

2020 GREATER HARRISBURG COMMUNITY FOUNDATION BENJAMIN FRANKLIN TRUST FUND GRANT APPLICATION DATE DUE: AUGUST 1, 2020

Thank you for applying to the Benjamin Franklin Trust Fund of the Greater Harrisburg Community 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 provide required materials will disqualify your application. **Answer all questions using information that applies to the project seeking support of grant funds.** Contact Jennifer Strechay, Program Officer for Community Investment, at 717-236-5040 or jstrechay@tfec.org with questions.

APPLICANT SNAPSHOT

Applicant Organization Name

The Mental Wellness Awareness Association, 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

Sharon C. Engdahl, Executive Director, mwaa@mentalwellnessawareness.org, 717-343-4945

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

Applicant Organization's Physical Address

25 Spruce Road, Marysville, PA 17053

Applicant Organization's Address for Mailed Communications

25 Spruce Road, Marysville, PA 17053

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

Name, Title, Email, Phone of Contact Completing Application

Sharon C. Engdahl, Executive Director, mwaa@mentalwellnessawareness.org, 717-343-4945

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

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

- Cumberland
- Dauphin
- Franklin
- Juniata
- Mifflin
- Lebanon
- Perry
- Northern York (Dillsburg Area)

PROJECT NARRATIVE

Answer questions 1-5 clearly and concisely; no limit (except for Project Snapshot)

PROJECT TITLE Adult and/or Youth Mental Health First Aid
Project Title must match title listed throughout application and online

APPLICANT ORGANIZATION MISSION STATEMENT

The Mental Wellness Awareness Association, Inc. mission: We are building healthier lives, free of mental health conditions, which (includes substance misuse) through educational outreach.

PROJECT SNAPSHOT

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

The Mental Wellness Awareness Association, Inc. will provide Adult Mental Health First Aid and/or Youth Mental Health First Aid training live, virtual or blended, that increases knowledge and quality of life as well as inspires positive outcomes for individuals and families living in TFEC service area of Cumberland, Dauphin, Franklin, Juniata, Mifflin, Lebanon and Perry Counties and the Dillsburg area of York County.

PROJECT NARRATIVE

2. Describe the proposed project, the geographic area it will serve, and the audience to be served; state why this audience was selected. You **MUST** use and complete the following statement within your answer, "Grant funds will be used to _____". Include when and where the project will take place. List dates and locations as appropriate in chronological order and state if provided dates/locations are confirmed, estimated, or to be determined.

Grant funds will be used to provide Adult and/or Youth Mental Health Trainings live, virtual or blended for community and/or education organizations in The Foundation for Enhancing Communities service area, during the year 2021. Locations and dates are to be determined. The audience for each training will come from adults serving adults (Adult Mental Health First Aid) and/or adults serving youth (Youth Mental Health First Aid) and will include professionals, paraprofessionals, educators, first responders, community members and others who are interested in learning how to help provide intervention and assistance to someone experiencing a mental health issue or crisis.

Most Americans are being impacted in some way by COVID-19. During and even following this crisis, individuals may be experiencing anger, anxiety, confusion, depression, detachment and other symptoms illustrative of a mental health effect. The severity of these and other feelings and our ability to cope with them so that they don't interfere with our daily function, is important. Unfortunately, some individuals may be impaired in the short term, and a subset of these individuals may have to confront a longer-lasting condition. At this point, it is critical that family members, friends, co-workers, colleagues, etc., are able to appropriately help the individual in distress. Adult Mental Health First Aid and Youth Mental Health First Aid prepare people to step in and provide this needed help.

Mental Health First Aid (Adult and Youth) is an early intervention public education program. It teaches adults how to recognize the signs and symptoms that suggest a potential mental health or substance use challenge, and how to refer a person to appropriate professional support and services.

Mental Health First Aid trainings use specifically designed materials to teach people how to approach, assess, and assist a person who may be in the early stages of developing a mental health challenge or in a mental health crisis. Participants will focus on recognizing the patterns of thoughts, feelings, behaviors, and appearance that show there might be a mental health challenge rather than focusing on specific illness. Participants learn an action plan that they apply to non-crisis and crisis scenarios. By the end of the course, participants will be able to:

Describe the purpose of Mental Health First Aid and the role of the Mental Health First Aider;

Identify the impact of mental health and substance use challenges on the well-being of adults and youth;

Explain that recovery from a mental health or substance use challenge is possible;

Describe the principles of safety and privacy for both the Mental Health First Aider and the person receiving first aid;

Explain the five steps of the ALGEE Action Plan;

Recognize the signs and symptoms of mental health challenges that may impact adults and/or youth;

Evaluate the impact of early intervention on mental health and substance use challenges;

Apply the appropriate steps of the Mental Health First Aid Action Plan to a non-crisis scenario where a person shows worsening signs of a mental health or substance use challenge;

Apply the appropriate steps of the Mental Health Action Plan to crisis scenario where a person shows signs of a mental health or substance use crisis;

Choose appropriate methods for self-care following the application of Mental Health First Aid Action Plan in a crisis or non-crisis situation.

Mental Health First Aid and Youth Mental Health First Aid trainings (previously offered only through 8-hour in class instruction) are now available through multiple instruction choices including:

In-Person – All day course or broken into two parts/days (with part two being completed within the same month as part one);

Blended – Two hours self-paced on-line instruction; four hours in-person instruction;

Virtual – Two hours self-paced on-line instruction, four hours “instructor led” on-line instruction.

FUNDING

3. Restate the amount you are seeking from TFEC and describe any other funding sources and amounts. If this proposal is not funded at the level requested, will you be able to implement the project as stated? Explain as needed.

The Mental Wellness Awareness Association, Inc. respectfully requests \$1,700 from The Greater Harrisburg Community Foundation Benjamin Franklin Trust Fund. Full funding of \$1,700 will enable approximately 30 participants to become nationally certified as Mental Health First Aiders (Adult of Youth). Funding at less than the requested will result in a proportional number of participants being trained.

PROJECT SUCCESS

4. What will project success look like and 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 Adult and/or Youth Mental Health First Aid Trainings project will be successful by the implementation of three Adult and/or Youth Mental Health First Aid trainings of 20 participants in each for a total of 60 being trained within the service area indicated above. Each participant in a Mental Health First Aid training will complete an on-line survey, saved in the national Mental Health First Aid database, with specific questions related to instruction, course content and relevance and includes value ratings of both the course and the instructor(s). Instructor interaction with participants during and following the course also provides opportunity for anecdotal feedback.

ACCESS & INCLUSION

5. 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.

The Mental Health First Aid trainings will be made accessible to all individuals and accommodations, modifications, technologies and services will be provided as necessary for participants to experience the best possible outcomes. Cultural diversity is included in the Mental Health First Aid curricula.

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>List where funds sought through this grant opportunity will be applied.</i>	OTHER FUNDING SOURCES <i>List 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>
Course materials	Student resources at \$25 per student i.e. (Training manuals,etc.)	\$750	0	P	\$750
Personnel	Instructors (two courses/two instructors each)	\$400	0	P	\$400
Coordination and Administration	Scheduling, Registration, on-line input, finances, followup and closeout	\$250	0	P	\$250
Program Content	Access to proprietary program at \$10 per student	\$300	0	P	\$300
		\$			\$
		\$			\$
		\$			\$
		\$			\$
		\$			\$

TOTALS	\$1700 Total: Requested Grant Funds	\$0 Total: Other Funding Sources		\$1700 PROJECT TOTAL
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2020 BENJAMIN FRANKLIN TRUST FUND 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 type="checkbox"/> | President/CEO | _____ | Sharon C. Engdahl Exec.Dir. |
| | | Ink Signature | Digital Signature |
| <input type="checkbox"/> | Board President | _____ | Susan Boyle |
| | | Ink Signature | Digital Signature |

REQUIRED ATTACHMENTS TO BE UPLOADED & SUBMITTED BY 4PM IN 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 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.
- Letters of support are OPTIONAL for this grant opportunity but must be uploaded by the deadline date. No more than TWO letters of support with original or digital signatures may be provided.** Letters of support from the applicant organization's Board of Directors will not be accepted; identical form letters are discouraged.
- 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.

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.