



Adult Mental Health Initiative

Benton, Sherburne, Stearns, Wright Counties

531 Dewey Street • PO Box 740 • Foley, MN 56329

Ph: 320.968.5277 • Fax: 320.968.5330 • <http://mnmentalhealth.org>

2025 Mini-Grant Application

Name of organization: _____

Address: _____

Contact person: _____ Contact number: _____

Contact email: _____

Details:

- Each organization may request up to \$4,999 for goods.
- Agencies who serve eligible clients may apply for a mini grant from CAMHI
 - Client Eligibility: Adults whose County of Financial Responsibility (CFR) is Benton, Sherburne, Stearns, or Wright County and who is diagnosed with, or is presumed to have, a serious and persistent mental illness (SPMI).
- Allowable purchases under this mini grant include:
 - Goods purchased by an agency for clients to meet basic needs. Examples include groceries/food, cleaning supplies (soap, cleaners, vacuum, disinfectants), winter outerwear (jackets, hats, gloves). *Please note that supplies must be primarily for adults who meet residency and diagnosis eligibility.*
 - Goods may be purchased for the agency to be used to meet the basic needs of clients. This may include meal distribution for the unhoused or those with food insecurity, cleaning supplies for the agency to clean/disinfect client areas, bedding/cots/mats, and toiletries (toilet paper, shampoo/conditioner, personal hygiene items, body wash/soap, toothpaste, toothbrushes). *Please note that supplies must be primarily for adults who meet residency and diagnosis eligibility.*
- No gift cards
- Approved purchases are expected to be utilized by the end of the year or shortly thereafter.
- Funding priority will go towards those who serve adult SPMI populations who are unhoused and/or experiencing food insecurities.
- Mini grants will be funded through reimbursement process. **Selected applicants will need to submit invoices, receipts for all items purchased, and any other supporting documentation of expenditures to CAMHI by the end of the day on December 17, 2025, to receive funding.**
- We plan to notify all mini grant applicants of their application status by the end of the day on Monday, November 24, 2025.

Short description of goods you plan to purchase: _____

Total dollar amount being requested: _____

Proposal description:

In the area provided on page 2, please describe how the item(s) will support CAMHI's mission statement: The CommUNITY Adult Mental Health Initiative provides support for persons experiencing serious mental health problems to enhance their contributions to the community.

All applications must be received by CAMHI by the end of the day on November 20, 2025

Applications can be faxed, mailed, delivered in person or emailed. Contact information is as follows:

CommUNITY Adult Mental Health Initiative ◆ 531 Dewey St., P.O. Box 740, Foley, MN 56329

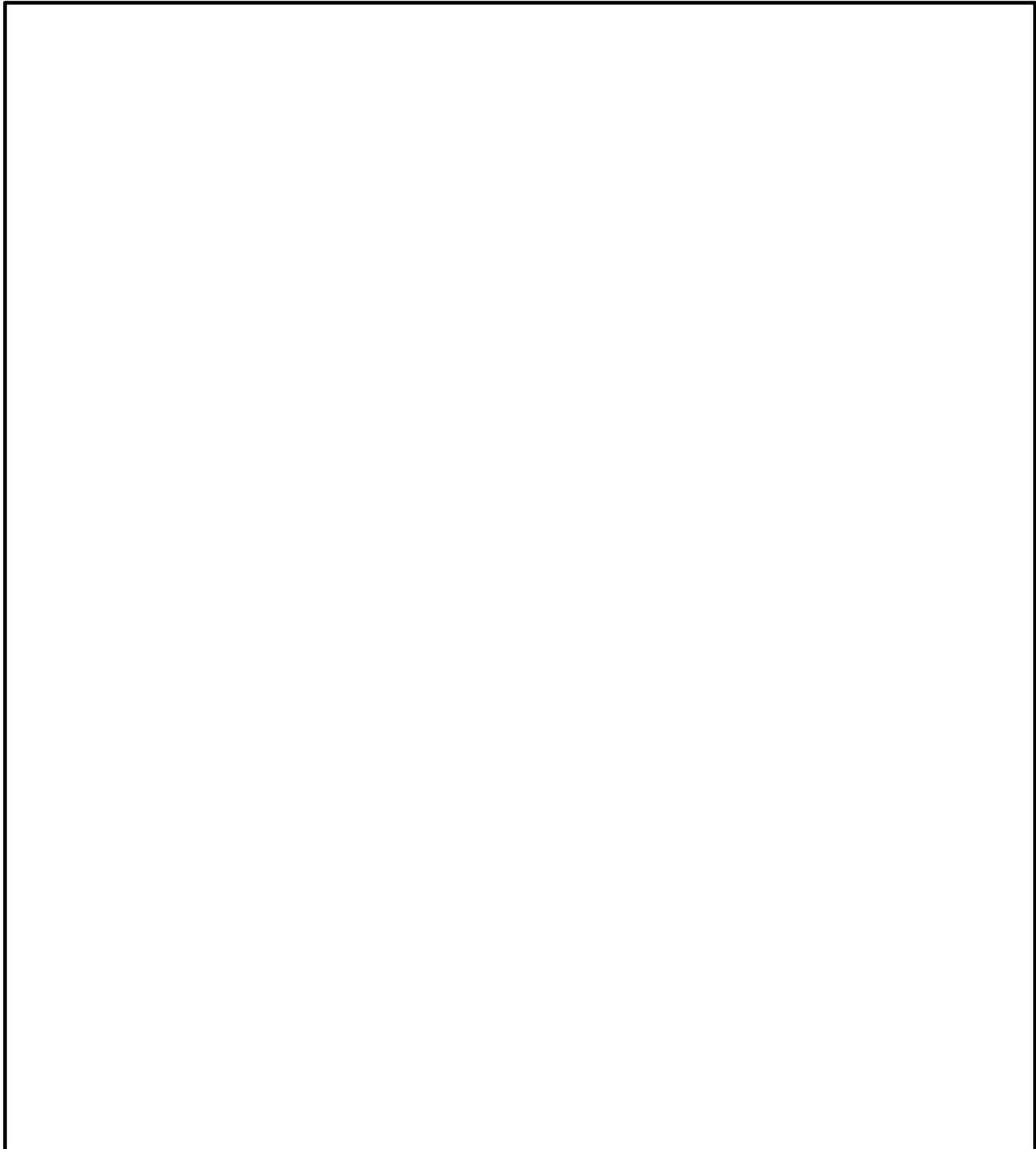
Fax: 320-968-5330 Email: CAMHI@co.benton.mn.us

Please also include the following in your proposal:

- How many people do you anticipate being served?
- What population(s) do you anticipate being served?
- How do you anticipate these items to be used/distributed?
- Which counties will be served?
- Attach an itemized budget with details of how the funding will be utilized.

Please attach additional pages if needed.

Proposal:

A large, empty rectangular box with a black border, intended for the applicant to type or write their proposal text.