

**Regional Suicide Prevention Coalition Grant Application**

The Oregon Alliance to Prevent Suicide (the Alliance) in partnership with the Oregon Health Authority (OHA) is announcing one-time grants of up to $20,000 to build up infrastructure of our state’s regional suicide prevention coalitions. Strong applications will demonstrate: alignment with Oregon’s Suicide Prevention Framework ([Framework](https://sharedsystems.dhsoha.state.or.us/DHSForms/Served/le3636b.pdf)); alignment with the Alliance’s focus on hope, help, and healing; connection to reducing health inequity; and strong rootedness in local community needs and strengths. (To learn more about the Framework, please watch [this 10-minute video from OHA](https://www.wevideo.com/view/2633708591).)

A regional suicide prevention coalition is made up of multiple local organizations who are working together with a shared region-specific focus on suicide prevention. Membership will most often include people with lived experience and local leaders from multiple sectors. Most coalitions are county-based.

Creativity is encouraged! Please see Attachment 1 for Framework Pillars with a few examples of projects and how each fit within the Framework. Attachment 2 is a list of all Pathways found within the Framework for reference. This worksheet is not a required part of the application but meant to serve as a tool to help you figure out how your project fits the Framework – and will help you answer question 6 of the application*.*

Our hope is to be able to fund as many regional suicide prevention coalitions as possible. Prioritization of coalitions for funding will be:

**First Priority:** Established suicide prevention coalitions (regional, county-based) – Including coalitions that encompass other prevention activities, but funding will be used for suicide prevention.

**Second Priority:** Groups interested in establishing a suicide prevention coalition – Counties or organizations that have a suicide prevention coordinator (or other similar position), but don’t have a coalition yet and will use this grant to establish a coalition.

**Third Priority:** Established coalitions that are focused on suicide prevention, but may not have a regional focus.

**Fourth Priority:** Other applicants – Will be determined based on availability of funds.

Applications will be reviewed by a team of Alliance staff and members and OHA. Applicants will be informed via email of award.

Timeline Application (revised based on coalition feedback):

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| **Webinar- FAQs** | **Application Due** | **Applicants Informed of Award** | **Funding Distributed** | **Project Timeline** |
| March 13, 2023 | June 6, 2023 | June 22, 2023 | July/August 2023 | July 2023 - June 2024 |

Submit applications to Jenn Fraga at jfraga@aocmhp.org

*Note: Grant award recipients will be required to submit a brief one-page report of the project or activities on a quarterly basis. Details of this request will be emailed to grant recipients when grant is awarded.*

**Application Due by Tuesday, June 6, 2023, at 5:00 PM
Email Application to: jfraga@aocmhp.org**

**Name of Coalition and Lead Organization:**

|  |
| --- |
| Name of Coalition: Lead Organization of Coalition: Type of Organization (e.g., 501-c3, county government, CCO etc.):Name of Coalition Contact:Email Address for Coalition and Phone Contact: |

**Fiscal Sponsor (if different from lead organization):**

|  |
| --- |
| Name:Address:Email and Phone:  |

**Sing**l**e Point of Contact for this Proposal:**

|  |
| --- |
| Name: Phone Number: Email Address: Mailing Address: |

Note: The application is on a Word document. Please type your answers into the text box below the question. Use as much space as you need, but short or bullet pointed answers are welcomed. A Scoring Rubric is included at the end of the application for your reference.

**Section 1: Coalition Background / Contextual Questions**

**NOTE: These will not be scored, but information is being collected to conduct a landscape scan of coalitions across the state *and* to determine eligibility for the grant:**

1. What region does the coalition serve? (City, county, multiple counties, other)

|  |
| --- |
|  |

1. Information about your coalition:
	1. What year was the coalition was created?: (Note if you are working to establish a new coalition.)

|  |
| --- |
|  |

* 1. Is the coalition currently active? (We are defining active as: meeting on a regular basis, have regular attendance at meetings):

|  |
| --- |
|  |

* 1. How often does/will the coalition meet?:

|  |
| --- |
|  |

* 1. Does the coalition regularly have projects, strategic goals, or a plan they are working on? If so, please very briefly describe?:

|  |
| --- |
|  |

* 1. Does the coalition have a website or other online presence? If so, please share the link here:

|  |
| --- |
|  |

1. Does your coalition have a mission statement? If so, what is it?

|  |
| --- |
|  |

1. How many participants does the coalition have?
	1. 1-20
	2. 21-40
	3. 41-60
	4. 60+
2. What entities, partners, organizations (including faith communities and culturally specific organizations) are actively participating in the Coalition? Describe their participation – Sponsor, Attendance, Leadership, Member, or other. Please list organizations or refer us to an attached list of organizations.

|  |
| --- |
|  |

1. Does the coalition have paid staff? If yes, how many? Please also indicate if coordination of the coalition is a part of someone’s paid employment.

|  |
| --- |
|  |

1. What organization is providing leadership or ongoing support to the coalition? (County government, CCO, CBO other).

|  |
| --- |
|  |

1. Describe what is currently going well with the coalition:

|  |
| --- |
|  |

1. Describe the most pressing barriers or challenges that the coalition is currently facing and/or has previously faced:

|  |
| --- |
|  |

1. Does the coalition currently receive funding? If yes, is this funding ongoing or one-time? Please share a brief overview of the source and amount.

|  |
| --- |
|  |

S**ection 2: Project Proposal Questions
Note: These will be scored using the attached rubric. See Attachment 3.**

1. Provide a summary of the project(s) you will support with this funding. Note projects must be completed by June 30, 2024. Responses can be bullet points or short paragraphs.
	1. What is the project(s)? How will this funding be used?

|  |
| --- |
|  |

* 1. What process did your coalition use to select this/these project(s)?

|  |
| --- |
|  |

* 1. What is the need or problem of focus that this/these project(s) address(es)?

|  |
| --- |
|  |

* 1. What are the primary goals of the project(s)? (1-3 goals)?

|  |
| --- |
|  |

1. How does the proposed project(s) address health inequities?

|  |
| --- |
|  |

1. How does the proposed project(s) incorporate voices of lived experience and/or young people?

|  |
| --- |
|  |

1. Who are the partners or entities that will be involved in this project(s)?

|  |
| --- |
|  |

1. Broadly describe each role be for the project. (Who will do what?)

|  |
| --- |
|  |

1. How does this project contribute to building or strengthening your work as a coalition?.

|  |
| --- |
|  |

1. Looking at the [Framework Pathways](https://sharedsystems.dhsoha.state.or.us/DHSForms/Served/le3636b.pdf), which Pathway(s) will your project address? See Attachment 2 for a list of Framework Pathways.

|  |
| --- |
|  |

Recipients of grants will be expected to attend at least 8 of 11 monthly learning collaborative meetings. These meetings will focus on providing support for strengthening your coalition and keeping you updated on latest suicide prevention information. They will also be a time for you to connect closely with other coalition leaders and the evaluation team from the UO Suicide Prevention lab. These meetings will be of most benefit if you have one or two people who attend consistently. Multiple attendees from each coalition are welcome. Below are the meeting dates for the monthly learning collaboratives.

**Learning Collaborative: Second Wednesday of the Month (Length: 90 minutes)**

August 9, 2023 September TBD October 11, 2023 November 8, 2023

December 13, 2023 January 10, 2024 February 14, 2024 March 13, 2024

April 10, 2024 May 8, 2024 June 12, 2024

1. Please indicate which time(s) of day you would be available by placing an X next to Yes or No:

**Mornings from 9:30 – 11:00** YES NO **Afternoons from 3:30 – 5:00** YES NO

**Section 3: Project Evaluation Questions**

**Note: These will not be scored but used by the Univ. of Oregon Suicide Prevention Lab to help you design and implement a straightforward evaluation plan.**

1. How will your organization know you were successful in achieving your stated goals?

|  |
| --- |
|  |

1. Are there specific project outcomes your coalition is interested in measuring?

|  |
| --- |
|  |

**Section 4: Projected Budget**

1. Please provide a projected budget for your project below (supplies, technology, paid time/salary, stipends, consulting, overhead, (no more than 10% for overhead) **Note: Funds may NOT be used for anything that otherwise could be billable to Medicaid.**

|  |  |  |
| --- | --- | --- |
| Type of Expense (Staff, Consulting/Subcontracts, Materials, Communications, Consulting, Overhead, Stipends, Meetings, Travel, Other) | Purpose (Narrative) | Amount |
|  |  |  |

 Total amount of funding needed for project(s):

|  |
| --- |
|  |

 Amount of grant funding requested (up to $20,000):

|  |
| --- |
|  |

 Other funding sources for this project (if applicable):

|  |
| --- |
|  |



|  |
| --- |
| Scoring Rubric for Coalition Grants |
| Area of Focus | Possible Points |
| Project Description(Section 2; Questions 1a through 1d) | 30 |
| Equity and Lived Experience (Section 2: Questions 2 and 3) | 15 |
| Community Partnerships (Section 2: Question 4) | 10 |
| Project Roles(Who will do what) (Section 2: Question 5) | 10 |
| Alignment with Suicide Prevention Framework (Section 2: Question 6) | 10 |
| Budget/Budget Narrative (Section 4) | 10 |
| Does it build sustainability/infrastructure (Section 2: Question 6) | 10 |
| Clear Lead Organization and, if needed, Fiscal Sponsor | 5 |
| Priority 1//2/3 (landscape scan) | Indicate Which Priority |
| Can attend learning collaboratives? (Section 2: Question 7) | Yes or No |

Below is the scoring rubric for these proposals. We will be posting answers to questions about the application on the Alliance website at [www.oregonalliancetopreventsuicide.org](http://www.oregonalliancetopreventsuicide.org) and a recording of our March 13th webinar regarding the suicide prevention regional coalition grants. Please send questions about the process to Annette Marcus: amarcus@aocmhp.org