

REQUEST FOR PROPOSALS



Community Wellbeing Grant

2025-2026 Application

Community Wellbeing Program
Mental Health Services Act (MHSA)
Prevention and Early Intervention (PEI) Plan

Community Wellbeing Grant

2025-2026 Application

Please submit the completed and signed application no later than:

12:00 p.m. (Noon) on Tuesday, April 1, 2025

Submit an electronic copy to: Daisy Martinez, Community Capacity Organizer, at dmartinez@tricitymhs.org

| What is your project title? | Are you a returning grantee? | If yes, are you applying for a new project or reapplying for the same project? | If you are reapplying, how many years has this project received a grant? | Which Bidder's Conference did you attend? |
|-----------------------------|---|--|---|--|
| | <input type="checkbox"/> Yes <input type="checkbox"/> No | <input type="checkbox"/> Reapplying <input type="checkbox"/> New Project | <input type="checkbox"/> 1 year <input type="checkbox"/> 2 years <input type="checkbox"/> 3 years | <input type="checkbox"/> Feb 25 th <input type="checkbox"/> Feb 27 th |

I. Contact Information

A. Organization Contact Information

Name of agency/organization:

Phone Number: 501(c)3 STATUS? *(Please attach proof of status)* Yes No

Street Address: City: State: Zip Code:

Mailing Address: City: State: Zip Code:
(if different)

B. Community Leader Information

Full Name *(First, Last)*: Title/Position:

Email: Phone Number:

Street Address: City: State: Zip Code:

C. Project Leader Information

Full Name (First, Last): Title/Position:
Email: Phone Number:
Street Address: City: State: Zip Code:

D. Fiscal Sponsor Information

(A fiscal sponsor is an individual authorized to sign contracts and submit financials. Please attach proof of 501(c)3 status)

Agency Name: Contact Person:
Email: Phone Number:
Street Address: City: State: Zip Code:

E. Please provide a brief description of the community this grant will serve.

Does your community support youth ages 0-25? Please identify who the community is; what the relationship is between community members; challenges your community currently faces; goals the community looks to achieve with this grant; and any additional information you want to share.

II. Application Narrative

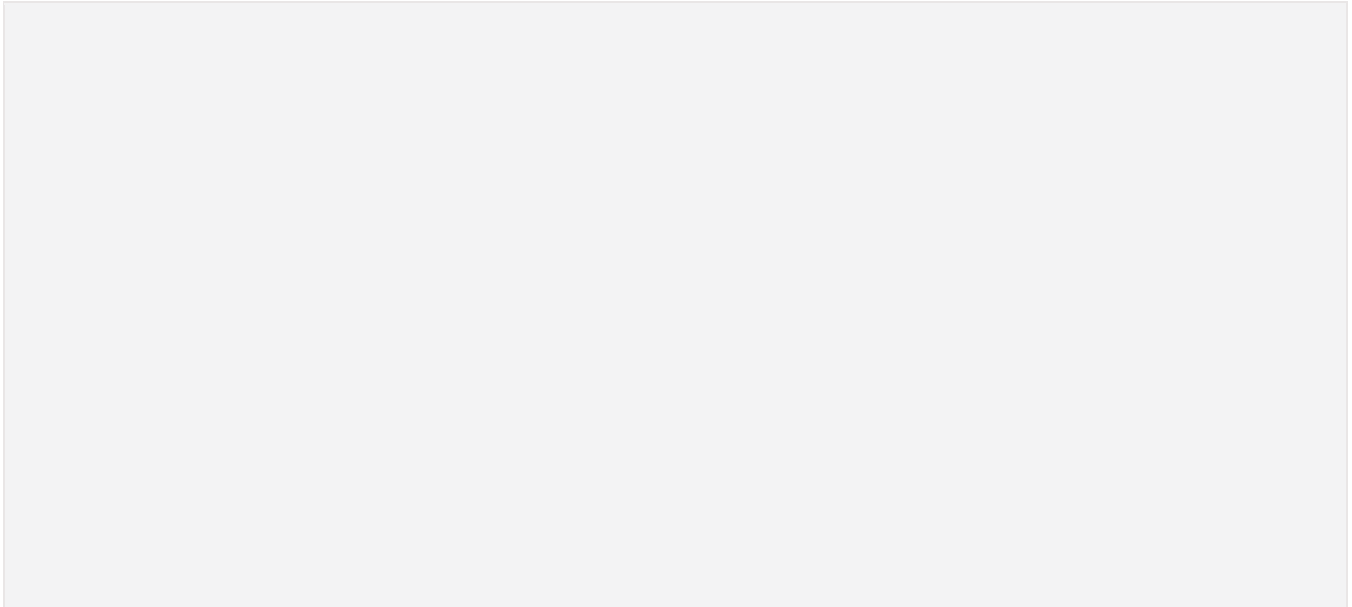
Section II. Application Narrative should be no more than six pages in length. Should you need additional space, please attach a separate document to the application and number each response accordingly.

1. Please provide a brief summary of the project.

How will this project support or impact youth ages 0-25 if awarded with Community Wellbeing grant funds?

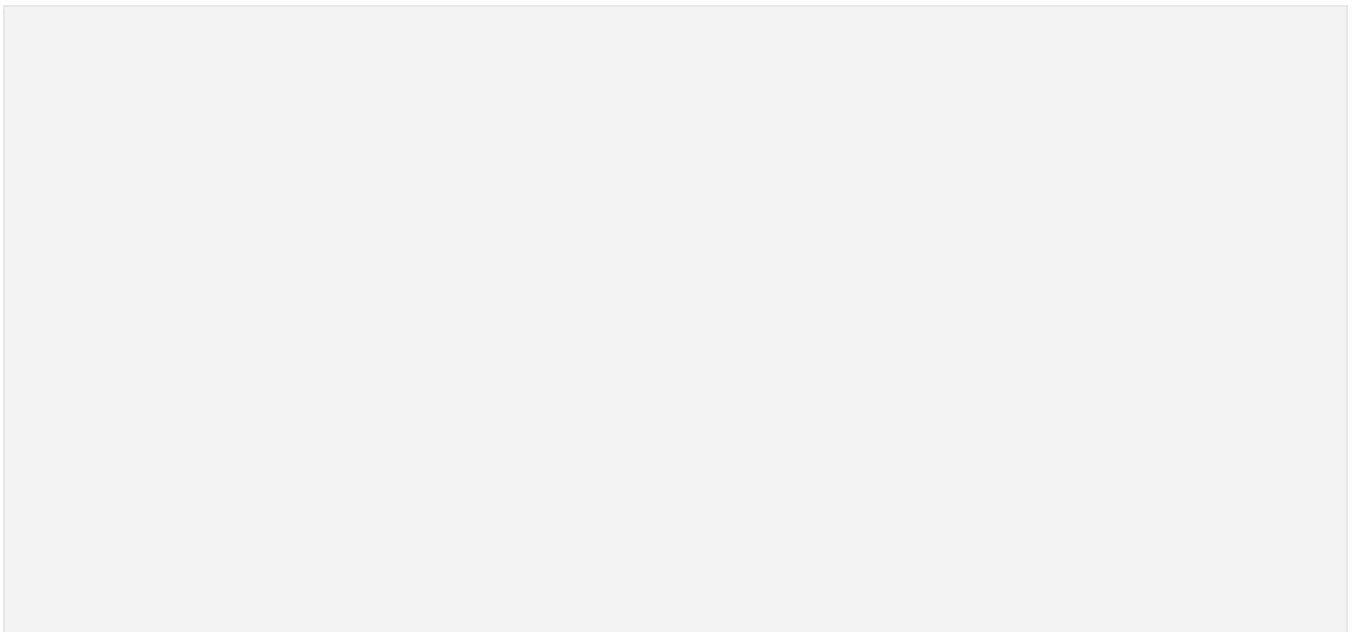
2. Why was this project chosen for this community by its members? How will community members benefit from this project? Keep in mind that the community who will benefit from this project should be the same community applying for the grant. You may also choose to elaborate if there are secondary benefits to your project (e.g., people that you serve, also benefitting). **Please note: Children, youth and young adults ages 0-25 should primarily benefit from your project.**

3. What are the current emotional/behavioral/wellbeing needs of your community that this project attempts to address? Why does your community think this project will be a good response to meet these needs? How will your community know if people are better off as a result of your efforts? If applicable, include current health and social issues that may impact this community.



4. Describe how the community proposes to implement the project.

Please be as specific as possible in regards to anticipated timeline, who will be part of your project team to implement your proposal, and how your leadership will address set-backs or challenges that come up. Describe your communication plan including how you will outreach for your project.



5. **Describe how community members will continue to maintain their emotional/behavioral wellbeing after grant support has ended.** What aspects of the project will be sustainable beyond the duration of the grant? Explain how you will measure the effectiveness of this program. Consider the short- and long-term impact. Specify your plans for financing the project at the termination of the grant.

6. **Commitment to learning.** By submitting this grant proposal, members of the applying community agree to:

- a. Collect data twice during the grant year (with training and support from Tri-City Mental Health) to document the impact of the project on the emotional and behavioral wellbeing of community members.
- b. Participate in one-to-one meetings with the Community Capacity Organizer to review progress and to develop skills that are helpful to your particular community.
- c. Participate in quarterly meetings with the Community Capacity Organizer and other grantees throughout the year to learn about other grantees, share success, and discuss challenges communities may be facing.

How will your community implement these learning engagements, and how will your community benefit? If your community has received a grant in the past, how did they benefit from the learning engagements?

7. **Role in the system of care.** Tri-City Mental Health is the mental health authority for Pomona, La Verne, and Claremont. In addition to supporting people and groups in staying healthy, we also provide services to people who may be dealing with difficult situations and mental health issues. As our partner, we hope that your community might be willing to work toward these goals as well.

Describe 3 ways your proposal supports wellbeing in your community. What resources currently exist in your community that benefit your members? Please mention the services and supports Tri-City offers that might be beneficial for your community. What can your community do to reduce the stigma of mental illness? (Tri-City resources and services can be found at www.tricitymhs.org).

If your community has received a grant in the past, provide examples of how your community utilized Tri-City's resources and/or services.

8. **This question is only for communities who are reapplying for the same project*
Please describe how your community benefited from the previous grant. Are your members better off? What success was your community able to achieve? Please list any challenges your community still faces. How will this grant build on what your community has already achieved from the previous grant?
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III. Application Budget Form

2025-26 Budget

| Project Budget Total for Year 2025-26 | Total Amount Requested from Community Wellbeing Grant |
|---------------------------------------|---|
| | |

| Budget Category <i>(Supplies, Marketing, Stipend, Materials, etc.)</i> | Community Wellbeing Grant Amount | Other Potential Funding Sources <i>(if applicable)</i> | Total Budgeted Amount |
|---|----------------------------------|---|-----------------------|
| 1. | | | |
| 2. | | | |
| 3. | | | |
| 4. | | | |
| 5. | | | |
| Grand Total: | \$ | | \$ |

Provide a narrative explanation for each of the above budget categories.

1.
2.
3.
4.
5.

Please provide a narrative explanation for in-kind contribution(s) (i.e. meeting space, office supplies, etc.)

Do you expect this to be a multi-year project? Yes No

IV. Demographics Tracking Form

In an effort to provide culturally competent services and programs, we would like demographic information about your community members. Please complete the following demographics using estimates of your individual community members. **This information is for tracking purposes only and has no impact on your Community Wellbeing Grant application.**

Community Name:

Total Number (#) of Members:

| Age Group | # of Members |
|-----------------------------------|--------------|
| Children and youth (ages 0-15) | |
| Transition age youth (ages 16-25) | |
| Adult (ages 26-59) | |
| Older adult (ages 60+) | |

| Veteran Status | # of Members |
|------------------------|--------------|
| Military veteran | |
| Not a military veteran | |

| Gender Identity | # of Members |
|-----------------------|--------------|
| Male | |
| Female | |
| Transgender male | |
| Transgender female | |
| Gender queer | |
| Questioning or unsure | |
| Other | |

| Sexual Orientation | # of Members |
|--------------------------|--------------|
| Heterosexual or straight | |
| Gay or lesbian | |
| Bisexual | |
| Queer | |
| Questioning or unsure | |
| Other | |

| Disability | # of Members |
|---|--------------|
| Difficult seeing | |
| Difficulty hearing or speaking | |
| Other communication disability | |
| Learning Disability | |
| Developmental Disability | |
| Dementia | |
| Mental disability not related to mental illness | |
| Physical mobility | |
| Chronic health condition | |
| Other type of disability | |
| No disability | |

| Primary Language | | | | | |
|------------------|--------------|------------|--------------|------------------------|--------------|
| Language | # of Members | Language | # of Members | Language | # of Members |
| Arabic | | Italian | | Spanish | |
| Armenian | | Japanese | | Tagalog | |
| Cambodian | | Korean | | Thai | |
| Cantonese | | Lao | | Turkish | |
| English | | Mandarin | | Vietnamese | |
| Farsi | | Mien | | American Sign Language | |
| French | | Polish | | Other Sign Language | |
| Hebrew | | Portuguese | | Other Chinese Dialect | |
| Hmong | | Russian | | Other language | |
| Ilocano | | Samoan | | | |

| Race | # of Members |
|-------------------------------------|--------------|
| American Indian or Alaska Native | |
| Asian | |
| Black or African American | |
| Native Hawaiian or Pacific Islander | |
| White | |
| Other race | |
| More than one race | |

| Ethnicity | # of Members |
|----------------------------------|--------------|
| Hispanic or Latino | |
| Caribbean | |
| Mexican/Mexican American/Chicano | |
| Puerto Rican | |
| South American | |
| Other Hispanic/Latino | |
| African | |
| Asian Indian/South Asian | |
| Cambodian | |
| Chinese | |
| Japanese | |
| Filipino | |
| Korean | |
| Vietnamese | |
| Middle Eastern | |
| European | |
| Eastern European | |
| Other ethnicity | |

V. Signature

Certification

I hereby certify that the information contained herein is true to the best of my knowledge and understand that falsification of this information is grounds to be excluded from the Community Wellbeing Grant program. All three participants must provide their original signatures upon submission.

Project Leader

| | | | |
|-------------------|----------------------|-----------------|----------------------|
| Print Name: | <input type="text"/> | Title/Position: | <input type="text"/> |
| Signature: | <input type="text"/> | Date: | <input type="text"/> |

Community Leader

| | | | |
|-------------------|----------------------|-----------------|----------------------|
| Print Name: | <input type="text"/> | Title/Position: | <input type="text"/> |
| Signature: | <input type="text"/> | Date: | <input type="text"/> |

Fiscal Sponsor

| | | | |
|-----------------------|----------------------|-----------------|----------------------|
| Print Name: | <input type="text"/> | Title/Position: | <input type="text"/> |
| Name of organization: | <input type="text"/> | | |
| Signature: | <input type="text"/> | Date: | <input type="text"/> |