**FUNDING:** Up to $10,000 award for community suicide prevention coalitions (only one application per entity annually)

**AWARD PERIOD:** December 1, 2024 – June 30, 2025

**ELIGIBILITY:** All applicants must be an existing suicide prevention coalition who has attended the Missouri Suicide Prevention Coalition Academy and subsequent year-long Community of Practice or must have been in existence for at least two years. Missouri Statewide Prevention Network registration is a condition of this award (<https://www.mospn.org/> ).

**PURPOSE:** Applicants shall use funding to address suicide prevention and build capacity by developing and strengthening a community’s skills, abilities, and resources.

**DEADLINE TO APPLY:** November 15, 2024

Submit application and any questions to Jennifer.delettsnyder@dmh.mo.gov

**PROPOSAL REQUIRED ELEMENTS** (4 pages maximum narrative for all sections)

1. Population of focus
2. Identify risk and protective factors
3. Prevention strategies
4. Location
5. Implementation plan
6. Evaluation plan

**Populations of Focus (select one or more)**

* General public – all ages
* Students in grades 6-12
* Youth and young adults ages 18-25 years who are misusing alcohol or other drugs (college students or non-college students)
* Individuals with a prior suicide attempt
* Family members who have lost someone to suicide
* Parents or Guardians
* Other (please describe)

**Risk and Protective Factors of Focus** **(select one or more)**

* Individual
* School and community

Risk factor examples: misusing alcohol or other drugs, access to lethal means, knowing someone who died by suicide, social isolation

Protective factor examples: good coping and problem-solving skills, family support, school and community connectedness

**Prevention Strategies (select one or more):**

1. **Create protective environments -** reduce access to lethal means;
2. **Promote healthy connections** - promote healthy norms; engage community members in shared activities;
3. **Teach coping and problem-solving skills** - deliver an evidence-based program in a community or school setting (provide the name of the program and the reasoning for the selection; costs may include staff training, curriculum/required materials, and staff delivery of curriculum);
4. **Identify and support people at risk** – train gatekeepers;
5. **Lessen harms and prevent future risk -** intervene after a suicide (postvention); share safe messaging about suicide.

-----------------------------------------------------------

**Coalition/Organization Name:**

**Organization/Fiscal Agent:**

**Organization/Fiscal Agent Contact Person:**

**Contact Phone Number:**

**Address:**

**Email:**

**Federal ID Number (EIN):**

**Is this organization a registered Missouri State Prevention Network coalition? \_\_\_\_YES\_\_\_\_NO**

**Is this organization a registered substance use prevention coalition in Missouri? \_\_\_\_YES\_\_\_\_NO**

**Executive Summary** (Summarize the key points of the proposal, including funding request. 200 word maximum)

**Organization Description** (Include relevant information about the organization’s infrastructure, history, mission, experience, goals/objectives, focus and importance of the organization's effort etc.)

**Location of Prevention Activities:** Provide the type of setting that will be used for the prevention intervention and in which city and county.

**Problem Statement/Statement of Need** (Describe in detail the need(s) the organization is trying to address, underlying problem, and how the solution outlined in this request will make a difference.)

**Implementation Plan – Goals and Objectives –** (Describe the goals and objectives for this funding request. Briefly describe the key strategies/activities, what success looks like and how it will be measured, and how any learnings will inform future activities.)

**Advancement of Health Equity** (Describe organization’s efforts or plan to address barriers, understand and prevent suicide and address impacts of suicide on communities with varying identities and demographics, and involve the community of focus and those with lived experience in planning, implementation and postvention.)

**Budget Line Item and Narrative** (Provide the estimated costs by line item in the budget. Explain how the costs associated with each line item or category relate to the project as outlined in this proposal.)

**Evaluation: Tracking Success** (Describe how your organization will collect and analyze data and assess impact.)

**ALLOWABLE COSTS**

* A contractor to facilitate workshops for conducting a community needs assessment, strategic planning, coalition capacity building, coalition building skills, postvention, etc.
* An environmental scan, potential environmental design/built environment changes for suicide prevention (signage and change to bridges, etc.)
* Training a coalition member to deliver an evidenced-based program (QPR, etc.) <https://bpr.sprc.org/advanced-search/>;
* Materials for the delivery of an evidence-based program;
* Capacity building efforts like educational awareness events;
* Professional suicide prevention speaker;
* Travel and conference fee to attend CADCA or other relevant training;
* Advertisements in local media, social media, or on scoreboards that contain suicide prevention messaging or 988 information;
* A resource library;
* Development or printing of physical suicide prevention resources for distribution;
* An annual event such as a walk, survivor event, or suicide prevention information fair.

**UNALLOWABLE COSTS**

* Promotional items;
* Community development (ex: building playgrounds, recreation centers, etc.);
* Other social issues (ex: child abuse, distracted driving, parental treatment, etc.).

**The coalition shall keep financial records of all expenses and maintain them for six years. This includes receipts, invoices, statements, and other documentation.**

Written approval is required prior to any budget adjustments. Failure to obtain prior approval may result in suspension of the funding or not receiving approval of the expenditure.

**REPORT DUE AT END OF AWARD**

**Thirty days after the conclusion of program activities (no later than July 1)**, each funded program must submit to Missouri Department of Mental Health a Final Program Report. **Failure to submit this report will result in loss of funding for future programming.**

Coalition Name:

Title of Program / Activity Conducted:

Award Contact Person:

Email:

**Please answer the following questions as they apply to the narrative in the application.**

1. Identify the strategy/program implemented as a result of this funding.
2. Briefly describe how the strategy was implemented. What, if any, deviations from the original plan occurred?
3. How many individuals were educated/impacted by this funding?
4. What changes have been made in the strategy/program as a result of the evaluation? How will the results listed above be sustained?
5. What type of training or technical assistance are needed to continue moving forward?