

South Central Peer Services  
Division of Continuum of Care  
458 Grand Avenue Suite 209  
New Haven, CT 06513  
Phone (203) 498-4160 x303 Fax (203) 498-4165  
[www.continuumct.org](http://www.continuumct.org)

## Consumer Initiative Grants Application Information

This application must arrive at the above address, to the attention of Ivette Altieri, no later than

**Friday February 1, 2019**

\* Use black or blue ink when filling out application\*

**\*\*Send us one copy of your application by fax or mail and keep one for yourself\*\***

The Grant offers **up to \$300** to carry out a project of your choice that will be of benefit to you or others.

Please see "**Guidelines and Tips**" page on ideas that will help you develop your project.

### **ELGIBILITY:**

- Receiving a service from a DHMAS funded Program
- Must be working with an Agency Support Person
- Must be 18 years or older
- Must reside or receive services within Region 2 (eligible towns listed below)
- Have a Mental Illness or Co-occurring disorder.
- **MUST** be clean and sober for one (1) year (If co-occurring diagnosis)

### **Eligible towns are:**

Ansonia, Bethany, Branford, Chester, Clinton, Cromwell, Deep River, Derby, Durham, East Haddam, East Hampton, East Haven, Essex, Guilford, Haddam, Hamden, Killingworth, Lyme, Madison, Meriden, Middlefield, Middletown, Milford, New Haven, North Branford, North Haven, Old Lyme, Old Saybrook, Orange, Portland, Seymour, Shelton, Wallingford, Westbrook, West Haven and Woodbridge.

# Guidelines and Tips

We are happy that you are interested in applying for the Consumer Initiative Grants Program.  
Below are a few pointers to help you complete the application.

1. Describe your project in detail, list each step fully.
2. Tell us what you want to achieve from this project.
3. Describe how this project will benefit you or others.

- Submit all required information by the **deadline** and **don't leave anything blank**.

Application must arrive no later than **Friday February 1, 2019**

## Unapproved Items:

- Gift Cards or Cash
- Exercise equipment
- Clothing or food
- Local Transportation
- Medical, Dental, Vision Services, Utilities, Rent and other ordinary expenses
- Hotel/Motel
- Advertising or Promotional Materials
- Warrantees or Rebates

1. Grants can be approved from \$10 - \$300 depending on project, committee review or funding availability.
2. A **Support Person** is someone from a Mental Health Agency in Region 2 willing to work with you throughout the project.
3. If you move or change your contact information after submitting application, please contact us immediately.
4. Don't spend money or sign-up for anything in advance.
5. A letter will be mailed to the address provided regarding the status of your application
6. The grant application must be completed in your own words even if you obtained help from someone else.
7. Gym Memberships are for the **YMCA** only. Please note you will need to complete an "Open Door" form with the YMCA of your choice and attach the letter they give you with your application which indicates the approved rate for you based on your income. ***Personal training is not an approved service.***
8. For any Workshop classes such as Cooking, Clay, Crochet, Nutrition, Painting, etc ... Please make sure to include all needed supplies for that class on the budget sheet. A list of items is usually provided with your specific class of choice.
9. Photography- It is best if you select a camera that has a rechargeable battery pack and SD card so you can start your project quickly.



Office use only:  
 Arrival Date: \_\_\_\_\_ Application Number: \_\_\_\_\_

## Consumer Initiative Grants Application

### Category:

Health/Wellness    Adventure/Retreat    Arts/Music    Socialization/Personal Growth

### Contact Information & Applicant Agreement

I previously received a Consumer Initiative Grants?  Yes  No If Yes, was it completed \_\_\_\_\_  
*The above question does not disqualify you from applying.*

Name of applicant: \_\_\_\_\_

Address: \_\_\_\_\_

City/State: \_\_\_\_\_ Zip code: \_\_\_\_\_

Phone \_\_\_\_\_

This is my own project. Everything I have written in my application is true. I promise that if I am granted funds, I will start my project as soon as I'm notified I am approved and will complete within the three (3) month time period allowed.

\_\_\_\_\_  
 Applicant Signature

\_\_\_\_\_  
 Date

### Agency Support Person:

Contact Name: \_\_\_\_\_ Phone: \_\_\_\_\_

Email: \_\_\_\_\_ Fax number: \_\_\_\_\_

Agency Name: \_\_\_\_\_

Agency Address: \_\_\_\_\_ City: \_\_\_\_\_ Zip code: \_\_\_\_\_

**Is your agency a DHMAS funded?**    YES    NO

# **Consumer Initiative Grants Program Description**

You **MUST** complete and answer in full sentences all three (3) questions to have your project considered.

Project Name: \_\_\_\_\_

1. Describe your project in detail.

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2. What do you want to achieve from this project?

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3. Describe how this project will benefit you or others.

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## Consumer Initiative Grants Program Steps

List the steps needed to carry out the project from beginning to end. Please be specific, use full sentences and list all the steps it will take to achieve your project.

**For example:**

Jewelry Making:

Step 1: Look through catalog, pick and order materials.

Step 2: Start creating necklaces, bracelets and earrings.

Step 3: Sign up to be a Vendor at festivals and jewelry shows to showcase my creations.

Step 4: Sell jewelry in order to create more

*Step 1*

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*Step 2*

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*Step 3*

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*Step 4*

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**Add more pages along with steps if needed.**



Office use only:

Application Number: \_\_\_\_\_ Amount Approved: \_\_\_\_\_  
(\$300 Max)

## Consumer Initiative Grants Budget Sheet

Project Name: \_\_\_\_\_ Amount Requested: \$ \_\_\_\_\_

	Item Name	Website or Store	Item number	Quantity	Total Cost
1.					
2.					
3.					
4.					
5.					
6.					
7.					
8.					
9.					
10.					
<b><i>Project Amount</i></b>					<b>\$</b>

Please fill out the above budget sheet with the items required including taxes, fees and shipping

(If needed, attach additional pages).

**NOTE:** If amount **granted** is less than requested a “new” budget sheet will be mailed to you along with your acceptance letter and instructions.



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## Consumer Initiative Grants Program

### Agency Support Agreement

We have found through the years that applicants are more successful when they receive support in carrying out their project. Thank you for agreeing to provide that support.

Name of Applicant \_\_\_\_\_

Project Name \_\_\_\_\_

- a) I have read the applicant's proposed project and have discussed it with him/her.
- b) I will be in regular contact with the applicant and will assist as needed.
- c) To my knowledge, the ideas for the project are those of the person applying.
- d) If I become aware that the Consumer cannot complete their project, I will contact South Central Peer Services as soon as possible
- e) If the consumer relapses, I will notify South Central Peer Services that the consumer is no longer eligible.

**\* I helped the applicant complete their application using their own words.**  Yes  No

Consumer Support Name: \_\_\_\_\_ Contact Phone: \_\_\_\_\_

Agency Name: \_\_\_\_\_ Agency Phone: \_\_\_\_\_

Email: \_\_\_\_\_ Fax: \_\_\_\_\_

Consumer Support Signature \_\_\_\_\_ Date \_\_\_\_\_



## **Reference Request- Agency Support Person**

Thank you for taking the time to complete this reference form.

The individual asking for this reference is completing an application for the Consumer Initiative Grants Program. We are asking if you could give an honest and realistic assessment of the applicant as to whether or not they are ready to take on the project of their choosing.

Reference/ Support Name: \_\_\_\_\_ Date: \_\_\_\_\_

Agency \_\_\_\_\_ Phone: \_\_\_\_\_

Applicant's Name: \_\_\_\_\_

Please **answer** the following:

1. Is the consumer motivated to start the project? \_\_\_\_\_
2. Is the consumer reliable enough to follow through with the project? \_\_\_\_\_
3. Does the consumer appear to be stable enough in recovery to complete their project? \_\_\_\_\_
4. If the consumer has a history of substance abuse, has he/she been clean for a minimum of 1 year? \_\_\_\_\_
5. Is this project feasible? \_\_\_\_\_
6. Do you think he/she will finish the project? \_\_\_\_\_

**PLEASE FAX THIS REFERRAL SEPARATELY TO THE ATTENTION  
OF: Ivette Altieri at 203-498-4165**

Thank you for your time and assessment.