
- ☐ Early Intervention: % of people changing behavior to engage in safer practices
- ☐ Early Intervention: % engaged in a defined harm reduction program
- ☐ Treatment & Recovery: % of client goals being met
- ☐ Treatment & Recovery: % of clients who expressed improvement in their mental health as a result of prevention services
- ☐ Treatment & Recovery: % of clients with improvements in their assessment scores
- ☐ Treatment & Recovery: # of people on wait list
- ☐ Treatment & Recovery: % of clients who report a decrease or elimination in substance use
- ☐ Treatment & Recovery: % of individuals who improve their daily functioning as measured by an assessment

Based on the measurements you selected, please provide quantitative goals for the next 12 months.

For example, if you selected "% of caregivers who report who change in knowledge, attitudes, and behaviors" your goal might be: of the total number served, 75% will report a change in knowledge. Or, if you selected "# of trainings for early care and education staff and/or universal childcare development" your goal might be: conduct four trainings on a quarterly schedule with attendance of at least 25 at each training.

26 Please specify your first measurement and provide quantitative goals for the next 12 months.

* Required field

Answer

27 Please specify your second measurement and provide quantitative goals for the next 12 months.

* Required field

Answer

28 Please specify your third measurement, if applicable, and provide quantitative goals for the next 12 months.

Answer

29 Please describe in detail how success is defined for individuals participating in this program.

* Required field

Answer

30 Describe any assessments you already have in place or the process by which you will implement the measurement of your chosen outcomes.

* Required field

Answer

31 Please describe how this program will consider diversity, equity and inclusion in your service delivery design and implementation. For example, how will the program foster effective principles and practices of valuing diversity, equity, and inclusion? How will they be communicated and measured? How will you advance diversity, equity, and inclusion in systemic ways?

* Required field

Answer

32 Any additional comments or information regarding this program?

Answer

Program Budget

If desired, you may use this [Program Budget Template](#) to gather all fields before completing the following budget sections:

- 1. Program Income
- 2. Program Expenses
- 3. Use of Requested United Way Funds

At the end of each section, the total for that section will be automatically calculated. For that calculation to work, you will need to enter a number in each field, even if that number is 0.

Please complete the following fields to show the full *Program Budget*.

- First, enter your program income. The Income total will auto-populate after all of the fields are complete.
- Second, enter your program expenses. The Expenses total will auto-populate after all of the fields are complete.
- Finally, the "Total Surplus/Deficit" field will auto-populate.

You must enter a value in each field, even if that value is zero.

Income

36 Request from United Way

* Required field

Answer

37

Agency Fundraising

* Required field

Answer

38

Government Grants & Contracts

* Required field

Answer

39

Non-government Grants & Contracts

* Required field

Answer

40

Program Income/Fees

* Required field

Answer

41

Investment Account Income

* Required field

Answer

42

In-kind Donations (UWRCC & Other)

* Required field

Answer

43

Total Income : Response to question(s) Request fr..., Agency Fun..., Government..., Non-govern..., Program In..., Investment..., In-kind Do... needed to calculate.

* Required field

Expenses

45

Salaries

* Required field

Answer

46

Payroll Taxes

* Required field

Answer

47

Health Benefits

		* Required field
<div>Answer</div>		
48	Pension	* Required field
<div>Answer</div>		
49	Contract Workers	* Required field
<div>Answer</div>		
50	Other Personnel Expenses	* Required field
<div>Answer</div>		
51	Rent/Mortgage	* Required field
<div>Answer</div>		
52	Utilities	* Required field
<div>Answer</div> <div></div>		
53	Telephone/Fax	* Required field
<div>Answer</div>		
54	Non-Payroll Insurance	* Required field
<div>Answer</div>		
55	Office Supplies	* Required field
<div>Answer</div>		
56	Program Supplies	* Required field

	<div>Answer</div>
57	<div>Postage and Delivery</div> <div>* Required field</div>
	<div>Answer</div>
58	<div>Professional Service Fee</div> <div>* Required field</div>
	<div>Answer</div>
59	<div>Consultant Fees</div> <div>* Required field</div>
	<div>Answer</div>
60	<div>Training & Development</div> <div>* Required field</div>
	<div>Answer</div>
61	<div>Travel</div> <div>* Required field</div>
	<div>Answer</div>
62	<div>Direct Client Assistance</div> <div>* Required field</div>
	<div>Answer</div>
63	<div>Printing and Copying</div> <div>* Required field</div>
	<div>Answer</div>
64	<div>Repairs and Maintenance</div> <div>* Required field</div>
	<div>Answer</div>
65	<div>Equipment</div> <div>* Required field</div>
	<div>Answer</div>
66	<div>Depreciation</div>

* Required field

Answer

67Other

* Required field

Answer

68Total Expense : Response to question(s) Salaries, Payroll Ta..., Health Ben..., Pension, Contract W..., Other Pers..., Rent/Mortg..., Utilities, Telephone/..., Non-Payrol..., Office Sup..., Program Su..., Postage an..., Profession..., Consultant..., Training &..., Travel, Direct Cli..., Printing a..., Repairs an..., Equipment, Depreciati..., Other needed to calculate.

* Required field

69Total Surplus/Deficit : Response to question(s) Total Inco..., Total Expe... needed to calculate.

* Required field

Please complete the following fields to show how the requested funds from United Way will be used. You must enter a value in each field, even if that value is zero. After all fields in this section have been completed, the number in "Request from United Way" should auto-populate.

71Supplies/Equipment

* Required field

Answer

72Salaries

* Required field

Answer

73Travel

* Required field

Answer

74Benefits/Taxes

* Required field

Answer

75Occupancy

* Required field

Answer

76Marketing

* Required field

Answer

77

Direct Assistance to Individuals

* Required field


Answer

78

Other

* Required field

Answer



79

Please describe "Other".

Answer

80

Request from United Way : Response to question(s) Supplies/E..., Salaries, Travel, Benefits/T..., Occupancy, Marketing, Direct Ass..., Other needed to calculate.

* Required field

81

Please provide the administrative percentage of your agency operating budget (On your 990-Part IX Column C line 25 divided by Part VIII line 12)

* Required field

Answer

Projected Demographics

Please provide the projected demographics for the population this program will serve.
The total in each demographic section should match the other totals as well as the number in "How many individuals will this program serve?"

83

How many individuals will this program serve?

* Required field

Answer

84

Comments about target number served or demographic information?

Answer

Age Ranges

You must enter a value in each field, even if that value is zero. After all fields in this section have been completed, the total will auto-populate.

86

0-5 Years Old

* Required field

Answer

87

6-12 Years Old

* Required field

Answer

88

13-19 Years Old

* Required field

Answer

89

20-29 Years Old

* Required field

Answer

⋮

90

30-39 Years Old

* Required field

Answer

91

40-49 Years Old

* Required field

Answer

⋮

92

55+ Years Old

* Required field

Answer

93

Unknown

* Required field

Answer

94

Total in Age Ranges : Response to question(s) 0-5 Years ..., 6-12 Years..., 13-19 Year..., 20-29 Year..., 55+ Years ..., Unknown needed to calculate.

* Required field

Location

You must enter a value in each field, even if that value is zero. After all fields in this section have been completed, the total will auto-populate.

96

Christiana, TN

		* Required field
<div>Answer</div>		
97	Eagleville, TN	* Required field
<div>Answer</div>		
98	Fosterville, TN	* Required field
<div>Answer</div>		
99	LaVergne, TN	* Required field
<div>Answer</div>		
100	Lascassas, TN	* Required field
<div>Answer</div>		
101	Murfreesboro, TN	* Required field
<div>Answer</div>		
102	Milton, TN	* Required field
<div>Answer</div>		
103	Rockvale, TN	* Required field
<div>Answer</div>		
104	Smyrna, TN	* Required field
<div>Answer</div> <div>⋮</div>		
105	Other in Rutherford County	* Required field

Answer

106

Auburntown, TN

* Required field

Answer

107

Bradyville, TN

* Required field

Answer

108

Readyville, TN

* Required field


Answer

109

Woodbury, TN

* Required field

Answer



110

Other in Cannon County

* Required field

Answer

11

1

Total in Location : Response to question(s) Christiana..., Eagleville..., Fostervill..., LaVergne, ..., Lascassas..., Murfreesbo..., Milton, TN, Rockvale, ..., Smyrna, TN, Other in R..., Auburntown..., Bradyville..., Readyville..., Woodbury, ..., Other in C... needed to calculate.

* Required field

Ethnicities/Race

You must enter a value in each field, even if that value is zero. After all fields in this section have been completed, the total will auto-populate.

113

Caucasian

* Required field

Answer

114

African-American

* Required field

Answer

115

Hispanic

* Required field

Answer

116

Other

* Required field

Answer

117

Unknown

* Required field

Answer

118

Total in Ethnicities/Race : Response to question(s) Caucasian, African-Am..., Hispanic, Other, Unknown needed to calculate.

* Required field

Gender

You must enter a value in each field, even if that value is zero. After all fields in this section have been completed, the total will auto-populate.

120

Female

* Required field

Answer

121

Male

* Required field

Answer

122

Unkown

* Required field

Answer

123

Total in Gender : Response to question(s) Female, Male, Unkown needed to calculate.

* Required field

Veterans

You must enter a value in each field, even if that value is zero. After all fields in this section have been completed, the total will auto-populate.

125

Veterans

* Required field

Answer

126

Nonveterans

* Required field

Answer

127 **Unkown**

* Required field

Answer

128 **Total Veteran Status : Response to question(s) Veterans, Nonveteran..., Unkown needed to calculate.**

* Required field

Program Success Story

130 **If this is an existing program, please provide a success story of a client. Please note that this information may be used in public mediums and print materials, so please change any names or identifying information. (500 words)**

Answer

Final Agreements and Submission

Please review United Way of Rutherford and Cannon Counties' [Diversity, Equity, and Inclusion Statement](#).

133 **Does your agency acknowledge and align with the United Way of Rutherford and Cannon Counties' Diversity, Equity, and Inclusion statement?**

* Required field

- ☐ Yes
- ☐ No

Please fill out the [Patriot Act Form](#) and [Partnership Agreement](#) and upload each document to your Agency Profile in Compyle. Instructions on uploading each of these documents can be found [here](#).

135 **Have you uploaded the Patriot Act Form to your Agency Profile in Compyle?**

* Required field

- ☐ Yes
- ☐ No

136 **Have you uploaded the 2023 Partnership Agreement to your Agency Profile in Compyle?**

* Required field

- ☐ Yes
- ☐ No

Submit