Suicide Prevention Month



2024 September Suicide Prevention Month | Mini-Grant Application

Introduction

Hello, Everyone!

In addition to honoring Recovery Happens Month, San Mateo County will be joining statewide and nationwide efforts for the following Suicide Prevention Month (SPM) observances.

Suicide Prevention Month (September)
National Suicide Prevention Week (September 8-14)
World Suicide Prevention Day (September 10)

SPM is one of the best times of the year where we can honor those affected by suicide and inspire action to prevent suicide. The $\underline{2024}$ SPM theme is Love Over Loneliness.

San Mateo County's SPM will feature a variety of virtual and in-person events, advocacy days and communication campaign. For the latest updates on SPM, you can visit smchealth.org/suicide-prevention.

There will be six \$200-300 mini-grants to help fund six events or projects that support this year's theme. The application has details on qualified applicants, event criteria, qualified expenditures, and required deliverables.

Local and state county data has shown need for suicide prevention among the below groups. Please consider these groups when applying for the mini-grant.

- 1. All race/ethnicities, including Black/African American, Latino/a/x, Asian and Pacific Islander and White
- 2. Youth, transitioned age youth and young adults
- 3. Older adults (particularly 60+)
- 4. LGBTQ+
- 5. Men
- 6. Women
- 7. Veterans
- 8. With mental health or substance use conditions
- 9. Without stable housing

If you would like to apply for above mini-grants, please complete this online form by <u>Wednesday</u>, <u>July 31st</u>. If you would like to propose multiple events, please submit a separate application for each mini-grant you are applying for since they would be separate events.

Online Application (Preferred): surveymonkey.com/r/2024-SPM-Mini-Grant

PDF Application: Download Here

Thank you for helping prevent suicide and promote wellness in our community!

Martha, Sylvia & Walter Suicide Prevention Co-Chairs

Martha Cervantes, LMFT (She/Her/Hers), Director of Crisis Services, StarVista Crisis Services

650-208-3057 | martha.cervantes@star-vista.org

Sylvia Tang, MPP (She/Her/Hers), Community Health Planner, San Mateo County Behavioral Health & Recovery Services Office of Diversity and Equity 650-208-5799 | stang@smcgov.org

Walter Ng (He/Him/His), Program Coordinator, StarVista Crisis Services 650-722-7652 | walter.ng@star-vista.org

Help Available Now:

If you or someone you know is in suicidal crisis or emotional distress, please reach out for 24/7 confidential crisis support:

Call 650-579-0350 (or 9

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Contact Information

Please include the below information for the main point of contact for this minigrant application.

1. Name (First and Last)
) Propound
2. <u>Pronouns</u>

. Organization
. E-mail
. Phone Number
Suicide Prevention Month San Mateo County
024 September Suicide Prevention Month Mini-Grant Application
Guidelines & Requirements
Guidelines & Requirements f (1) your event meets the below criteria and (2) you agree to meet the below minigrant requirements, you qualify for this mini-grant and may continue to complete his online form.
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Mini-Grant Guidelines & Requirements

1. Qualified Applicants

- 1. Only 1 mini-grant will be given to each organization or individual community member. Multiple submissions may be submitted but only 1 mini-grant may be awarded to each organization or individual community member.
- 2. Programs funded by the San Mateo County Behavioral Health & Recovery Services Office of Diversity and Equity (BHRS ODE), including *Health Equity Initiatives* and *Health Ambassador Program*, <u>do not qualify</u> for these mini-grants. Alternatively, those programs can submit separate budget proposals. For *Health Equity Initiatives*, please reach out to Tia Bell (tbell1@smcgov.org) and, for the *Health Ambassador Program*, please reach out to Charo Martinez (mmartinezresendiz@smcgov.org).

2. Qualified Use of Funding

- 1. Mini-grant funds may be used for the following:
 - 1. Speaker stipends
 - 2. Volunteer stipends
 - 3. Incentives (such as raffle prizes) to register, attend, participate and/or complete evaluation
 - 4. Advertising or marketing fees
 - 5. Mailing costs
 - 6. Other event related expenses
- 2. Mini-grant funds may NOT be used for the following:
 - 1. Expenses that are not for the event described in this application
 - 2. Payment to county staff and contract providers who are participating on work-time

3. Process of Disbursing Funds

- Mini-grant funds are disbursed AFTER deliverables have been submitted (processing time can take about 4-8 weeks)
- 2. Event coordinators may need to pay for event expenses out of pocket.
- 3. Mini-grant funds are subject to be taxable income.

4. Required Deliverables - due by Friday, October 25, 2024.

- 1. \$200 mini-grant deliverables include the following:
 - 1. Flyer with BHRS ODE's logo. Please use one of the logos you can download here.
 - 2. Attendance list
 - 3. Completed W-9 signed with blue ink. If remit to address is different from W-9 address, please communicate this when submitting W-9.
- 2. \$100 mini-grant deliverables include the following:
 - 1. Evaluation results (using links provided by BHRS ODE)
 - Photo(s) of event with permission of photo participants (using media release provided by BHRS ODE)

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Mini-Grant Request

MINI-GRANT REVIEW

As a reminder, all events or projects are required to

1. Take place during September Suicide Prevention Month

Event templates (flyer, presentation slides, chat script)

Interpretation/translation with SMC Health Contractors

Event promotion on website and social media (Facebook, Twitter, blog and email networks)

- 2. Promote the 2024 theme Love Over Loneliness
- 3. Free or low cost for admission (NOT a fundraiser)

8. Which type(s) of mini-grant are you applying for? Please note that each event will be funded up to \$300 (or less). Please select ALL that apply.
(\$200) Host an event that meets all event/project criteria and provide the following deliverables: 1. Flyer with BHRS ODE's logo; 2. Attendance list; 3. Completed W-9 signed with blue ink (see details mentioned in previous page)
(\$100) Provide the following additional deliverables: 1. Event evaluations and 2. Photos of event (see details mentioned in previous page)
9. Please specify exact amount you are requesting and how this funding will be used.
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Event/Project Support Request
While you will be primarily responsible for your event, there are a variety of ways the Office of Diversity and Equity and the Suicide Prevention Committee may be able to support your event. Please note that this question is meant to learn about (not guarantee) what kind of event support you are looking for.
10. How would you like your event to be supported?
Input/ideas on event theme, programming, communication/outreach and logistics (up to 2 hours consultation)
Speakers with lived mental health and/or substance use experience
Digital stories for screening
Photo voices for exhibits

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Event/Project Information

<u>IMPORTANT</u>: If you are hosting an event open to the public, we can help you promote your event on our website and social media platforms. Please complete the fields below as you would like to promote on our website. Example of event listing is pictured below (please note the format may change slightly but content should be the same).

Friday, September 10 | 6pm-7pm

SAMPLE

Music and Poetry in Observance of World Suicide Prevention Day

Location: Via Zoom (Registration Link №)

Recording

Details: This event will acknowledge the struggle people have with suicide through music, poetry, and stories from speakers who have lived experience. There will also be information about where people can find support locally. Finally it will end with a call to action to light a candle (or an approximation of candle) at 8PM.

English flyer | Spanish Flyer

Language: English

Contact: Cynthia Rider, (she/her) | rider@plsinfo.org, 650-558-7407

11. Start Date/Time

Date / Time

Date

Time

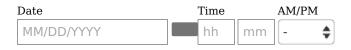
AM/PM

MM/DD/YYYY

hh mm

- \$

Date / Time



13. Title	
14. Event Location	(In-Person and/or Virtual)
15. Details	
15. Dotalis	
16. Event Partner(s)
17 Languago(s) is	ncluding interpretation
17. Language(s) - n	
18. Target Age	
19. Event Contact I	Person
First and Last	
Names	
<u>Pronouns</u>	
0	
Organization	
Email Address	
Phone Number	
20. [Optional] Do vo	ou have anything else you would like to add that may not have been
	e in your application?

21. We created an event spreadsheet so that we can better coordinate with other event hosts. Ideally, we don't have any events that conflict with one another. Please confirm below whether you entered the event information to this spreadsheet (<u>view here</u>).
Yes
No, will submit after submitting application