



# 2019 SITE APPLICATION

## GREENVILLE COUNTY BEHAVIORAL HEALTH (GCBH) AMERICORPS VISTA PROGRAM

### APPLICATION DIRECTIONS



Thank you for applying to be a 2019-2020 site for one or more Greenville County Behavioral Health (GCBH) AmeriCorps VISTA Member(s). **Completed applications are due to the program sponsor Mental Health America of Greenville County no later than 12 p.m. (noon) on Wednesday, February 13, 2019.** Applications must be emailed to [mhagc@mhagc.org](mailto:mhagc@mhagc.org), and the sponsor will confirm receipt with a confirmation email.

*\*Please note that government and non-profit organizations are asked to submit a separate application for each proposed site location. To be considered for VISTA placement, an agency representative attend an information session as specified in the "Information for Sites" document.*

### BASIC SITE INFORMATION

#### **Organization Information**

Agency Organization Name \_\_\_\_\_

Executive Director (ED) Name \_\_\_\_\_ ED Phone \_\_\_\_\_ ED Email \_\_\_\_\_

Organization Website Address \_\_\_\_\_ EIN \_\_\_\_\_

Organization Mailing Address \_\_\_\_\_

Physical Address (if different) \_\_\_\_\_

#### **VISTA Site Location Information \***

Site/Department Name \_\_\_\_\_

VISTA Site Supervisor Name \_\_\_\_\_ Title of VISTA Site Supervisor \_\_\_\_\_

Is this a full-time employee of the organization? Y\_\_\_ N\_\_\_

VISTA Site Supervisor Phone \_\_\_\_\_ VISTA Site Supervisor Email \_\_\_\_\_

Site Mailing Address \_\_\_\_\_ Site Physical Address (if different) \_\_\_\_\_

How many total 2019-2020 GCBH AmeriCorps VISTA positions are you seeking for this site location? \_\_\_\_

Has your organization hosted an AmeriCorps VISTA position before? Y\_\_\_ N\_\_\_

Has at least one site employee ever served as an AmeriCorps Member or Site Supervisor? Y\_\_\_ N\_\_\_

**POSITION DESCRIPTIONS** For each GCBH VISTA position your site is pursuing for the 2019-2020 Program Year, please specify the requested information. If more than four positions are desired for this location, please submit an additional page with the requested information.

**Title of Position #1:** \_\_\_\_\_

**Focus Need:** Mental Health\_\_\_ Opioid\_\_\_

**Overall Goal of the Project** (35 word maximum):

**Three Key Objectives to be Achieved** (150 total word maximum for all three objectives combined):

a)

b)

c)

*If Applicable* **Title of Position #2:** \_\_\_\_\_

**Focus Need:** Mental Health\_\_\_ Opioid\_\_\_

**Overall Goal of the Project** (35 word maximum):

**Three Key Objectives to be Achieved** (150 total word maximum for all three objectives combined):

a)

b)

c)

**POSITION DESCRIPTIONS** For each GCBH VISTA position your site is pursuing for the 2019-2020 Program Year, please specify the requested information. If more than four positions are desired for this location, please submit an additional page with the requested information.

**Title of Position #3:** \_\_\_\_\_

**Focus Need:** Mental Health\_\_\_ Opioid\_\_\_

**Overall Goal of the Project** (35 word maximum):

**Three Key Objectives to be Achieved** (150 total word maximum for all three objectives combined):

a)

b)

c)

*If Applicable* **Title of Position #4:** \_\_\_\_\_

**Focus Need:** Mental Health\_\_\_ Opioid\_\_\_

**Overall Goal of the Project** (35 word maximum):

**Three Key Objectives to be Achieved** (150 total word maximum for all three objectives combined):

a)

b)

c)

## CONNECTING VISTA WORK TO PROGRAM FOCUS

1. ALLEVIATING POVERTY – Describe the specific poverty-related need that your site’s proposed VISTA position(s) will address. Provide any relevant data that demonstrates how the work would benefit at least one low-income population in Greenville County. *(100 word maximum)*

2. INCREASING ACCESS TO BEHAVIORAL HEALTH CARE IN COMMUNITY –

A) How does your site’s proposed VISTA position(s) connect to the GCBH VISTA program goal of increasing the community’s access to behavioral health services? *(100 word maximum)*

B) If your site is selected, to what degree is your site able to participate in the Rx Coalition and the Greenville County Behavioral Health Coalition?

\_\_\_ Each VISTA at my site will attend the monthly Rx Coalition or Behavioral Health Task Force meeting.

\_\_\_ Each VISTA **AND** a staff member at my site will attend the monthly ECHO Rx Coalition or bi-monthly Behavioral Health Coalition meeting.

\_\_\_ Each VISTA will attend a monthly meeting AND our site will have staff representation at **BOTH** the monthly RX Coalition **AND** the bi-monthly Behavioral Health Coalition meetings.

3. BUILDING ORGANIZATIONAL CAPACITY – How will the VISTA positions at your site improve internal systems and increase your organization’s ability to achieve its mission? *(50 word maximum)*

4. ALLOWING FOR SUSTAINABILITY OF WORK– What is the organization’s plan for ensuring that there is long-term impact of the work conducted by your site’s VISTA(s)? *(50 word maximum)*

## SUPPORTING VISTAS

1 Will your site provide ALL of the following REQUIRED supports for each VISTA position? Y\_\_ N\_\_

- A work space with a computer station and access to a telephone;
- Mileage reimbursement for service-related activity (at a per-mile rate consistent with the federal reimbursement rate);
- Supplies necessary for the VISTA's service;
- \$4,000-per VISTA cost-share (made payable to the program sponsor) in two \$2,000 installments;
- A housing stipend totaling \$600 for the service year to be paid to the landlord by the site/organization (\$150 on a quarterly basis);
- Initial on-site and ongoing training required to fulfill their work assignment;
- A weekly workload at your site (or in the community for which the VISTA represents your site) of approximately 36-40 hours (*Please note– hours range should not include lunch breaks*);
- Allowing your VISTA to complete an independent project at MHAGC offices for an additional 3-4 hours each week;
- Allowing your VISTA to complete Active Listening and Crisis Intervention Training (to be provided to all VISTAs by the sponsor in the first three weeks of the service year as part of On-Site Orientation);
- Allowing your VISTA to attend monthly GCBH VISTA meetings/trainings of a maximum of 8 hours a month; and
- An on-site full-time employee to serve as a supervisor to provide day-to-day support.

2. Indicate which of the following OPTIONAL supports your site would also provide to each

\_\_ Mileage reimbursement above the federal rate OR access to an agency vehicle for service-related activity *Please specify rate/type of support*\_\_\_\_\_;

\_\_ A housing stipend above the \$50 per-month rate or additional housing opportunities provided by your agency; *Please specify rate/type of support*\_\_\_\_\_;

\_\_ Paying for the VISTA to participate in professional development course or opportunity to include membership in a PULSE Young Professionals cohort, Toastmaster, etc.

*Please specify type of support*\_\_\_\_\_;

\_\_ Uniforms or Clothing Vouchers;

\_\_ Free or Reduced Rates for Gym Membership; or

\_\_ Providing another (other than training) support valued at \$300 or more. *Please specify type of support*\_\_\_\_\_;