



Thank you for applying to the Greater Harrisburg Foundation, a regional foundation of The Foundation for Enhancing Communities. Tell your story clearly and concisely. Attachments are required; follow all directions. Failure to answer questions, utilize this template, or attach required documents will disqualify your application. **Answer all questions using information that applies to the project seeking support of grant funds.** Contact Jennifer Strechay, Program Offer for Community Investment, at jstrechay@tfec.org or 717-236-5040 with questions.

APPLICANT PROFILE

Applicant Organization Name

Community Recovery Systems Inc. (CRS, Inc.)

Provide your organization's name as currently recognized by the IRS

- Check box if the Applicant Organization Name above is a "Doing Business As" name and the provided 501c3 letter states a different name. To be recognized by the "Doing Business As" name, attach ONE legal document using the provided name. If not provided, TFEC will utilize the 501c3 name.**

- Check box if the Applicant Organization uses a Fiscal Sponsor and provide name here**
Click or tap here to enter text.

Name, Title, Email, Phone of Executive Leader

Eric Johnson Founder, crazyhorse1@yahoo.com 717-315-7612

All contracts and notifications of grant status will be addressed to the individual provided here

Applicant Organization's Physical Address

2446 Reel St Harrisburg, Pa. 17110

Applicant Organization's Address for Mailed Communications

P.O. Box 5127 Harrisburg, Pa. 17110

All contracts and notifications of grant status will be sent to the address provided here

Name, Title, Email, Phone of Contact Completing Application

Eric Johnson Founder, crazyhorse1@yahoo.com. 717-315-7612

If application questions arise, this individual will be contacted by TFEC staff

Organization's Mission Statement

To provide human and social services to individuals in the community, with special emphasis on the addiction and recovery community. Focus will also include individuals reentering the community following incarceration. Our vision is that individuals achieve a self-sufficient and self-sustaining life style, free from substance abuse.

Organization History (Do not exceed this page)

My name is Eric Johnson. I am the founder of Community Recovery Systems Inc. CRS Inc. incorporated and received its 501c3 in 2018. As the founder I decided to use my 401k to establish a house as a base of operations and transitional housing. CRS retained a nonprofit consultant (Juania Grant) to help structure our nonprofit operation.

PROJECT PROFILE

Project Title

“Mentor Program”

Project Title must match title listed throughout application and online.

Project Areas of Focus

UPSTREAM GENERAL

Choose UPstream General if your project utilizes upstream strategies but is not principally centered upon the categories below. See the grant guidelines for additional detail.

UPSTREAM: FOCUS AREAS

Choose an UPstream Focus Area (if your project is principally centered upon one or more of the categories below). Please select only those area(s) that apply to this project. See the grant guidelines for additional detail.

<p>EDUCATION</p> <p><input type="checkbox"/> Programs & projects that focus upon or nurture access to early childhood education</p> <p><input type="checkbox"/> Education & development programs for children & youth</p> <p><input type="checkbox"/> Educational programs serving adults</p>	<p>ENVIRONMENT & PARKS</p> <p><input type="checkbox"/> Environmental stewardship</p> <p><input type="checkbox"/> Horticulture & the arts</p> <p><input type="checkbox"/> Health & environment</p> <p><input type="checkbox"/> Park beautification & improvement</p>
<p>HEALTH</p> <p><input checked="" type="checkbox"/> Health & human services</p> <p><input type="checkbox"/> Cancer awareness and/or research</p> <p><input type="checkbox"/> Dental care for those in need</p> <p><input type="checkbox"/> Health & human services</p> <p><input type="checkbox"/> HIV & AIDS</p> <p><input type="checkbox"/> Individuals with debilitating or terminal illness</p> <p><input type="checkbox"/> Individuals with intellectual disabilities</p> <p><input type="checkbox"/> Prevention of head and/or spinal cord injury</p> <p><input type="checkbox"/> Purchasing of devices that improve accessibility</p>	<p>HOMELESSNESS</p> <p><input type="checkbox"/> Homelessness & hunger</p>
<p>MENTAL HEALTH</p> <p><input type="checkbox"/> Counseling for children with terminally ill family members</p> <p><input type="checkbox"/> Guidance, counseling, or programming that includes guidance and/or counseling for youths</p> <p><input type="checkbox"/> Mental health</p>	<p>SENIORS</p> <p><input type="checkbox"/> Programs & projects serving older adults</p>
<p>COMMUNITIES OF FOCUS</p> <p><input type="checkbox"/> Disaster relief & human services that serve the communities of Lebanon City, PA and Cressona, PA</p> <p><input type="checkbox"/> Programs and projects that benefit residents of Millersburg, a borough of Dauphin County, PA</p> <p><input type="checkbox"/> Projects to enhance Camp Hill Borough parks provided by youth organizations such as Scout programs or other youth organizations; programs & projects that focus upon or nurture access to early childhood education within Camp Hill.</p>	

Counties to be served as part of project; check all that apply.

Cumberland Dauphin Franklin Lebanon Perry Northern York (Dillsburg Area)

Projected Number of Individuals to be served by project

10	Total number of ADULTS served
0	Total number of CHILDREN (ages 17 and under) served
10	Total number of ALL INDIVIDUALS served by the project

If above data is not appropriate to project, be sure to fully state the audience type and numbers to be served in Question 2 of the Impact Narrative.

PROJECT SNAPSHOT

1. Capture your UPstream project and the community need it seeks to address in 200 words or less.

The Project will address and meet gap in services. The Project will be developed by the nonprofit's Founder, who has 17 years experience as a Certified Addiction Counselor and is also a recovering addict. The addiction programs in the community addresses the medical and mental need of addicts. However leaves a gap in services that the addicts do not receive...that service being the reentry and aftercare phase. Aftercare and mentoring is needed immediately after the addict is preparing to return to the community and/or while they are receiving outpatient drug treatment. None of the drug treatment centers provide the reentry and/or aftercare services that we identify under the mentoring category. The mentoring will consist of one-on-one and/or group/family sessions that addresses the participant's human and social service needs. Those human and social service needs are identified as, but not limited to ; employment, financial literacy, vocational training, stable housing, reliable transportation, etc. Assigning a mentor is crucial to the need of the individual, as opposed to placing the participant in a group where their needs may not be separately addressed.

PROJECT NARRATIVE

Answer questions 2-10 clearly and concisely; no limit.

2. The GHCF UPstream grant opportunity seeks to improve our area communities by supporting existing or new "upstream" systems, interventions, programs, or projects that attempt to create positive social change by addressing a problem at its source rather than managing its "downstream" symptoms. Describe your proposed upstream project, the geographic area it will serve, and the audience to be served; state why this audience was selected. Include how/why your project is "upstream" and how your project is working to address a specific need or needs. You MUST use and complete the following statement within your answer, "Grant funds will be used to _____".

CRS proposed an upstream project that assists and serves those entering into the recovery phase of their addiction. As stated above in Number 1 of this application, that the Mentoring Project will address the gap in services between the release from inpatient or outpatient addiction treatment, to returning to the community. Although the NA/AA world provides sponsors for the individuals, the mentoring through assigning an individual mentor will provide one-on-one services to the participant and their families. Family reunification is critical to the participant's reentry and recovery phase of their addiction. It is a known fact that it is extremely difficult for the addict to be accepted back into the household and family after the family has experienced the negativity of the addict's behavior and actions, during their course of addiction. The geographic area we will serve is Dauphin and Cumberland counties. The audience to be served are addicts specifically coming out of treatment and/or outpatient or facilities of confinement. The reason why this audience was selected is based on the gap in services that cause them to relapse. Those services will be addressed by this Mentoring Project.

The Mentoring Project is upstream, in that it addresses the problem of relapse, before it happens, and if for any reason relapse occurs, the Mentoring Project provides intervention tools to assist the individual with recovering from the relapse and recovering immediately without damaging the individual's recovery process to a point of no return. Also, we will focus on providing basic needs during essential times, teaching life skills and sustainability, and meeting the goals for GHF Upstream and its mission, by providing upstream services we are preventing downstream relapse and revolving doors to incarcerate, addiction, homelessness, and the inability to provide for self and a productive lifestyle.

Following is an outline of how the Mentoring Project will operate: Mentors are recruited from word of mouth, interns, successful mentors completing mentor training ect.

1. Participants will be referred by and/or recruited from, facilities of confinement(Community Correction Centers) of which there are 4 in Harrisburg housing over 500 individuals of which at least 30-40% are dealing with addiction and outpatient and inpatient drug/alcohol treatment facilities in Dauphin County.
2. Intake and assessment forms are completed by the participant who is then evaluated to determine what level of mentoring is needed.
3. A one-on-one session is provided to the participant and/or their families who are the support system for the participant. Families are encouraged to provide family support to help the participant with his/her recovery process.
4. The counselor identifies the best match to assign the participant with a mentor.
5. The mentor schedules sessions with the participant that meets the time availability for both the mentor and the participant and family members. The initial sessions are one-on-one with the family, without the participant, one-on-one with participant, without the family and one-on-one with the participant and family.
6. The initial mentoring is provided for 3-6 months: an evaluation is provided to determine the status of the mentoring service and to determine how much mentoring is needed for the support and recovery process based on the need and/or request of the participant. There is no specific deadline in which a participant must complete the program.

Grant funds will be used to provide stipends to the mentors who will serve the individuals; purchase bus tickets/gas cards for clients to secure reliable and dependable transportation to and from mentoring sessions; assist with rent stipends to CRS for office space. To provide emergency stipends for room rent due to unforeseen circumstance, such as the current pandemic(COVID-19) which may hinder job search, participants to be temporarily unemployed or health issues which may prevent them from working.

Grant funds will be used to support participants, as needed in meeting basic human needs; paying costs associated with acquiring proper identification, birth certificates, food assistance, and support services We will also use community resources such as; food banks, clothing ministries, Family Health Council of Central Pennsylvania, Centers of Excellence and CRAM.

DATES & LOCATIONS

3. When and where will the project take place? List dates and locations as appropriate in chronological order. State if provided dates/locations are confirmed, estimated, or to be determined.

The Mentoring Project will take place in office space(with use of common areas of CRS located at 2446 Reel St Harrisburg, Pa,17110

ROLES & RESPONSIBILITIES

4. Does the project involve partnerships, collaborations, service, or affiliations with other organizations that will strengthen the project? If so, LIST their name(s) and corresponding role(s) within the categories below OR if this does not apply to you, state why your project is best positioned for success as a single organization.

SINGLE ORGANIZATION STATEMENT: CRS manages its own activities and does not depend on any organization for money or approval.

PARTNERSHIPS: *We are equally invested in providing this project and success is dependent upon all organizations and shared roles although one entity serves as the applicant for this grant. Our application includes a letter from each partner that states their role in this relationship.*

CRS has no partnerships.

COLLABORATIONS: *We are working with other organizations to make this project happen, but we serve as the lead organization for this grant opportunity and our project success is enriched by, but not dependent upon, our collaborators. An additional letter is NOT required, but may help the application.*

CRS will use CRAM and the Centers of Excellence as a referral source for services that are not available at CRS at this time.

SERVICE: *Our project will serve these organizations and cannot take place without their commitment to accept service. Our application includes a letter from each organization (this includes schools) that states their intent to participate.*

N/A

AFFILIATIONS: *Our project may be affiliated with these organizations in some way, but is not 100% dependent upon their participation. An additional letter is NOT needed.*

CRS is not affiliated with any organizations.

COMPARABLES

5. Are other organizations in your service area providing services that are similar to your proposed project? If yes, state their names or services and explain how your project differs. If no, state NA.

There are none at this time that we are aware of.

ASSESSMENT & IMPACT

6a. What will project success look like? Provide a brief overview of the project's key outcomes, outputs, and/or other results of success.

The Mentor project key outcomes and the results of success would be: Changing the lives of those whom are recovering from addictions and incarcerations, in positive and permanent ways by providing and assisting with basic needs and community housing, while teaching and developing individuals whom are able to live productive and successful lives in society, self-sufficiently and sustainably, free from substances and ultimately overcoming the barriers which prevented them previously.

Key outcomes are successful recovery, without relapse and reunification of families

Key outputs are the services we provide and the mentors we assign to the participants.

Key results of success are witter reports on the gols accomplished by the participants. Monthly reports on the session results from the mentors relating to the progress of the participate will demonstrate whether the participat is benefiting from the mentoring project services.

6b. How will project success be measured and documented (i.e.: how will you know the project is successful? Are you collecting value statements, numbers served, surveys, photos, before and after images, or using other methods)?

The mentor Project will primarily be measured on an individual basis. Each client will have a filed record, that consist of intake paperwork that is gathered upon arrival, as well as demographic information for that individual. When services are received they are recorded into the record, as well as when referrals for service are given. Each month a report is made that are collective of all services provided, and referrals made available to the founder to evaluate what mentors are doing and what the participants are achieving. Additionally, on a weekly basis a progress report is made in this record, along with any recommendations, and monthly progress and goals are reviewed with the client. Monthly progress updates are all made with staff. Additionally, in the application stage clients re required to identify(at least one) family members contact information, as well as their permanent address for emergency contact information, as well as long term contact with clients, so to continue to measure their clients,to continue to measure their success. Upon completion of the program clients are required to do a self-assessment, which is included along with their final outcome report that is kept on file.

FUNDING & SUPPORT

7. If this proposal is not funded at the level requested, will you be able to implement the project as stated? Explain as needed.

If this proposal is not funded at the level we are requesting,we absolutely will still implement the project as stated, because we really believe in the mission that we are supporting and believe that by supporting these underserved individuals ultimately, we stop the reoccurring cycles of addiction, incarcerations and lives of crime, that keep families and communities broken and displaced, unable to escape the patterns of famliliary and the past. The Founder has been able to cover the financial short falls, however hopefully through word of mouth this organization will continue to grow and become valuable asset to the community.

8. This grant opportunity will not fund 100% of any project. Restate the amount you are seeking and describe other funding sources and amounts.

The Mentor Project is seeking 10,000. If TFEC does not provide the full 10,000, CRS will continue, to meet its financial obligation with room rents and other donations as it has done in the past.

9. Did the applicant organization end its most recent fiscal year with a budget surplus or deficit? If so, briefly state the amount of the surplus or deficit and state how the surplus may be used (i.e. is it earmarked for another program) and/or how the deficit may be handled.

CRS did not end its most fiacial year with a surplus or deficit. CRS was founded in April of 2018. Thus far we have not been able to acquire grants, however some of the house expanses have been paid through renting rooms at the Reel St location.

ACCESS & INCLUSION

10. As a community foundation, TFEC fosters a climate of purposeful inclusion that values diversity of gender, age, race, ethnicity, national origin, range of abilities, sexual orientation, and socio-economic status. Please state how your project will be made accessible to all individuals who qualify for participation in the project and describe any accommodations, modifications, technologies, or services you will offer to ensure that all eligible participants experience the best possible services or outcomes.

CRS and "The Mentor Project" fosters the same similar climate as TFEC, and not only hold the same values of diversity, it is our mission, to accommodate, reach out to and ultimately change the lives of those whom are underserved and at a lesser advantage in our communities. Our staff are of a

highly diverse background and have professional degrees and experience that equip them to properly and efficiently achieve diversity.

BUDGET WORKSHEET

Complete the Budget Worksheet below; a Project Total is required.

ITEM OR SERVICE <i>Examples include: Contracted Services, Equipment, Personnel, Supplies; list your own as appropriate.</i>	DESCRIPTION OF ITEM OR SERVICE	REQUESTED GRANT FUNDS <i>Indicate where funds sought through this grant opportunity will be applied.</i>	OTHER FUNDING SOURCES <i>State the names and amounts of all other funding sources.</i>	PENDING, COMMITTED, OR RECEIVED <i>Using a P, C, or R, indicate the status of all funding sources.</i>	\$ TOTALS <i>Add across to provide a total for each row. Total columns as indicated in bottom row.</i>
Founder(certified D&A counselor)	20 hrs per month- Individual and group therapy sessions-based on 10 clients	\$4800	1800 other grants	P	\$3000
2 Mentors	20hrs per month based on 10 clients 2hrs,each \$15per hr	\$3600		P	\$3600
Rent/CRS	Emergency Rent stipends \$140 per week 12 weeks	\$1680		P	\$1680
Transportation	20 tickets @ 17.50x20	\$	350 fundraiser	P	\$350
Office supplies	Desktop computer,printer/supplies	\$700		P	\$700
internet	\$85 x 12	\$1020		P	\$1020
Utilities/Gas,electric,water and trash	Gas-\$140 per month electric- \$105 water-50 per month sewage and trash-\$32 per month	\$	other grants 3925	P	\$3925
		\$			\$
		\$			\$
TOTALS		\$10000 Total: Requested Grant Funds	\$6074 Total: Other		\$16074 PROJECT TOTAL

		Funding Sources		
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Board Members

Board President

My name is Catherine Palmisano-Johnson. I am retired after 30yrs of service to the community. I have passion for helping people who are trying to change. Especially those who are in a revolving door with drugs and the criminal justice system. I am focused on connecting with our clients and motivating them to develop healthy coping mechanisms. I also volunteer at York County Prison for the past 8 years and at new Life for Girls a rehabilitation for females who struggle with drug and alcohol addiction.

Board treasure

My name is Tanya Casanas I am a native of York, Pa. I have been involved with the criminal justice system as a correction officer in the immigration unit of the York Co. Prison for the past 7yr. I can relate to issues concerning family reunification and addiction and would bring my expertise to enhance our Projects.

Board Secretary

My name is Cozette Thomas I am a native of Harrisburg. I am retired with 25 years of service with the Federal Government. I enjoy helping people strive towards their dreams.



Christian Recovery Aftercare Ministry, Inc.

July 30, 2020

Juanita Edrington-Grant
Founder & Executive Director

TO: Community Recovery Systems, Inc.
ATTENTION: Eric Johnson, Founder & CEO

Board of Directors
Sylvia Rigal, Board President
Adrian Buckner, Board Treasurer
Angel Fox, Board Secretary
Dianne Crawford, Board Member
Damian Slaughter, Board Member

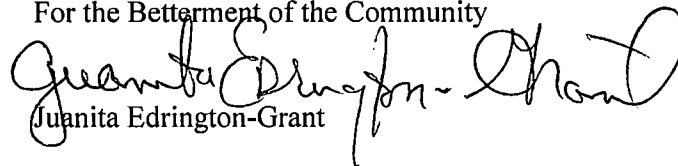
RE: Application for Funding from TFEC

CRAM is pleased to provide this letter of support and recommendation for the above named application.

Personally, I have worked with the Founder and other members of this nonprofit and find that they are worthy of funding to provide the much needed services in this community. I provide nonprofit consultant services which includes educating them in the areas of funds research and grant applications.

If you have any questions, please feel free to contact me. Thank you for your consideration of the application for Community Recovery Systems, Inc.

For the Betterment of the Community


Juanita Edrington-Grant



THE HUB

(Harrisburg Uptown Building)
1821 Fulton Street
Harrisburg, Pennsylvania 17110
Email: craminc@comcast.net
Phone: 717-234-3664
www.craminc.org

Veteran Center – Food Bank
1850 North 5th Street
Harrisburg, PA 17110
717-234-3664

2020 GREATER HARRISBURG COMMUNITY FOUNDATION UPSTREAM SIGN & SUBMIT FORM
Provide signatures from the applicant organization, below. Both organization representatives must sign.

By providing your original OR digital signature below, you agree that the provided information in this application is true to the best of your knowledge and may be submitted for review. Completion of this form is one component of your Complete Application.

<input checked="" type="checkbox"/>	President/CEO	 Ink Signature	Click or tap here to enter text. Digital Signature
<input checked="" type="checkbox"/>	Board President	 Ink Signature	Click or tap here to enter text. Digital Signature

REQUIRED ATTACHMENTS TO BE UPLOADED & SUBMITTED BY 4PM ON THE DEADLINE DATE
All grant materials must be submitted through the TFEC online application system by 4pm on the deadline date..
This grant opportunity does not utilize delivered or mailed materials.

- Complete Application:** Applicant Profile, Project Profile, Project Snapshot, Project Narrative, Budget Worksheet, and Sign & Submit Form with original or digital signatures.
- Board of Directors List:** Professional affiliations (ie: work positions and/or titles as applicable) must be included.
- ONE, TWO, or THREE letters of support with original or digital signatures.** Applicants may submit the number of letters that will best support their application. Letters of support from the applicant organization's Board of Directors will not be accepted. Identical form letters are discouraged. A minimum of ONE letter of support is REQUIRED for this grant opportunity regardless of response to Question 4.
- If you have indicated PARTNERSHIP with or SERVICE to other Agencies as stated in Question 4, you must upload letters with original or digital signatures documenting the relationship.** A letter of partnership or service may also serve as a letter of support if support is expressly stated.
- Applicants who utilize a FISCAL SPONSOR** must include a letter signed by the Executive Leader of the Fiscal Sponsor organization indicating agreement to serve as the Fiscal Sponsor. An original or digital signature is required.
- IRS 501(c)(3) determination letter.**
- 1st Page of Applicant Organization's Most Recent 990.** If 990 is not available, upload applicant organization's most recent audit or financial statement to meet this requirement.

QUESTIONS

If you should have any questions regarding this form or TFEC grant opportunities, contact Jennifer Strechay, Program Officer for Community Investment, at jstrechay@tfec.org or 717-236-5040.