

Northeast Region CSP Committee

Application for Seed Grant

1. Agency Address/Phone Number/E-Mail Address

2. Name of Person completing application:

3. Brief description of the project including the anticipated benefits, goals, and methods for measuring outcomes (attach additional pages if needed).

4. Provide a project budget (see attached).

5. Amount of Seed Grant Funding requested:_____

6. Name of fiduciary responsible for holding and dispersing the funds:

7. Check should be made payable to:

**Application for Seed Grant
Proposed Budget Worksheet**

Expenses (please list)

Total \$ _____

Income (please list)

Other Income Sources

Total \$ _____

Northeast Region CSP Committee

Seed Grant Evaluation and Selection Process Guidelines

The following criteria will be used by the CSP Committee in the review and selection of proposals for seed grant funding. One point is awarded for each criterion with a maximum score of ten.

1. Does the proposed project clearly target and/or benefit adults with serious mental illness?
2. Are the proposed project activities consistent with CSP values and principles?
3. Is the proposed project likely to directly further the goals and objectives of CSP on a statewide, regional or local basis?
4. Does the proposed project involve state, regional or local CSP Committees, Alliance for the Mentally Ill (AMI) chapters, consumer organizations, provider agencies and other appropriate groups?
5. Does the proposed project request CSP funds within application guidelines?
6. Are matching funds committed to the proposed project and clearly identified by source and amount?
7. Is the proposed project clearly described and are the proposed activities realistic and achievable?
8. Does the proposed project identify anticipated benefits and address a method for measuring/assessing outcomes by the final report deadline?
9. Are the proposed project activities both innovative and cost effective?
10. Will the proposed project be able to be replicated, if appropriate, on a statewide, regional or local basis?

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Seed Grant Contact Person

Seed Grant Applications are due by November 30, 2007.
Please send all Seed Grant Applications and Seed Grant Project Reports to:

Lynn Houseknecht
Northeast Region CSP Coordinator
c/o The Advocacy Alliance
300 South Centre Street
Pottsville, PA 17901

Lynn can also be reached for questions about Seed Grants @

570-628-0155

or

lh@theadvocacyalliance.org

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Seed Grant Project Final Report

Please answer the following questions about your Seed Grant project. The final report is to be submitted on or before July 31, 2008 and can be sent to: Northeast Region CSP Coordinator at The Advocacy Alliance, 300 South Centre Street, Pottsville, PA 17901. Thank you.

1. Please summarize your seed grant project. What was it's purpose and what did it involve?
2. Describe the consumer participation.
3. What were the results of the measurement of the outcome?
4. What was accomplished? Were the desired outcomes met? If not, why not?
5. How was the funding spent?
6. Describe any media coverage.
7. Were there any notable anecdotes?
8. What was your assessment of the project? Include any comments or suggestions for similar future projects.
9. Please attach a copy of any written material about the project.

Submitted By: _____ Date: _____