



Solano County



**Solano County Behavioral Health  
Community Mini Grant Application**

Description

Mini-grants will be awarded to faith centers, school sites, and organizations that participate in efforts to combat mental health stigma, engage in suicide prevention, and increase access to mental health services and supports for all residents in Solano County. Grants are to be used for prevention and/or early intervention activities and are subject to all State Mental Health Services Act (MHSA) Prevention and Early Intervention funding guidelines. **Deadline to apply is May 31st.**

Grant maximum amount – each grant award amount **will not exceed** \$1,000.

**Fill out the form below to apply (write legibly)**

General Information	
Organization's Name:	Organization's Address:
Organization's Primary Phone Number:	Primary Contact's First and Last Name:
<b>Name of Person Completing Mini-Grant Application:</b>	<b>Phone Number for Person Completing Mini-Grant Application:</b>
<b>Email for Person Completing Mini-Grant Application:</b>	Requested Amount  \$

Project Description
In <u>500 words or less</u> , describe your proposed stigma reduction and/or suicide prevention project. In your answer, <b>define anticipated project goals and outcomes, estimated number of individuals who may be reached, and project timeline/date.</b> One type-written sheet can be used if additional space is needed.



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Blank space for project details

Project Budget

Use the space below to fill out the line-item budget for your proposed project. Sample expenses are included below. Total should not exceed the amount requested. Attach one type-written sheet if additional space is needed. **Please attach a quote/estimate/invoice for all line-items listed.**

Line Item	Quantity	Total Amount
Supplies		\$
Venue Space		\$
Food/Catering		\$
Printing of materials		\$
Trainer fee		\$
		\$
		\$
		\$
	GRAND TOTAL	\$

I hereby attest that the information in this application is accurate, and that the minimum qualifications for the grant have been met by the applicant and faith center.

\_\_\_\_\_  
Applicant's Signature

\_\_\_\_\_  
Date

\_\_\_\_\_  
Organization's Manager/Leader Signature

\_\_\_\_\_  
Date

Return applications with supporting documents by **email** to [SolanoMHSA@solanocounty.com](mailto:SolanoMHSA@solanocounty.com)

Or by **mail**:

**Attention Eugene Durrah**, Solano County Behavioral Health,  
275 Beck Avenue MS 5-250, Fairfield, CA 94533

**OFFICE USE ONLY**

Date Received	_____
Awarded (Yes/No)	_____
Date Awarded	_____



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