

# 2024 GCI Suicide Prevention Grant

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*Alaska Community Foundation*

## *Grant Information*

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The Alaska Community Foundation, in partnership with GCI, is proud to offer the **GCI Suicide Prevention Grant Program**, which will fund projects and organizations whose goal is to reduce the rates of suicide in Alaska and promote mental wellness through strengthened community and personal connections.

Application information is outlined in the Grant Guidelines. If you have questions please call The Alaska Community Foundation at (907) 334-6700.

If your organization would like to have a draft review of your application, complete and save your application, but do not submit. Please email The Alaska Community Foundation at least two (2) weeks prior to the deadline at [grants@alaskacf.org](mailto:grants@alaskacf.org) requesting a review.

**Priority will be given to organizations that:**

- Empower Alaskans to work together to promote community wellness.
- Demonstrate measurable results, accountability, cultural sensitivity, and unify communities.
- Will impact communities that might not have easy access to suicide prevention support programs.

**This could look like (*this is not an exhaustive list*):**

- Addressing generational trauma
- Veteran connectedness
- Means restriction / Gun safety
- Increased connectivity to treatment services

- Youth coalitions
- Primary prevention
- Support for those already doing this work in communities
- Building on past successes
- Support of needs assessments
- Community mobilization
- High-risk populations

## *Organization Information*

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### **Organization History and Mission Statement\***

Please summarize your organizations history and provide your organizations current mission statement.

*Character Limit: 2000*

### **Services the Organization Provides\***

*Character Limit: 1000*

### **Location of Organization\***

Please indicate the community in which your organization is physically located.

*Character Limit: 150*

## *Project Information*

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### **Name of Suicide Prevention Project\***

*Character Limit: 200*

### **Project Summary\***

Please provide a maximum of 5 sentences outlining the project.

*Character Limit: 500*

### **Funding Request (Enter the dollar amount requested)\***

Grant requests may be a minimum of \$1,000 and up to \$10,000 maximum; **average awards are \$5,000.**

*Character Limit: 20*

### **Participation**

Approximately how many individuals are you expecting to participate in this activity?

### **Choices**

- 0-50
- 51-100
- 101-150
- 151+

### Region(s) Served\*

Please indicate all of the regions in which your services are utilized.

#### Choices

- Aleutian Chain
- Anchorage MOA
- Arctic Slope
- Bering Strait
- Bristol Bay
- Copper River
- Fairbanks
- Interior Alaska
- Juneau
- Kodiak Archipelago
- Mat-Su Valley
- Northwest Arctic
- Prince William Sound
- Southcentral Alaska
- Southeast Alaska
- Statewide
- Yukon-Kuskokwim

### City/Village work will be conducted in\*

What communities will this work be conducted in?

*Character Limit: 50*

### Community Need\*

Briefly describe the community need for the proposed project.

#### Your description should include:

- Audience to be served
- Who the program is intended to benefit (youth, elders, military, etc.)
- Any statistical information

*Character Limit: 1000*

### Project Timeline\*

What is the timeline for the overall project?

*Character Limit: 500*

**Project Impact\***

How does your organization hope this project will reduce rates of suicide in Alaska and promote mental wellness through strengthened community and personal connections? Explain how the target population will be better off by the proposed project.

*Character Limit: 1000*

**Project Outcome(s)\***

Provide measurable outcomes that you will report on in the progress reports (January 31, May 31) and at the end of the funding year (August 31).

*Character Limit: 1000*

**Budget Information**

In the table below, enter the expenses associated with your project, your anticipated allocation of grant funds, and expenses that remain after grant funds have been allocated.

Line Item	Anticipated Cost of Line Item	Anticipated Allocation of Grant Funds for Line Item	Expenses remaining after allocating grant funds

**Can you still proceed with partially funded award?\***

This grant is highly competitive and often partial awards are made to help spread funding. If you are partially funded, are you able to still conduct this work?

*Character Limit: 100*

**Additional Funding Information**

In the table below, enter sources of additional funding, the amount of additional funding, whether the funding is pending or secured, and how you envision using that funding in your project.

Source of Additional Funding	Amount of Additional Funding	Funding Secured or Pending?	Anticipated use for funding

**Community Support\***

Please describe partnerships with other nonprofits, community groups, members, or organizations for the proposed project

*Character Limit: 1000*

**Budget Narrative\***

In the text area below, enter the budget narrative below and be sure to include details about other sources of funding if applicable.

*Character Limit: 1000*

**Budget Considerations\***

In the event that you are awarded partial funding, how would you alter your approach to this completing project? How would your outcomes change?

*Character Limit: 1000*

**Additional Support Materials**

Upload any bids, estimates, staff qualifications, training curriculum or any other information that relates to your project. Note: Please do not upload budget spreadsheets.

*File Size Limit: 5 MB*

**Additional attachments.**

Upload any additional supporting documents here. Note: Please do not upload budget spreadsheets.

*File Size Limit: 3 MB*

***Electronic Signature***

Direct questions related to the online application system to The Alaska Community Foundation by email: [grants@alaskacf.org](mailto:grants@alaskacf.org), or by phone: 907-334-6700.

With my electronic signature, I certify that the information provided in this application is true, correct, and complete. I agree to allow any information on this application (unless otherwise noted) to be released for publication by The Alaska Community Foundation and GCI. I authorize The Alaska Community Foundation to verify any information submitted as part of this application.

If changes need to be made to an awarded project's grant budget and/or program plans, the grantee shall make a written request to the ACF VP of Programs & Grants or the Program Officer for Grants & Scholarships, before any changes occur. Any variance in project purpose requires prior ACF approval. Grant funds may not be used for projects other than what has been approved. ACF reserves the right to require the return of funds if it deems that the grantee has not complied with the terms of the grant agreement for use of funds, or to comply with any law or regulation affecting the grantee, grant, or ACF.

**Copyright policy:** Grantee retains copyright; ACF reserves a royalty-free nonexclusive and irrevocable right to reproduce, publish, or otherwise use the work for organizational/educational purposes, and to authorize others to do so.

### I have read the above information\*

#### Choices

Yes

No

### Title of Authorizing Official\*

The Authorizing Official has the authority to solicit and accept grants on behalf of their organization.

*Character Limit: 75*

### Date\*

*Character Limit: 10*

### Electronic Signature\*

By typing in your name below, you certify that the above information is true and accurate to the best of your knowledge.

*Character Limit: 75*