

# Hennepin County Children's Mental Health Collaborative (CMHC)

## COVID-19 Children's Mental Health Provider Relief Fund Description

### OVERVIEW

Over the past several months, the COVID-19 pandemic has had a profound impact on the daily life, health and social, emotional and economic well-being of children, youth, families and organizations in Hennepin County. In effort to support and be responsive to the needs of families and children's mental health providers during these unprecedented times, the Hennepin County Children's Mental Health Collaborative has created two COVID-19 Emergency Relief Funds for families and providers in Hennepin County.

The Hennepin County Children's Mental Health Collaborative (CMHC) invites applications for the following:

- **COVID-19 Children's Mental Health Provider Relief Fund:** A total of \$200,000 is available to support children mental health providers operating in Hennepin County. An organization can apply for up to \$5,000 in one-time relief funding.

Please see below for the eligibility guidelines & application process for the **COVID-19 Children's Mental Health Provider Relief Fund**. If you have any questions or technical difficulties submitting your application online, please contact [etonde@lacroixdalluhnconsulting.com](mailto:etonde@lacroixdalluhnconsulting.com).

### COVID-19 Children's Mental Health Provider Relief Fund

#### Eligibility:

- Nonprofit, public and private children's mental health provider organizations are eligible to apply. **One application is permitted per organization/entity.**
- Providers must be operating/working in Hennepin County and providing services to children/youth (up to age 20) living or going to school in Hennepin County

#### Application Requirements:

- Applicants are required to describe how funding would help address the unique short-term or long-term needs resulting from the COVID-19 pandemic. Examples of eligible use of funds may include, but is not limited to:
  - Paying for ancillary activities related to modifying service delivery models
  - Maintaining services/program continuity
  - Delivering new services to address the mental and emotional impact of COVID-19
  - Filling gaps from lost revenues
- Applicants are required to list other COVID-19 relief funding support they have received (e.g. federal loans, state/county/city grants, foundation grants, etc.)

#### APPLICATION PROCESS:

- Online applications are strongly preferred using this form: **INSERT LINK TO SURVEYMONKEY**. **You will not be able to save your progress on the form, so you are highly encouraged to prepare all your responses in advance.** Submit paper applications to [etonde@lacroixdalluhnconsulting.com](mailto:etonde@lacroixdalluhnconsulting.com).
- The application period opens on **INSERT DATE**. Applications will be accepted and considered on a rolling basis until all funds have been allocated.
- Grantees will be asked to submit a written summary (no more than two pages) detailing their use of funds and the impact of funding, particularly in addressing needs related to COVID-19.
- Unfortunately funding is limited. The Collaborative's goal is to support as many organizations as possible. Please support us in this by requesting only what you need.

#### APPLICATION QUESTIONS: COVID-19 Children's Mental Health PROVIDER Relief Fund

- **Organization Name**
- **Organization Mailing Address**
- **Organization EIN** (Employer Identification Number)
- **Point of Contact for Application**
  - Name, Title
  - Email
  - Phone Number
- **COVID-19 Impact** [1-2 paragraphs]
  - Provide a brief description of the organization’s mission and the children’s mental health services the organization provides.
  - Describe the short-term (**March 2020 to present**) implications of COVID-19 and the anticipated longer-term (**September 2020 to March 2021**) effects of COVID-19 on your organization.
- **Grant Request**
  - Enter the dollar amount requested in relief funding (up to \$5,000).
  - Describe your planned use for funds requested, including how funding would help your organization address its unique short-term or long-term needs resulting from the COVID-19 pandemic. [1-2 paragraphs]
- **Attachments** [combine multiple documents into a single PDF to upload]
  1. Budget that highlights the need for funding and intended use.

[Sample]

**Total Amount Requested:** \$ \_\_\_\_\_

<u>Item</u>	<u>EXPENSES</u>	<u>Amount</u>	<u>%FT/PT</u>
Salaries and wages (breakdown by individual position and indicate full- or part-time.)		\$	
_____		\$	
_____		\$	
_____		\$	
_____		\$	
<b>SUBTOTAL</b>		\$	
Consultants and professional fees		\$	
Travel		\$	
Equipment		\$	
Supplies		\$	
Printing and copying		\$	
Telephone and fax		\$	
Postage and delivery		\$	
Rent and utilities		\$	
Other (specify)		\$	
_____		\$	
<b>Total Expense</b>		<b>\$</b>	

- List other COVID-19 relief funding support your organization has received (e.g. federal loans, state/county/city grants, foundation grants, etc.) Please include funding organization & dollar amount.

[Sample]

	<b>Funding Organization</b>	<b>Amount</b>
	Greater Twin Cities United Way	\$20,000
	Minnesota Disaster Recovery Fund	\$10,000
<b>Total</b>		<b>\$30,000</b>

- Submission Page**

“I certify that the information submitted in this application is true and correct to the best of my knowledge. I further understand that any false statements may result in being determined ineligible to receive funding.”

**NOTE:**

The Hennepin County Children’s Mental Health Collaborative (CMHC) is also accepting applications for its **COVID-19 Children’s Mental Health Family Relief Fund**. A total of \$50,000 is available to support Hennepin County families caring for children/youth living with a mental health diagnosis or condition. A single family can apply for a maximum of \$500 in one-time relief funding. Providers, case manage, and social workers are allowed to apply on behalf of a family (with their permission). More information is available on the CMHC website: [INSERT LINK TO COVID-19 FUND PAGE](#).

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