



HELP DECIDE!

GRANT REVIEW

Help select community programs

Saint Louis MHB seeks city residents to review grant proposals to help identify high quality programs in several categories for St. Louis City residents. Eligible reviewers must be city residents. Preference will be given to individuals that meet the additional criteria described in the application. Selected reviewers must be available to complete the entire review process virtually, which will require regular internet access and access to a computer.

**Apply to be a
Community
Reviewer!**

**If you have
experience using
social service
programs in
St. Louis, we need
your input!**

**Read and discuss
proposals with a
team.**

**Help select high
quality services for
St. Louis residents!**

Submit an application to
Serena Muhammad:
stlmhb@stlmhb.com
314-535-6584 fax

Deadline:
March 21, 2022

Reviewers will receive a consulting
fee upon completion of the entire
review process.

MHB COMMUNITY REVIEWER APPLICATION

NAME:			
ADDRESS: CITY, STATE, ZIP			
PHONE #:		EMAIL ADDRESS:	

Check the box for each statement that describes you:

<input type="checkbox"/>	I am a resident of the City of St. Louis and I am over the age of 17.	<input type="checkbox"/>	I have experience accessing/receiving mental health services for myself or a family member
<input type="checkbox"/>	I am a parent, caregiver, or family member of a young person that is 18 or under.	<input type="checkbox"/>	I have experience accessing/receiving substance use prevention or treatment services
<input type="checkbox"/>	I have experience accessing early childhood (childcare) services in St. Louis City	<input type="checkbox"/>	I have experience accessing/receiving services designed to interrupt violence

What skills/expertise would you bring to the proposal review committee? (Check all that apply)

<input type="checkbox"/>	Project Management	<input type="checkbox"/>	K-12 education
<input type="checkbox"/>	Youth leadership/Youth voice	<input type="checkbox"/>	Violence prevention
<input type="checkbox"/>	Family engagement/Parenting education	<input type="checkbox"/>	Health care provider
<input type="checkbox"/>	Substance use/Recovery services	<input type="checkbox"/>	Mental health provider
<input type="checkbox"/>	Community outreach/Community organization	<input type="checkbox"/>	Early childhood education
<input type="checkbox"/>	Mental & physical health integration	<input type="checkbox"/>	Public health
<input type="checkbox"/>	Program evaluation	<input type="checkbox"/>	Teen parents
<input type="checkbox"/>	Homeless/Transitional living services	<input type="checkbox"/>	Youth services/Youth development
<input type="checkbox"/>	Foster Care	<input type="checkbox"/>	Juvenile Justice
<input type="checkbox"/>	Transition Age Youth	<input type="checkbox"/>	Other:

Related Work & Volunteer Experience (Business, civic, community, fraternal, political, professional, recreational, religious, social)

ORGANIZATION	ROLE/TITLE	DATES OF SERVICE (mo/year)

Why are you interested in serving as a Community Reviewer?

Describe your experience with reviewing and/or evaluating funding proposals for direct services.

Please select the boxes beneath all of the dates and times that you are available. This information will help us assign you to a review team if you are selected.

	9 am	10 am	11 am	Noon	1 pm	2 pm	3 pm	4 pm	5 pm	6 pm
March 31 Orientation and Training										
April 1 Orientation and Training										
April 7 Joint Review Team Meeting										
April 18 Joint Review Team Meeting										
April 19 Joint Review Team Meeting										
April 20 Joint Review Team Meeting										
April 22 Joint Review Team Meeting										

Please indicate your availability to read applications on your own as follows:

April 1 – April 5 (Please note this timeframe includes Saturday and Sunday) Individual Application Review (approx. 30 hours)	April 11 – 15 Individual Application Review (approx. 30 hours)
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By signing below, I certify to the best of my knowledge that all information included in this application is correct. I understand that if I am selected to serve as a Community Reviewer, I will be required to submit a conflict of interest statement and confidentiality agreement.

Signature

Date

Submit Completed Application by email, fax or mail to:

stlmhb@stlmhb.com or 314-535-6584 fax or

Saint Louis Mental Health Board

The Annex at Union Station

333 S. 18th Street, Suite 200, St. Louis, MO 63103