Tuscaloosa Mental Health Alliance
TMHA

2019
Grant Guidelines and Application

Funds raised via the annual Hot Hundred Bicycle Ride and the efforts of member agencies of the Tuscaloosa Mental Health Alliance may be identified as available for participating organizations to further the Mission and Goals of the Alliance, as follows:

Tuscaloosa Mental Health Alliance

Mission:
To work together collaboratively in an effort to identify those areas that are problematic in the provision of services to individuals who have a mental illness, i.e. access to care, crisis intervention, education, stigma etc, and to find solutions to those areas identified.

Goals:
1. To identify those areas that are viewed as problematic by a group consensus and to form sub-groups to find solutions for those areas identified.
2. To provide an arena for local providers to network and educate one another on their individual facilities and the services that they provide to the community.
3. To assist one another by sharing information regarding resources and support in regards to the problem areas identified on a local, state and national level.
4. To provide education on issues regarding stigma and discrimination with the goals of increasing community understanding and acceptance, and improving the quality of care for those persons with serious mental illness.

The Steering Committee of the Tuscaloosa Mental Health Alliance will have the responsibility of reviewing applications for funds and making recommendations to the Board of Directors for approval of projects/activities to be funded. The Secretary of the Alliance will assist with Board meetings and follow established procedures for fund allocation.

It is understood that funds will be made available each calendar year for this application process after budgeting has been accomplished for administrative support for the Alliance, periodic publication of a community resource directory and planning for the annual Hot Hundred Bicycle Ride and for any other expenses accrued. At this time, funds are raised by the annual Hot Hundred and private donations.

Process for Funding Allocation:

1. Applications may be submitted by organizations whose representatives participate in the Tuscaloosa Mental Health Alliance.

   Applications from individuals will not be considered. Due to the steps and time involved in reviewing and approving applications, this Fund is NOT suitable for emergency expenses for individuals.

2. **A participating organization may request funds to**

   a. **<u>benefit an individual consumer</u>,**

      Funds for an individual will be limited to no more than $250, and will be considered for only two purposes:

      i. psychiatric medications for individuals who qualify for and are waiting for Pharmacy Assistance Programs to begin, or
      ii. for educational expenses related to mental health and wellness.

      Funds will be provided only once within a 12-month period for any individual. Payment will be made directly to a pharmacy, educational institution, or other vendor or organization as appropriate. Funds will not be issued to the individual.

   Or:

   b. **<u>to implement a program or service to the community</u> or segment of the community in keeping with the Mission, Goals and areas of focus of the Tuscaloosa Mental Health Alliance as listed above. Funding for a project or service will be limited to one grant of up to $1,000 per 12-month period.**

3. **<u>The original plus three copies</u>** of the fully completed application form and supporting documentation should be provided in hard copy (no email) mailed to

   Tuscaloosa Mental Health Alliance
   c/o Kathryn Adams
   PO Box 2322
   Tuscaloosa, AL 35403-2322

   (or) hand delivered during a regular meeting to the attention of

   Kathryn Adams
   Administrative Assistant, TMHA

Applications must be signed by the Executive Director of the organization, or other authorized person. All applications must be received by 12 p.m. the last business day of the month and will be reviewed at the next scheduled Board of Directors meeting.

4. The Board of Directors make the final determination regarding funding allocation.
    a. The Steering Committee will review applications and screen out possible duplications of services, will provide suggestions of other known sources of funds for requests, and will determine if grant approval should be recommended to the Board of Directors.
    b. Recommended grant applications will be forwarded to the Board of Directors.
    c. If approved by the Board, a Letter of Agreement will be drafted by the Administrative Assistant and signed by the Tuscaloosa Mental Health Alliance President or Vice-President, as well as the Executive Director of the recipient agency. This letter will outline the expectations of project completion, schedule of progress reports, final reports, and required documentation including receipts for expenditures.
    d. Funds will be appropriated to approved members and agencies by check, dual-signed by the Tuscaloosa Mental Health Alliance President and Treasurer.
    e. A summary of appropriated grants will be provided by the Administrative Assistant to the Board annually at a regularly scheduled meeting.

Note: Mail the original plus three copies of the completed application form and supporting documentation to:

Tuscaloosa Mental Health Alliance
c/o Kathryn Adams
PO Box 2322
Tuscaloosa, AL 35403-2322

No email applications are accepted.

Applications must be received by 12 p.m. of the last business day of the month for consideration at the upcoming Board meeting.

Tuscaloosa Mental Health Alliance
TMHA

2019 Application
Tuscaloosa Mental Health Alliance Fund

Date of submission_____

Amount Requested_____

Section 1:

Applicant Organization_____

Participant in the Tuscaloosa Mental Health Alliance? Yes_____ No_____

Organization Mailing Address_____

City_____, AL Zip_____

Contact person's name_____

Job Title_____

Contact person's telephone _____ Fax_____

Contact person's E-mail address_____

Name of Executive Director of Applicant organization:

_____

This application is (please check one of the following options):

- **_____ To provide funds to assist an individual with medication or educational expenses**

  Or

- **_____ To provide a program or service to the community**

Section 2:

Complete section 2 only if this request is to assist an individual with medications or educational expenses: (HIPPA release also required)

Name of individual: _____

Address: _____

Phone number:_____

Individual's income: _____

___ Request funds for psychiatric medication. Requested Dollar Amount: _____

Consent to release of information is required in order to administratively track grant requests. The Tuscaloosa Mental Health Alliance respects the privacy of the requesting individual and will not disclose personal health information to the members of the Board. Signature of the individual is required on this grant submission and permits the release of needed documentation to support the request.

It is required that this individual has been approved for a Pharmacy Assistance Program for this medication. These funds are intended to help pay for the prescription until the approved assistance program begins.

Medication name and dosage prescribed: _____

Pharmaceutical Company to provide assistance program:_____

_____

Prescribing Physician: _____

Name of Pharmacy for interim prescription: _____

Address of Pharmacy: _____

_____

Phone number of Pharmacy: _____

___ Request funds for educational expenses. Amount: _____

Describe expenses (for tuition or books or other necessary educational expenses):

_____

_____

Educational Institution name or other vendor (book store or other) to whom payment is to be made: _____

Address: _____

_____

Other efforts to secure financial assistance for this situation: _____

_____

Section 3:

Please complete Section 3 only if this proposal is to provide a project or service.

Identify which priority area this project will focus on (circle one):

1. Crisis Intervention 2. Housing 3. Children and Adolescents

4. Community Awareness 5. Returning combat veterans

Describe the project or service: _____

_____

_____

_____

Total Amount applied for: $ _____

Provide breakdown of request by dollar amounts in budget or by bills or estimates. Please attach budget, bills or estimates. A detailed budget is important, listing specific items to be purchased, rented, and/or wages/salary information.

_____

_____

_____

_____

If a project or service, outline schedule of activities and expected completion of project:

Attach additional pages as needed

_____

_____

_____

_____

Form of Payment Requested: (check to individual, company, purchase order, etc.)_____

_____

Place to send Payment: _____

_____

_____

Signature of Executive Director or other authorized Representative:

Title:_____

Date:_____

Individual Signature (if proposal is to assist an individual)

_____

I/we authorize the release of all information, including applicable health care records, as requested by the Tuscaloosa Mental Health Alliance to determine funding award. I/we also authorize the Tuscaloosa Mental Health Alliance to release any information to other agencies and vendors to reach a determination of my request, or to make direct payment if appropriate.

Date_____

Tuscaloosa Mental Health Alliance
PO Box 2322
Tuscaloosa, Alabama 35403-2322
tuscaloosamha.org

Authorization for Disclosure of Health Information

I, _____, give permission to _____

_____ to

disclose the following protected health information to the **Tuscaloosa Mental Health Alliance** for the purpose of grant application submission and review.

Information to be disclosed: **Name of Prescribing Physician, Prescribed Medication(s), Diagnosis** and **Admission and Discharge Dates** (if applicable).

Time period covered by this release**:** _____TO_____

I understand that this will include information related to psychiatric care and diagnoses.

Applicant Name:_____ Date of Birth:_____

Address:_____

Telephone:_____SSN#:_____

If the person or entity receiving this information is not a health care provider or health plan covered by federal privacy regulations, the information described above may be disclosed to other individuals or institutions and no longer protected by these regulations.

I understand that this authorization may be revoked in writing at any time, except to the extent that action has been taken in reliance on this authorization. Unless otherwise revoked, this authorization expires one year from signing. The Tuscaloosa Mental Health Alliance employees, members and Board of Directors are hereby released from any legal responsibility or liability for disclosure of the above information to the extent indicated herein.

_____ _____

Signature of Applicant Date Signature of Witness Date