



Community Foundation of White County

Mental Wellness Guidelines

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Application Procedure

Your Community Foundation of White County is committed to strengthening White County through charitable giving and is honored to serve as a vehicle for people who believe that investing in our community is important, relevant, and personal.

In response to county-specific data collected during Lilly Endowment, Inc.'s Leadership Planning Grant under GIFT VII, CFWC identified mental wellness as a focus area for the next five years. This new grant opportunity has been created to make an impact in the mental health space.

Like good physical health, positive mental health promotes success in life. As defined by the Centers for Disease Control and Prevention (CDC), "mental health includes our emotional, psychological, and social well-being. It affects how we think, feel, and act. It also helps determine how we handle stress, relate to others, and make healthy choices. Mental health is important at every stage of life, from childhood and adolescence through adulthood."

Mental Wellness Grants are made possible by unrestricted donations to the Foundation from everyday people who care about our community. Unrestricted donations allow flexibility for the Governing Council to address ever-emerging community needs.

Who may apply? We support organizations that are classified as tax-exempt under section 501(c)(3) of the Internal Revenue Code.

What is funded? The Foundation is particularly interested in innovative approaches to solving community problems, maximizing unexpected opportunities, and supporting projects that evidence collaboration among agencies. Within the scope of mental wellness, we particularly are interested in projects that:

- expand access to mental health services
- reduce the stigma around mental health
- build protective factors, particularly in youth
- provide evidence-based programs that impact mental wellness
- education or training for parents and youth workers

We look for opportunities that will reach as many people as possible and will improve the ability of the organization to serve the community over the long term. Eligible programs/projects must serve the White County community.

What is not funded? Policies governing the Foundation generally preclude funding for:

Individuals

Endowments

Existing deficits, debt reduction, and multi-year, long-term funding for projects

Religious activities or programs that are serving or appear to serve predominantly one denomination and not the community at large (however, daycare/childcare programs, for example, if open to the public, would be eligible)

Political organizations or candidates

Programs or capital projects already completed.

Please check with the Foundation if you have any questions as to eligibility for funding.

How much funding is available? A total of \$50,000 will be available for the 2024 Mental Wellness Grants.

Think creatively!

How will your project enrich and strengthen your community?

Your grant application should be viewed as **an opportunity to work with the Community Foundation as a partner involved in your idea** (not simply a request for funding).

Submitting your grant application:

1. Please call the Foundation before submitting a proposal to explain the nature of your grant, to gain an understanding of the Foundation's priorities and funding capabilities for the year, and to ensure you have the current application form.
2. Complete the Grant Application form provided. All blanks **MUST** be filled in: if not applicable, please indicate. Your project narrative may not exceed three (3) pages and must address each of the questions listed. Please be certain to include all required attachments with your grant application.
3. Please submit **an original** of the grant application, including all attachments.
4. Please include **only** the information requested. Any additional material will not be provided to the Community Grants Committee.
5. The proposal should be submitted by a charitable organization. If you are submitting this proposal under the umbrella of another organization, that entity should complete the organization's information. Please designate a primary contact person with his/her address and phone number.
6. Your request will be assigned to a Community Grants Committee member. You may be contacted for further information or to schedule a site visit.
7. **Complete proposals must be IN the Community Foundation office by 5:00pm Friday, September 6th, 2024.**
8. **Timeline:**

September 6th	Due date for Mental Wellness Grant Application
October 2nd	Recommendations presented to CFWC Council for approval
October 31st	Final approval with CF of Greater Lafayette Board
Early November	Grant awards announced/funding available (pending grant agreement)
9. Grant Disbursements and Evaluations: Before grant funding is available, the grantee and the Community Foundation will execute a grant agreement. Generally, grants are distributed on a reimbursement basis. The program staff may visit the grant site to check in on progress or experience the project in action.
10. Please return to:

Community Foundation of White County
(1001 Airport Rd.)
P.O. Box 1154
Monticello, IN 47960-1154
(574) 583-6911
www.cfwhitecounty.org
lucy@cfwhitecounty.org





**Community Foundation of White County
Mental Wellness Grants Application 2024
(deadline: Friday 5:00 pm, September 6th)**

ORGANIZATION

Organization's Legal Name

Street & Mailing Address

City, State, Zip

Phone

Fax

E-Mail

President/CEO

Contact Person (*if different from above*)

Phone

Federal ID#

Organization's Mission Statement:

PROJECT INFORMATION

Project Name/Activity

\$
Amount Requested

\$
Total Project Cost

Project Timeline (*start and completion dates*)

SIGNATURE AUTHORIZATION

President/CEO

Date

Grant Application Narrative

Please address the following questions with brief, concise, and specific responses, and attach to the Grant Application Form. Narrative should be no more than 2 pages; may not exceed 3 pages.

1. **Organization:** Describe your organization's primary purpose and history.
2. **Project Description:** Please describe the nature and purpose of the project.
3. **Need/Opportunity:** What community need/opportunity does this project address?
4. **Impact:** Describe the effect of this project on your organization, staff, clients, & community. How many people will benefit? What geographical area will be served? How will you track the impact of your project?
5. **Coordination:** Is your organization collaborating with other organizations around this issue/project? List all organizations and key persons that will be responsible for this project.
6. **Timeline:** Please include a project timeline detailing anticipated start and completion dates.
7. **Funding sources:** Please list other contributors to this project; include organization's name, amount, and status of the other donations. Be sure to include your organization's commitment.
8. **Sustainability:** How will this project be financed in the future? If only partially funded by CFWC, will the project still occur? Please explain.
9. **Publicity:** If funded, how will CFWC's support be publicized in your circles?

Required Attachments:

- a. **Detailed Project Budget** (see attached form) – You may reproduce the form on your computer, provided the format is closely followed.
- b. **Financials (Summary Forms)** – We do not want every detail of your entire budget. Please include financials relevant to the identified project only, *not* the town's entire financial report, e.g., a parks department project request is not related to personnel expenses, the water department, etc.]
- c. **IRS Determination Letter** – include a current IRS determination letter showing exemption from federal income taxes under Section 509(a) of the IRS Code and your 501(c)(3) status.
- d. **Board Members** – include a list of your current Board members, their occupations, and addresses.

Please submit a signed copy to our office:

Community Foundation of White County
(1001 Airport Rd.)
P.O. Box 1154
Monticello, IN 47960-1154
(574) 583-6911
lucy@cfwhitecounty.org

For CFWC Use ONLY:

Date Received _____ Proposal # _____

Category/Field of Interest _____

Date _____ Approved _____ Declined _____ Amount Awarded \$ _____

Conditions _____

Project Budget Form

Revenue to support project:

Source	Amount Pending	Amount Committed
Total		

Expenses for total project: Please attach bids or estimates for **ALL** items.

Item	Total amount needed	Portion requested from CFWC
Total		