**Purpose**: To foster community and social interaction between individuals with lived experience of mental health/co-occurring disorders and the larger community in which they live.

**Criteria**:

* + An application form must be completed and submitted
		- Anyone with lived experience of mental health/co-occurring disorders in Upper Bucks may apply. Preference will be given to members of the Upper Bucks CSP community.
	+ The grant must be used for some form of social activity (i.e, swimming pool membership, art/craft lessons, horseback riding, gym membership, computer course, adult education courses at the high school, going to a concert/game, etc.)
	+ No more than one grant will be given per person for the year (from July 1, 2014-June 30, 2015).
	+ Grant amount will not exceed $40 -$50.
	+ The individual applying for the grant must provide half of the funds for the identified activity.
	+ Individuals who are approved for and accept funds must be willing to write a short paragraph about their activity for the Bucks County CSP newsletter and share about their use of the funds at an Upper Bucks CSP meeting.

**Grant Application Submission:**

Grant applications must be submitted 1 week prior to the CSP meeting. The CSP meeting takes place on the 2nd Friday of each month.

Grants will be discussed and decided upon 1x monthly, at the Community Connections subcommittee meeting.

**Applications must be submitted to:**

AJ Derro

c/o Recovery Center at Penn Foundation, 807 Lawn Ave, Sellersville, PA 18960

Fax:215-257-4008 (attn AJ Derro) derroaj444@gmail.com

**Name**: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ **Date**: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**Address**: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ **Phone**: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

 \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**E-mail:** \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**List CSP meetings attended this fiscal year:** \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**Detailed Description of Activity (Date and number of participants etc – use back of form if necessary)**: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

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**Please describe how this activity will benefit you and your recovery journey**

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**Overall Cost of Activity:** \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**Amount of Community Connection Grant Requested** **(CSP may provide up to half the cost):**

**\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**Matching Funds**:

 **Amount:** \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

 **Source:** \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**Submit Application to:**

AJ Derro

c/o Recovery Center at Penn Foundation, 807 Lawn Ave, Sellersville, PA 18960

Fax:215-257-4008 (attn AJ Derro) derroaj444@gmail.com