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# Stop the Stigma ROC (STSROC) Grant Application

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a forum for open conversation and dialog. STSROC worked to connect those who needed help with those who are able to provide help. The STSROC volunteers did not offer counseling services, but refered individuals to trained mental health professionals.

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Board meetings the EMP member's words of encouragement and support, and EMP board member's attendance at our events were a gift to our youth board. We have seen already that our youth have charted courses altered by their service with and through STSROC.

We have funds that we need to distribute. The STSROC Board has decided to award funds to organizations who are working with much of the same mission and goals as our organization had. The maximum award per proposal will be \$2500. A business or organization may submit more than one proposal. The STSROC Board members will meet to make the final award decisions.

We encourage everyone to actively support continued discussions about mental health and wellness.

Thank you,
The STSROC Board of Directors

Please submit your application as soon as possible. We hope to make our decision by May 31, 2024.

**Section One: Overview** 

Please provide an overview of your proposal, including:

- Brief description of the proposal
- Individuals or communities served
- Amount of funding requested

The purpose for this grant request is to start a NAMI on Campus Club for High School (NOC) students. As a result of the continued effects of COVID19, high school students continue to struggle with anxiety, stress, depression and other issues related to affecting student mental health. High school and the years just immediately prior to high school are vulnerable times for students. In order to thrive, they need a well-rounded combination of a healthy social life, sports, peer friendship, a strong family foundation, and stability. The loss of even one of those components can cause instability in their lives. For this reason, the NAMI on Campus for High Schools is an ideal program. NOC clubs are student-led and student-run mental health clubs conducted on high school campuses. The clubs promote mental health awareness and education to support high school students through their transition to college and beyond. It is modeled after NAMI on Campus for colleges. Currently, there is an active NOC at Brockport College.

\*

NAMI On Campus for high schools is an incredible leadership opportunity for students to bring mental health clubs to any school, in any community. NOC empowers students to have control over the design of the club for their individual schools. NAMI Rochester will provide the framework so that each school designs the program to best meet their needs and identity.

There are several steps to start a NOC Club at a local high school, which have been outlined below:

Step 1: Contact NAMI Rochester. They will be the main point of contact for the NAMI on Campus Club High School Club

Step 2: Students are to research and complete all high school campus requirements (Ask the school's administration about what steps to take to establish a club. School policies may differ, so it's important to speak with school administration as soon as possible, to prevent any setbacks later in the process. NAMI Rochester will assist).

Step 3: Secure a faculty advisor

(Find a faculty member who can be committed to attending club meetings and events. This advisor should also be comfortable talking about mental health).

Step 4: Secure your club leaders

(At a minimum, your NOC club should establish a president, secretary, and a treasurer to help support club meetings and other club related efforts, i.e. events, funding, club materials).

Step 5: Register your Club with NAMI National - NAMI Rochester will assist (Once you have completed all setup requirements, you can request the NOC Contact Form from namioncampus@nami.org to formally be a part of the growing NAMI On Campus Community! The completion of this form will grant your club access to exclusive NOC materials to help your club get on the right foot to supporting your peers and educating your community).

NAMI Rochester is requesting a minimum of \$2,500 to help launch NAMI on Campus. To be impactful, we would like to initially target one or two schools and launch the programs and assist the NOC to coordinate concerts, and events that would appeal to teens, i.e., concerts, a food and ice cream rodeo, a car wash, guest speakers, and other activities to help the NOC obtain recognition, participation, and be identified as a club that is safe for anyone to join. It would also help the club acquire funding to support ongoing meetings, and mental health and wellness projects. It is important for the students to be empowered to be in charge of the program, it's ideas, and progress. NAMI and each school should play a supporting role.

Section Two: Organizational Information

Tell us about yourselves

Please provide your organization mission statement. \*

NAMI Rochester provides Education, Support, Advocacy and Hope to anyone affected by mental illness

Please share a brief history of your organization. \*

3-5 sentences

NAMI Rochester was established in 1987 as Families and Friends of the Mentally III and Emotionally Disturbed, DBA NAMI Rochester, when four mother gathered to strategize a solution for their son's who were aging out of the mental health system. Moving forward from that initial meeting, Families and Friends became the DBA NAMI Rochester, and successfully applied and became an affiliate of NAMI National and NAMI NYS.

Please list your current programs and activities. \*

Bulleted list

- \*NAMI Connection Peer Support Group
- \*NAMI Connection Activity Group
- \*NAMI Family Support Group
- \*NAMI Family to Family Eight week Education Program
- \*NAMI Ending the Silence
- \*Suicide Survivors Support Group
- \*Coping Skills Eight Week Work Shop
- \*NAMI on Campus Brockport College
- \*NAMIWalks

Please describe a few top accomplishments of your organization within the last three years.

\*

\*

3-5 sentences

The greatest accomplishments, which have occured are the addition of the Bereavement Suicide Suicide Group, adding the Coping Skills Education class, establishing, strengthening and supporting a stronger presence of NAMI Signature Programs, and moving to a new office space which now can accommodate up to two supports groups simultaneously and also room have for over-flow from the support groups. We now have additional volunteers to help support our programs, and plan to continue to add volunteers. The NAMIWalk will be held on September 28, 2024 this year, which had previously held in the Spring. We are expecting it to be our most successful Walk to date.

Please provide your IRS EIN number. \*

22-2799974

Please list key staff involved with this project and their position in your organization.

Donna Leigh-Estes, Executive Director, CEO - Primary Oversight
Beth Winslow-D'Amico, Director of Programs and Education, staff member
Lyanne Gallemore, Community Liaison, staff member
Lynne Fisher, former teacher, In Our Own Voice Presenter, part time staff member

Section 3 - Proposal Details

Tell us about your proposal.

Please describe the problem or need which you seek to solve. \*

We plan to address the urgent need for support for teens who need understanding of mental illness, mental wellness, and the importance of connection to peers. NAMI on Campus also provides a safe "Club" in which everyone is welcome.

Please provide an overview of your proposed timeline. \*

The timeline for this project would begin in August 2024, and will be ongoing. The budget for the project far exceeds the grant limit, however, we believe it is essential to provide this program to high school students. There is no other program like this in our area. We will to reach out to other funders.

Please provide your proposed budget. \*

NAMI ON Campu...

△ Add File

Amount of funding requested. \*

Maximum request \$2500

\$2,500

Section 4 - Contact Information

Families and Friends of the Mentally III and Emotionally Disturbed, DBA, NAMI Rochester
Contact Name *
Donna Leigh-Estes
Email address *
donna@namiroc.org
Website *
www.namiroc.org
Phone number *
585-423-1593 and 585-737-8268
Address *
344 N. Goodman St. Rochester, NY 14607

Organization Name \*

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We believe that in our short time we fully lived out our mission to bring awareness to the subjects of mental health & wellness, mental illness, and especially suicide. Supports exist now that did not exist 5 years ago. We also believe that in general our culture has an increased openness to discussing mental health issues. We like to think that organizations such as ours helped to make this happen.

We appreciate the support that the Ecumenical Minsitries of Perinton (EMP), our parent 501c3 organization, provided to STSROC. We could not have hosted the events that we know had a positive effect on the attendees and the event planners as well! In EMP Board meetings the EMP member's words of encouragement and support, and EMP board member's attendance at our events were a gift to our youth board. We have seen already that our youth have charted courses altered by their service with and through STSROC.

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We encourage everyone to actively support continued discussions about mental health and wellness.

Thank you,

The STSROC Board of Directors

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### Section One: Overview

Please provide an overview of your proposal, including:

- Brief description of the proposal
- Individuals or communities served
- Amount of funding requested

Canalside Therapeutic Arts is an arts and psychotherapy studio in Fairport, NY that is committed to providing affordable and accessible mental health care for children, teens, adults and families. We serve Fairport and surrounding communities. Our clients range in age from 5-95. Of our client population, approximately 75% are children. We serve a variety of needs including clients with anxiety, depression, ADHD, ASD and we help with emotion regulation skills, distress tolerance, coping, and self-esteem.

We are requesting the maximum amount of funding possible, \$2,500. Unlike traditional talk therapy, art therapy services utilize art materials and keep a fully stocked art studio available to clients. Due to the nature of our business, we typically do not make a large profit.

As the owner of Canalside Therapeutic Arts, my goal is to serve the community, make services affordable, as well as provide graduate students with experience. Canalside Therapeutic Arts is affiliated with Nazareth University. We employ interns who are working towards licensure with NYS (LCAT). Students are required to obtain 700 hours of clinical services in order to qualify for licensure (LCAT), as well as national credentialing (ATR, ATR-P, ATR-BC). This funding would support our missing in providing quality services, and assist in obtaining art materials for our art therapy studio.

Section Two: Organizational Information

Tell us about yourselves

Please provide your organization mission statement. \*

Canalside Therapeutic Arts & Counseling Services provides quality mental health services to individuals, couples, and families of all ages in a private office in Fairport, NY. We are committed to improving your quality of life, and achieving your goals. We are committed to affordable and accessible mental health care.

Please share a brief history of your organization. \*

## 3-5 sentences

Canalside Therapeutic Arts opened in 2017. In 2022 we partnered with Nazareth University to give art therapy interns a place to hone their therapeutic skills. We continue to provide mental health services based on family income, and household composition to make services affordable for individuals and families. Our services range from \$25-\$90.

Please list your current programs and activities. \*

**Bulleted list** 

Canalside Therapeutic Arts & Counseling Services offers art therapy services and individual psychotherapy services to individuals, couples and families of all ages.

Below is a brief list containing common areas of focus for art therapy treatment. Please contact us with questions regarding anything not listed below.

**ADHD** 

Addiction

**Aging Parents** 

Anger Management

Assertiveness / Self Esteem Enhancement

Child & Adolescent

Communication

Conflict Resolution

Depression

**Family Conflict** 

**Grief & Loss** 

Illness

Managing Anxiety

Parenting

Stress Management

Trauma/Abuse

Women's Issues

### INDIVIDUAL THERAPY

I will provide you with a safe place to work through life's challenges and traumas to help you feel your best. We will focus on your strengths and work together to make healthy decisions. We will develop solutions needed to move forward and increase self-awareness.

### **GROUP THERAPY**

Group therapy is a safe and rewarding was to connect with and learn from others who are dealing with similar issues, both your successes and struggles.

### **ART THERAPY**

Art Therapy is used to improve cognitive and sensory-motor functions, foster self-esteem and self-awareness, cultivate emotional resilience, promote insight, enhance social skills, reduce and resolve conflicts and distress, and advance societal and ecological change.

Please describe a few top accomplishments of your organization within the last three years. \* 3-5 sentences

Over the past 5 years we have served over 150 individuals/families.

We are proud of our partnership with Nazareth University.

We are extremely proud of winning the Scarecrow Festival competition this year with Arty the Art Scareapist, a full-size scarecrow puppet that helps kids with scarry things! The clients at Canalside Therapeutic Arts made puppets and decorations for the exhibit and I know the kids were extremely proud of their creations.

Please provide your IRS EIN number. \*

82-1954750

Please list key staff involved with this project and their position in your organization. \*

Emily Genovese, Owner Shane Updike, Coach Brionna Ball, Art Therapy Intern

Section 3 - Proposal Details

Tell us about your proposal.

Please describe the problem or need which you seek to solve. \*

Providing low cost, affordable services while maintaining a fully stocked art studio is costly. The majority of our profits are invested in maintaining our space.

Our goal, should we receive funding, would be to stretch these dollars for as long as possible. The plan would not be to spend all of the money at once, but to have this money for purchasing supplies, and getting new supplies because people feel more valued and valuable when they have quality art materials, new materials, and a variety of materials available. We may also be able to utilize funds for Canal Days event, as well as the upcoming Wellness Day Event as we look to have materials available for people to create art at these events. Please provide your proposed budget. \* Canalside Ther A... Amount of funding requested. \* Maximum request \$2500 2500 Section 4 - Contact Information Organization Name \* Canalside Therapeutic Arts, LLC Contact Name \* **Emily Genovese** Email address \*

Please provide an overview of your proposed timeline. \*

canalsidetherapeuticarts@gmail.com

Website *
www.canalsidetherapeuticarts.com
Phone number *
585-210-9177
Address *
3 Railroad Street Suite D5 Fairport, NY 14450

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Thank you,

The STSROC Board of Directors

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Section One: Overview

Please provide an overview of your proposal, including:

Brief description of the proposal

Individuals or communities served

Amount of funding requested

The goals of Stop the Stigma was something that had direct influence in so many lives and I thank the board for what they did and will continue to do to bring awareness to mental wellness.

I am writing today on behalf of the newly created Friends of Perinton Recreation and Parks. Our goal is to raise awareness and funds for program scholarships, inclusive initiatives and capital projects for the recreation and parks department. Examples would include reduced rate or free programs and community center access, adaptive equipment, inclusive programming and capital projects for existing and new public spaces.

We are a group of driven and passionate Fairport residents that are excited to expand upon existing programing and create new opportunities for our diverse community.

We are asking for the maximum amount of \$2500. These funds would aid in start up costs to create awareness in the community, open fund raising opportunities and provide an immediate boost to the Recreation and Parks department for current projects.

Please reach out with any questions, concerns or clarification. Thank you for your thoughtful consideration.

Signed,

The Friends of Perinton Recreation and Parks

Section Two: Organizational Information

Tell us about yourselves

Please provide your organization mission statement. *
To raise awareness and funds for program scholarships, inclusive initiatives and capital projects for the recreation and parks department.
Please share a brief history of your organization. *
3-5 sentences
We are newly established with support from the Town of Perinton and the Department of Recreation and Parks
Please list your current programs and activities. * Bulleted list
We are in the very beginning phases of spinning off the current scholarship fund from the Town of Perinton and the Recreation and Parks Department.
Please describe a few top accomplishments of your organization within the last three years. * 3-5 sentences
The current funding from the town has provided reduced rate and free access to recreation programming and activities. Our goal is to increase that funding to provide more opportunity.
Please provide your IRS EIN number. *
Fairport Foundation: 45-4351012

Please list key staff involved with this project and their position in your organization. \*

Nate Romagnola-Board Member, Don Young-Board Member, Bob Ames-Board Member, Diane Riesenberger-Board Member, Jeff Nutting-Commissioner of Recreation and Parks (non-voting advisor), Al Chesonis-Chair of the Recreation and Parks Advisory Board (non-voting advisor)

Section 3 - Proposal Details

Tell us about your proposal.

Please describe the problem or need which you seek to solve. \*

We are committed to expanding the current funding for program scholarships, inclusive initiatives and capital projects that will benefit our community through the Department of Recreation and Parks

Please provide an overview of your proposed timeline. \*

We are in the infancy of our creation and are moving quickly to get established within the community.

Please provide your proposed budget. \*



Working on a bu...

Amount of funding requested. \*

Maximum request \$2500

\$2500

Organization Name *
Friends of Perinton Recreation and Parks
Contact Name *
Nate Romagnola
Email address *
nromagnola@gmail.com
Website *
None yet
Phone number *
5854148430
Address *
6 North Main Street, Suite 105, Fairport, NY 14450

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Thank you,

The STSROC Board of Directors

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Section One: Overview

Please provide an overview of your proposal, including:

- Brief description of the proposal
- Individuals or communities served
- Amount of funding requested

The Mental Health Association of Rochester/Monroe County, Inc. (MHA Rochester) is a non-profit organization that has been providing peer led support for persons facing mental health challenges in our community for 40 years. We provide peer-led services and support to youth, adults and families. MHA Rochester is an affiliate of Mental Health America, a national nonprofit organization dedicated to promoting mental health, well-being, and illness prevention. We advance mental health and well-being of all ages through public education, advocacy, and direct service.

At the start of 2024, Mental Health Association of Rochester/Monroe County assumed primary leadership of Partners for Suicide Prevention, a coalition of individuals and organizations in Monroe County who are committed to the mission of promoting awareness and use of resources for all persons in Monroe County to build hope and resilience. We envision a community where individuals choose to use skills and resources as an alternative to suicide.

MHA Rochester proposes using funds received to support the work of the coalition for all members of the Monroe County community through tabling at community events to promote suicide awareness, providing evidence-based suicide prevention training and promoting resources across the community. Funds will also be used to pay a small stipend to an intern from a local college who has an interest in working with MHA Rochester/Partners for Suicide Prevention to promote mental wellbeing/suicide prevention.

The amount being requested is \$2500.

Section Two: Organizational Information

Tell us about yourselves

Please provide your organization mission statement. \*

The Mental Health Association of Rochester/Monroe County, Inc. promotes mental wellness through a spectrum of culturally competent programs and services. The Mental Health Association envisions a time when the stigma of mental illness will be eliminated, and all residents of our community will have access to a full continuum of high-quality, easily accessible, and culturally competent mental health services, regardless of their ability to pay.

Partners for Suicide Prevention is a community coalition that promotes awareness and use of resources for all people of Monroe County to build hope and resilience. We envision a community where individuals choose to use skills and resources as an alternative to suicide.

Please share a brief history of your organization. \*

### 3-5 sentences

The Mental Health Association began 40 years in the Rochester Community with providing peer support services to those with mental health challenges. Today, we provide services in Monroe, Livingston and Ontario Counties.

Partners for Suicide Prevention began in 2016 by a group of dedicated community members. In 2019 the leadership was transitioned to another organization for which eventually stopped coalition functions. The coalition lay dormant until 2024 in which MHA Rochester assumed a leadership role to restart the coalition work. Many individuals now, are same individuals who started the coalition in 2016.

Please list your current programs and activities. \*
Bulleted list

## MHA Rochester provides:

(1) Prevention and Community Engagement (community education and workshops pertaining to mental wellness, support to individuals psychiatrically hospitalized, connection to services int he community and a self-help drop-in center for persons in crisis); (2) Woods Center for Wellbeing (a community wellness center that offers creative art opportunities, skill building workshops and mutual support groups to support mental wellness); (3) Education, Training and Employment (benefit advisement, vocational assessment and placement, peer training academy to become certified as a peer specialist); (4) Community Based Peer Support for Adults (direct care services, contracts to provide peer support for DePaul and East House); and Community Based Peer Support for Youth and Families (direct services by certified youth mentors and family peer advocates).

## Partners for Suicide Prevention provides:

(1) a monthly forum for community members to network and share information about community resources (2) Evidence Based Suicide Prevention training through a network of trained facilitators (3) promotion of resources through its website, social media platforms and tabling events (4) cross collaboration among individuals and organizations to fill gaps related to suicide prevention, intervention and postvention services and supports (5) advocacy that is supported by data, evidence based research and personal stories.

Please describe a few top accomplishments of your organization within the last three years. \* 3-5 sentences

MHA Rochester has a new President/CEO that is committed to the leadership of Partners for Suicide Prevention (was a founding member in 2016) and the organization recently assumed new space for which it intends its use to be by the community for mental health related uses. This will include meetings training space and hosting of an intern to work for Partners for Suicide Prevention.

Please provide your IRS EIN number. *	
16-1395575	

Please list key staff involved with this project and their position in your organization. \*

Valerie Way, LCSW-R President/CEO of MHA Rochester and Chairperson of Monroe County Partners for Suicide Prevention Coalition

Tell us about your proposal.

Please describe the problem or need which you seek to solve. \*

Monroe County does not have a centralized entity coordinating resources on suicide prevention, intervention and postvention. Rather, there are many organizations that do parts of this work. MHA Rochester has restarted the Partners for Suicide Prevention Coalition to bring individuals and organizations together for this sole purpose. By doing so, the coalition hopes that community members chose to use skills and resources as an alternative to suicide (increasing services and supports and reducing number of suicides).

Please provide an overview of your proposed timeline. \*

The coalition work has begun and could utilize funds immediately for disseminating promotional materials at health fairs, etc. and providing bottles of water for suicide prevention training participants. If funded, we would work with area colleges to secure an intern for fall semester 2024 and spring 2025.

Please provide your proposed budget. \*



Amount of funding requested. \*
Maximum request \$2500

\$2500

Organization Name *
Mental Health Association of Rochester/Monroe County, Inc. and Partners for Suicide Prevention
Contact Name *
Valerie Way
Email address *
VWay@mharochester.org
Website *
https://www.mharochester.org/ and https://suicidepreventioncoalition.org/
Phone number *
15853253145
Address *
274 N. Goodman St. Suite D103, Rochester, NY 14607

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