

**Mental Health America of Franklin County
Scholarship and Technical Assistance Application Information
Requesting Scholarship or Technical Assistance**

Mental Health America of Franklin County (MHAFC) administers the scholarship and technical assistance funds allocated by the Ohio Department of Mental Health (ODMH). The definition/criteria for a scholarship are on pages 1 and 2. The definition/criteria for technical assistance are on pages 7 and 8.

SCHOLARSHIP APPLICATION INFORMATION

The goal of scholarship funds is to assist individuals and groups to develop the leadership and advocacy skills needed to effectively participate in the planning and development of mental health policies and services. We provide Scholarships to consumers and family members, both individuals and groups/organizations. Scholarship funds are awarded to individuals to attend workshops and conferences to enhance their leadership skills and knowledge of mental health issues.

Applications are available from the MHAFC and ODMH online at www.mhafc.org or <http://mentalhealth.ohio.gov>. **If you are applying for a Scholarship please print pages 1-5. If you are applying for Technical Assistance please print pages 7-12. For The Activity Summary Report for Scholarships that needs to be submitted within three weeks of the activity print page 6. The report for Technical Assistance is on page 13 & 14.**

CRITERIA FOR SCHOLARSHIP AWARDS

MHAFC has developed a set of criteria that scholarship applicants must meet in order to be considered for an award. Please read these carefully as you complete your application. *Please be complete and accurate on your application.* You may contact MHAFC at 614-221-1441 if you have any questions.

1. The conference or event must be relevant to the overall goal of the scholarship fund.
2. The cost of the conference, including conference materials, registration, lodging, and travel must be reasonable determined by the Assistant Deputy Director, Community Planning and Recovery Initiative for the experience and knowledge to be gained in comparison with past conferences.
3. Consideration will be given as to whether there may be a more appropriate conference or event that might better provide the knowledge or experience the individual will derive from participation at the requested event.
4. **The scholarship request MUST be received in MHAFC office at least ten (10) working days prior to the conference or event registration deadline.**
5. The applicant must indicate efforts to obtain scholarship/funding from other sources prior to making application to MHAFC.
6. **The applicant must agree to complete and submit a brief summary of the conference or workshop and a description of its benefits to them (form enclosed) within three (3) weeks following attendance at the conference/workshop.***
7. **A copy of the event brochure/flyer should be submitted along with the scholarship application. We need documentation of dates and the agenda. Please submit a hardcopy of the hotel information if applying for lodging. Provide an airfare quote and source (Travelocity, Cheap Tickets, Orbitz etc.) if travel method of transportation is flying.**
8. Individuals who are members of consumer/family groups will be given priority for consideration. If funds are available for more than one scholarship, additional individuals will be considered.
9. Consumer and/or family groups applying for multiple scholarships to allow several group members to attend an event must also complete the "Multiple Scholarship" section of the application. Unless otherwise indicated, multiple requests will be limited to four (4) members from an individual group.

]

SCHOLARSHIP APPLICATION INFORMATION (continued)

10. Presenters should seek scholarships from the conference organizers prior to requesting MHAFC funds. Presenters not sponsored by the conference will be considered in the following priority:
 - Consumers/Family Members who will be presenting on behalf of a mental health board or consumer-operated service will be considered first;
 - Consumers/Family Members who will be presenting on behalf of Ohio's mental health consumers will be considered next; and
 - Other presenters will then be considered.
11. Presenters should provide a description of their workshop or presentation.
12. Consumers/Family Members who have not been awarded MHAFC funds to attend an out-of-state conference or workshop in the current fiscal year will be given first consideration for an out-of-state conference. Individuals requesting a scholarship to in-state conferences and who have not been awarded MHAFC funds to attend another in-state conference in the current ODMH fiscal year will be given first consideration. Additional consideration will be given to:
 - Consumers/Family Members who are willing to share the information gained with other individuals and/or groups will be a priority. You must state on the application form the way you will accomplish this.
 - Consumers/Family Members who have received MHAFC/ODMH scholarship funds in the past and who submitted the follow-up "**Description of Conference/Workshop Benefit**" form.
13. Those individuals who have secured matching funds from another source will be given a higher consideration. These funds may come from local consumer/family groups, mental health agencies, mental health or ADAMS boards, other social groups and agencies, statewide organizations or from one's own funds. For more information refer to the Matching Funds Guidelines posted on MHAFC's website and ODMH's website.
14. Upon approval for Scholarship and TA funds, the recipient must wait 365 days from the date of approval before applying again for Scholarship and TA funds. Once the 365 day waiting period is over, participants may apply for Scholarship and TA funds, however, an individual may not apply for Scholarship and TA funds for a previously approved event until at least 2 years (730 days) from the date of approval.

*Note: If you require a **Letter of Recommendation** from the MHAFC as part of the criteria for receiving matching funds or scholarship, the above listed criteria will be used to determine if one will be provided. Not more than two (2) **Letters of Recommendation** will be written per year for any individual.*

**Applicants who do not agree to these criteria and who do not submit the "Description of Conference/Workshop Benefits" will not be considered for additional scholarship grants during the remaining fiscal year.

****Applications not completely filled out or without copies of conference/event brochures or announcements will not be considered and will be returned to the applicant.**

The MHAFC office may disapprove scholarship awards to any individual(s) or group(s) whose application fails to meet one or more of the expressed criteria. If you have any questions regarding this application process, please call MHAFC office at 614-221-1441.

PLEASE RETURN THESE FORM AT LEAST TEN (10) WORKING DAYS PRIOR TO THE EVENT REGISTRATION DEADLINE TO:

**Mental Health America of Franklin County
538 East Town Street, Suite D
Columbus, OH 43215
Or
Fax to: (614) 221-1491**

SCHOLARSHIP APPLICATION

NOTE: Application MUST be received in the MHAFC office 10 working days prior to the event registration deadline.

Mental Health /ADAMH Board Name:		County Name:	Date Submitted:
Applicant's Name:		Telephone Home/Work/Cell	Tax ID # (If applicable)
Address: (Street, City, State, Zip)			
Your Email Address:			
Are you over 18? Yes <input type="checkbox"/> No <input type="checkbox"/> <i>Please be advised that booking a flight requires you to provide your D.O.B. for Homeland Security</i>			
Group Affiliation:		<input type="checkbox"/> Consumer	<input type="checkbox"/> Family Member
Place of Employment/Source of Funding:		What is your Annual Household Income:	
Conference/Workshop Title *(enclose a copy of flyer/brochure)*			
Location			Date of Conference/Workshop
Are you a presenter? <input type="checkbox"/> Yes <input type="checkbox"/> No	Topic *(attach a description of your workshop/presentation)*		
Multiple Scholarship Request			
This section applies to consumer and/or family groups and organizations who are submitting multiple requests for scholarships. Multiple requests will be awarded at the discretion of the MHAFC. Please list persons requesting scholarships with number 1 being your first priority, number 2 being your second priority, etc. Your prioritization will assist us in making award decisions. All other application criteria will apply for all individuals awarded.			
1. Name	Are you over 18? Yes <input type="checkbox"/> No <input type="checkbox"/>	Email Address	Consumer <input type="checkbox"/> Family Member <input type="checkbox"/>
2. Name	Are you over 18? Yes <input type="checkbox"/> No <input type="checkbox"/>	Email Address	Consumer <input type="checkbox"/> Family Member <input type="checkbox"/>
3. Name	Are you over 18? Yes <input type="checkbox"/> No <input type="checkbox"/>	Email Address	Consumer <input type="checkbox"/> Family Member <input type="checkbox"/>
4. Name	Are you over 18? Yes <input type="checkbox"/> No <input type="checkbox"/>	Email Address	Consumer <input type="checkbox"/> Family Member <input type="checkbox"/>

****Please be advised that booking a flight requires you to provide your D.O.B. for Homeland Security****

SCHOLARSHIP APPLICATION

Conference/Workshop Expenses

Checks will not be made payable to "individuals" unless it is for reimbursement.

Item	Actual Cost	Requesting from MHAFC	Matching Funds	MHAFC Approved Amount	Already Made/Purchased?
Travel (please include a airfare quote)					Yes <input type="checkbox"/> No <input type="checkbox"/>
Registration (please include completed form)					Yes <input type="checkbox"/> No <input type="checkbox"/>
Lodging (please include hotel information)					Yes <input type="checkbox"/> No <input type="checkbox"/>
Books/Materials					Yes <input type="checkbox"/> No <input type="checkbox"/>
Other (describe or attach description)					
Total Cost					
Matching Funds Secured <input type="checkbox"/> Yes <input type="checkbox"/> No	Source of Funds				
Question 1: Please tell us with whom you will be sharing the information gained from attendance at this conference/workshop? <hr/> <hr/> <hr/> <hr/>					
Question 2: How and when will you accomplish this? <hr/> <hr/> <hr/> <hr/>					

*In some cases, the MHAFC may request a letter of recommendation.

SCHOLARSHIP APPLICATION

Question 3: I agree to complete the attached Activity Summary Report and return it to the MHAFC within 3 weeks following the event.

Yes

No

Previous Scholarships or TA from MHAFC

Title	Location	Date	Amount

Program Manager - CFPT Lead

Date Approved

Chief, Community Planning, Clients Rights,
& Recovery Initiatives

Date Approved

Program Manager - CFPT Lead

Date Not Approved

Chief, Community Planning, Clients Rights,
& Recovery Initiatives

Date Not Approved

Technical Assistance Application Information

The goal of technical assistance funds is to assist individuals and groups to develop the leadership and advocacy skills needed to effectively participate in the planning and development of mental health policies and services. We provide Technical Assistance (TA) grants to consumers and family members, both individuals and groups/organizations. Technical Assistance funds are awarded to consumer and family groups for the purpose:

- group development
- education
- skill building

To access these funds, potential recipients must complete an application process and meet the enclosed criteria. Priority areas for funding include, but are not limited to, the following topic areas:

- Developing and maintaining Consumer-Operated Services
- Consumer/Family relationship building
- Connecting with statewide mental health organizations
- Developing local networks
- Establishing effective communication patterns (Newsletters, Media Watch, Advocating, Information Sharing, etc.)
- Moving on and beyond with Advocacy/Self-Help/Support Group
- Accessing local grant monies (Public and Private/Resource Development)
- Leadership Development
- Developing a Recovery/Peer-Support Model
- Including cultural diversity in group and program development
- Utilizing consumers in service evaluation and monitoring
- Developing Consumer-Operated Services, Peer Support organizations
- Technical Assistance to Universities on curriculum development and design to meet today's mental health systems challenges
- Mental health education and skills development

CRITERIA FOR TECHNICAL ASSISTANCE PROPOSALS

1. The activity must be relevant to the overall goal of the TA fund.
2. Applicants must have submitted a **Technical Assistance Activity Summary** for any previous MHAFC/ODMH awarded technical assistance activities.

The MHAFC may disapprove technical assistance awards to any individual(s) or group(s) whose application fails to meet one or more of the expressed criteria.

TECHNICAL ASSISTANCE APPLICATION PROCESS

A Technical Assistance Proposal Application must be completed and submitted to the MHAFC office. Applications will be reviewed with a focus on the following key components of the proposed activity:

- Content: What is it the activity and what/why is there a need for it?
- Staffing: Are the right people available to carry out the activity?
- Budget: Is it realistic for the activity?

Approval

If the Proposal Application is approved, technical assistance funds will be awarded based upon the plan submitted. MHAFC may also negotiate funding of portions of the submitted plan or the development and implementation of a mutually agreed upon alternative plan.

Evaluation

The applicant is responsible for ensuring that an evaluation of the activity is conducted. This can be accomplished through participants being asked to complete an evaluation form, or by some other method identified by the applicant or consultants/trainers/speakers conducting the activity.

An evaluation report of the activity **must** be submitted to the MHAFC office **within three (3) weeks** following the activity. **To print The TECHNICAL ASSISTANCE ACTIVITY SUMMARY REPORT print pages 13-14.** The report should provide the following information:

- **number of participants**
- **copy of participant sign-in sheets**
- **names, addresses, telephone numbers of speakers/consultants, etc.**
- **summary of participant evaluations**
- **the applicant's overall assessment of the activity**
- **a copy of the event brochure/flyer (if applicable)**

When funds are being requested for a contractual activity (the applicant is contracting with a consultant or organization to provide/perform a particular service, i.e., develop a bookkeeping system, assist with tax exempt application process, develop a brochure, etc.) a report of the work completed by the contractor should be submitted to the MHAFC office.

Funding

The maximum reimbursable payment for consultant services is limited to \$300 per day (usually not more than two days) inclusive of honorarium and expenses. Any additional expenses must be paid for by the applicant group.

Follow-up

Each applicant must complete a Technical Assistance Activity Summary and return it to the MHAFC office **within three (3) weeks** following the event.

If you have any questions regarding this application process, please call the MHAFC office at 614-221-1441.

TECHNICAL ASSISTANCE APPLICATION

Question 3: I agree to complete the attached Activity Summary Report and return it to the MHAFC within 3 weeks following the event.

Yes

No

Previous Scholarships or TA from MHAFC

Title	Location	Date	Amount

Program Manager

Date Approved

Chief, Community Supports and Client Rights

Date Approved

Program Manager - CFPT Lead

Date Not Approved

Chief, Community Planning & Recovery Initiatives

Date Not Approved

Technical Assistance ONLY Proposal

WHAT IS YOUR GOAL? (What do you want to do?)

IDENTIFY THE PROBLEM/NEED. (Why is this activity needed?)

WHAT ARE YOUR ACTION OBJECTIVES? (How will you accomplish the activity?)

PREVIOUS TECHNICAL ASSISTANCE RECEIVED? (Have you ever received any TA funds before?)

PREVIOUS CONSULTANTS? (Who has given you help in the past?)

Technical Assistance ONLY Proposal (continued)

POTENTIAL CONSULTANTS FOR THIS ACTIVITY? (Who would you like to help you complete this goal and why have you selected them?)

TARGET DATE(S) (What date(s) do you want the activity to occur?)

PROPOSED LOCATION (Where do you plan to hold the activity?)

OTHER SIGNIFICANT ISSUES (Is there anything else you think we should know related to your request?)

