

Marquette County Suicide Prevention Alliance Suicide Prevention Mini Grant Application

The Marquette County Suicide Prevention Alliance (MC-SPA) is providing grant awards for Marquette County projects that focus on suicide prevention. Funds have been made available through the generosity of local organizations, donors and the annual Marquette County Suicide Prevention Walk.

Eligibility

Projects must address at least one of the following: suicide prevention advocacy, awareness, education, decreasing stigma, encouraging help-seeking behaviors and/or increasing protective factors.

Organizations/groups in Marquette County may apply.

Grant awards up to \$500; smaller grants are also encouraged. Each organization/group may apply for up to \$500 total in a 12-month period. **Applications must be received at least 60 days prior to your event/project.** If you're not sure if you are eligible, please email/call Sarah Derwin (info below)

A copy of the completed application can be mailed/emailed to:

Marquette County Health Department
c/o Sarah Derwin
184 US 41 East
Negaunee, MI 49866
Fax: (906)475-6500
Email: sderwin@mqtco.org
Phone: (906) 315-2621

Or apply online at www.dialhelp.org/mc-spa

Organization: _____

Person submitting application: _____

Address: _____

City: _____ Zip: _____

Contact telephone: _____

Title of Project: _____

Amount Requested: _____

Narrative: Attach a narrative (no longer than two single-spaced, typed pages) that describes the proposed project. The proposal should address all of the items outlined under Project Description.

Project Description:

1. How is this project related to suicide prevention efforts/
2. Who is your target audience and why?
3. What is the anticipated impact of the project?
4. Identify which of the following eligibility criteria the proposed project will address (select all that apply):
 - Advocacy
 - Awareness
 - Education
 - Destigmatization
 - Encouraging helping seeking behavior
 - Increasing protective factors
5. Provide a budget overview of how the proposed funds will be used. (Use attached budget form.)
6. Is there other funding being used for this project? If so, how much and from where? What need/gap will the funding you're requesting fill?

Evaluation

If the grant is approved, the grantee will submit a brief summary of the outcome of the project and how the grant monies were spent.

Marquette County Suicide Prevention Alliance
Budget Form

Name of Project _____

Contact Person _____

Total Budget Request \$ _____

(Not to exceed \$500)

List of Items	Cost
Materials (please list)	\$
	\$
	\$
Other (please list)	\$
TOTAL	\$

Additional Budget Details (if needed):

Is there other funding being used for this project? If so, how much and from where? What need/gap will the funds you're requesting fill?