OHIO PROGRAM *for*
**CAMPUS SAFETY
& MENTAL HEALTH**
A NEOMED CCoE

**CAMPUS-COMMUNITY
COLLABORATIVE GRANTS**

Promoting mental health | Preventing suicide | Reducing stigma

Ohio Program for Campus Safety and Mental Health
Campus-Community Collaborative Grants (CCG)

Fiscal Year 2026 Request for Proposals

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Fiscal Year 2026 Request for Proposals

Executive Summary:

The Ohio Program for Campus Safety and Mental Health (OPCSMH) is accepting proposals for FY26 Campus-Community Collaborative Grants (CCG). The purpose of these grants is to support the development of suicide prevention, mental health promotion and stigma reduction programs for campus faculty, staff, and students at Ohio's institutions of higher education. Proposals must demonstrate a collaborative relationship between one or more colleges, universities, technical schools, and/or community colleges within the area and a local community entity. This is a competitive program.

Date Posted: **August 8, 2025**

Applications are due by: **Monday, September 8, 2025, by 5:00pm EST.** **Please submit applications via the following link:**
https://neomed.sjc1.qualtrics.com/jfe/form/SV_6G24REkofEqfuWq

View the CCG Instructional Video How to Apply:
https://youtu.be/PsiOSKSjjc0

Award Amounts: **Due to anticipated changes in funding for institutions of higher education, the limit for proposals has increased from previous years. FY26 proposals cannot exceed $10,000. Indirect costs are not allowable. Applicants should be aware that final funding amounts are subject to the availability of funds.**

Grant Period: **October 1, 2025 – June 30, 2026**
Due to the nature of the funding all funds must be expended by the last day of the grant period. No-cost extensions will not be allowed.

Eligible Applicants: Eligible applicants are limited to not-for-profit Institutions of Higher Education and associated student groups; Alcohol, Drug Addiction, and Mental Health (ADAMH) Boards or the local NAMI chapters within the State of Ohio. **Campuses receiving Garrett Lee Smith Campus grants are not eligible to apply.**

 Questions? Please contact:

Ohio Program for Campus Safety and Mental Health
Northeast Ohio Medical University
Department of Psychiatry
4209 State Route 44, PO Box 95
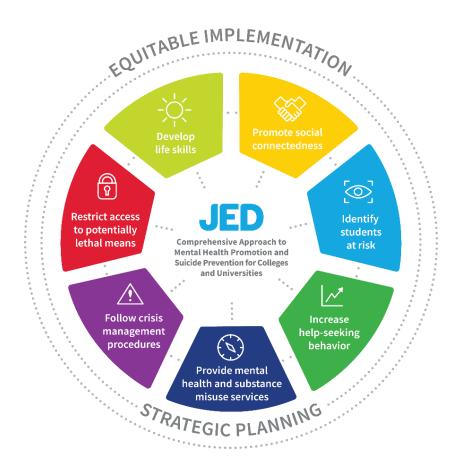Rootstown, OH 44272
opcsmh@neomed.edu

Purpose of Funding:

The purpose of these grants is to **promote collaboration between college/university and community partners** to develop programming to **prevent suicide, promote mental health and reduce stigma about mental illness** or its treatment on campus. These partners include (but are not limited to) campus counseling centers/departments, campus health centers or clinics, consumer/student advocacy organizations, academic departments and community health and mental health agencies.

Neither the grant funding available nor the grant period will be sufficient to develop a comprehensive approach to address all issues related to mental health on campus. Rather, it is expected that grantees enhance their current array of suicide prevention and mental health promotion activities and **encourage the development or strengthening of the partnership between the campus and the local mental health system.**

The Ohio Program for Campus Safety and Mental Health developed its Comprehensive Approach to Mental Health on Campus based on the [Suicide Prevention Resource Center](#) and The [Jed Foundation's model](#). Applicants are encouraged to choose one or more of the bullets from the diagram below to address with grant funds.

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Types of Programming Supported by the Campus-Community Collaborative Grants:

[List of Previously Supported Activities PDF](#)

Applicants are encouraged to apply for funds to develop new programming or improve existing efforts in the following areas:

a. Provide training programs in collaboration with and for students and campus personnel to respond effectively to students with mental and behavioral health problems, such as depression and substance abuse, which can lead to suicide and suicide attempts. Examples of trainees to be targeted are campus health and mental health personnel and gatekeepers such as residence hall advisors, faculty, student government and student organizational leaders, the chaplainry, dean of students, student advisors, athletic coaches, and first responders.

b. For colleges and universities that do not have comprehensive, campus-based mental health services, create a networking infrastructure to link the institution with health care providers from the broader community who can treat mental and behavioral health concerns.

c. While funds may not be used for assessment or treatment services, they may be used to promote mental health and substance abuse screening. Examples of past use include supporting National Depression Screening Day and providing training and forms for screening in primary care.

d. Train a student peer network to promote mental health, identify students in distress, and refer to appropriate local resources.

e. Develop and implement educational programs. Such programs may include, but are not limited to, provision of information on suicide prevention, identification and reduction of risk factors such as depression and substance abuse, promoting help seeking, building life skills, and reducing the stigma of seeking care for mental and behavioral health problems.

f. Create local college-based hotlines and/or promote linkage to the Crisis Text Line (Text 741-741), and the transition to the National Suicide Prevention Lifeline to **988**. The use of hotlines should be integrated into the university's emergency management or crisis response plan.

g. Prepare or otherwise obtain informational materials that address warning signs of suicide, describe risk and protective factors, and identify appropriate actions to take when a student is in distress, as well as materials that describe symptoms of depression and substance abuse, promote help-seeking behavior, and reduce the stigma of seeking care for mental and behavioral health problems. Grant funds may be used both to develop these materials and/or to purchase such materials from an organization that provides them. **The Ohio Program for Campus Safety and Mental Health is pleased to allow the use of the OPCSMH logo for authorized event sponsorship.** To request artwork in vector, eps, jpg, or png format, please email an inquiry to: opcsmh@neomed.edu

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h. Prepare or otherwise obtain educational materials for families of students to increase awareness of potential mental and behavioral health issues of students enrolled at the institution of higher education, including but not limited to suicide prevention, identification and reduction of risk factors such as depression and substance abuse, the promotion of help-seeking behavior, and reducing the stigma of seeking care for mental and behavioral health problems.

All educational seminars and informational materials should be culturally appropriate for the specific population(s) targeted and the needs of youth at high-risk identified by the National Action Alliance for Suicide Prevention, including, but not limited to military family members and veterans.

Evaluation Requirements:

The Ohio Program for Campus Safety and Mental Health will collect both qualitative and quantitative evaluation data on grant activities. We will be interested in the number of people reached with your proposed activities, barriers and facilitators to progress, and overall impact. The Ohio Program for Campus Safety and Mental Health staff will guide this activity; however, applicants should consider how they will measure progress towards their goals. For FY26, the OPCSMH will continue to use an automated reporting process. In addition to a three-to-five-page Project Summary, all grantees must submit their outcomes and participation data via an electronic submission link. This link will be provided to all funded grantees.

Proposals: Required Components

- *Project Narrative* – This component will delineate your proposed approach for this project. Applicants should be thoughtful and plan to implement evidence-based programs or promising practices. If the program is "home grown", please describe how the program will adhere to the safe messaging guidelines. Please refer to the review criteria on page 5 and the **Proposal Scoring Tool (Appendix C)** for additional guidance in preparing the proposal. The following questions may be used to guide your narrative:

    1. What needs, specific to *your* campus community, does this proposal address? Does the proposal target at risk populations? How will you engage participants?
        a. Describe the rationale for the proposed program and the prioritized population.
        b. How does each budget line item support the proposed activities and outcomes?
    2. Describe how the proposed program will address at least one of the bullets of the Comprehensive Approach to Mental Health and Suicide Prevention.
    3. List at least two SMART objectives to be achieved during the grant year. They should be clear, measurable and achievable within the grant period.
        a. How will you evaluate your progress towards the objectives? Describe the desired impact on campus.
        b. How will your institution/organization ensure the program is delivered effectively and achieves its intended goals?
    4. Clearly describe the role of each campus-community partner and the rationale for selecting the identified campus or community partner. Be specific about the responsibility of each partner listed in the proposal.
    5. Describe how your organization will measure progress toward a proposed project goal?
        a. What metrics or indicators will you use?
        b. How will you collect and analyze data to assess effectiveness over the course of this project?
    6. Describe your institution/organization's plan for sustaining the program and its impact beyond the grant.

- *Budget Guidelines* – The proposal must include a detailed description of how funds will be spent. This section does not count towards the 3-page limit.

    Grant funds **may** be used for the following items. This is **not** an all-inclusive list.

    o Consultants or trainers
    o Consultant/trainer travel
    o Printing materials
    o Non-cash incentives to promote participation at an event (Note: **Gift cards are considered cash**)
    o Continuing education for staff in best practices in collegiate mental health or suicide prevention
    o Travel expenses related to continuing education or professional development
    o Materials for display or programming

Grant funds *__may not__* be used for the following expenses:

- o Cash awards
- o Gift cards
- o Scholarships or tuition remission
- o Direct services (counseling, assessment, prescriptions)
- o Food, except as part of a per diem for someone on travel status
- o General Office Supplies or office equipment
- o Construction of new spaces, or build-outs of existing campus spaces (i.e., calm rooms, wellness lounges, etc.)

A list of Frequently Asked Questions is included in Appendix D. Please consult opcsmh@neomed.edu with budget questions.

Applicants are encouraged to consult their grants office early in proposal development and at least prior to submission. Failure to notify your grants office may delay the execution of contracts.

- *Letter(s) of Coordination* – Please include letter(s) of coordination demonstrating collaboration and cooperation between campus and community partners involved in this initiative. Applicants should include one letter signed by a representative of the community partner and a representative of one or more of the institutions of higher education to be involved in the project. **Letter(s) of Coordination should delineate each partner's role in the project** and can be uploaded via the Qualtrics application along with other required documents.

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Submission:

Applicants are strongly encouraged to have an active registration with the System for Award Management (SAM.gov) in place at the time of application. Please refer to the FAQ in Appendix D for more information.

Proposals must be received by 5:00 pm on Monday, September 8, 2025

All applications should be submitted via the following link:
https://neomed.sjc1.qualtrics.com/jfe/form/SV_6G24REkofEqfuWq

All proposals will be acknowledged within three business days via an automatic submission response reply. If you do not hear back within that time frame, please contact us.

All questions regarding FY26 CCG grants can be directed to: opcsmh@neomed.edu

Review and Selection Process: Applications will be reviewed by the OPCSMH Review Committee using the scoring tool in Appendix C. Decisions to fund a request are based on the availability of funds and the ability of the proposal to demonstrate satisfactory submission requirements and develop a collaborative partnership between community and campus/collegiate partners.

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Appendix A. Examples of previously supported activities

The OPCSMH encourages a review of former grantees' one-page summaries ([here](#)) and the previously supported activities table ([here](#)).

Identifying staff and students at risk:
- [Question, Persuade, Refer (QPR) Training](#)
- [Mental Health First Aid (MHFA) Training](#)
- [NASPA Certified Peer Educator Training](#)
- [National Depression Screening Day](#)

Mental Health Awareness:
- Promotional materials (posters, brochures, messaging campaigns, magnets, etc.)
- Mental health and wellness fairs or booths at campus health fairs
- Educational programs for staff, faculty, students
- Campus speakers from NAMI, county resources, Active Minds and others
- Stress reduction activities
- [Send Silence Packing](#)
- [NAMI In Our Own Voice presentation](#)
- Stigma reduction campaigns

Student Groups:
- [NAMI on Campus](#)
- [Active Minds](#)
- Suicide prevention coalitions
- Student athletic groups
- Student Greek life associations
- Student affinity groups
- Peer education programs

Other Activities:
- [Suicide Prevention App Development](#)
- Crisis Intervention Team Development
- Continuing education on mental health for appropriate campus staff

Appendix B: Best Practices and Recommendations for Reporting on Suicide

This document offers evidence-based recommendations for reporting on suicide to raise public awareness that suicide is a serious and preventable public health problem. Media and online coverage of suicide should be informed by using best practices. Research shows that the way the media covers suicide can influence behavior negatively by contributing to contagion or positively by encouraging help-seeking. Recommendations for Reporting on Suicide also apply to online content including citizen-generated media coverage, social media sites, blogs, and online content from traditional media organization's websites.

The following list of recommendations should be used to assess the appropriateness and safety of message content in suicide awareness campaigns. Recommendations are based upon the best available knowledge about messaging. [1,2,3,4] They apply not only to awareness campaigns, such as those conducted through Public Service Announcements (PSAs), but to most types of educational and training efforts intended for the general public.

These recommendations address message content, but not the equally important aspects of planning, developing, testing, and disseminating messages. While engaged in these processes, one should seek to tailor messages to address the specific needs and help-seeking patterns of the target audience. For example, since youth are likely to seek help for emotional problems from the Internet, a public awareness campaign for youth might include Internet-based resources. [5] For more information and examples of best practices when reporting on suicide, visit https://reportingonsuicide.org/recommendations/ or SPRC's Online Library.

Recommendations:
Following the recommendations below can assist in safe reporting on suicide. Click here for a PDF one-pager including these recommendations.

> **AVOID…**
> - Describing or depicting the method and location of the suicide.
> - Sharing the content of a suicide note. Report that a note was found and is under review.
> - Describing personal details about the person who died.
> - Presenting suicide as a common or acceptable response to hardship.
> - Oversimplifying or speculating on the reason for the suicide.
> - Sensationalizing details in the headline or story. Glamorizing or romanticizing suicide. Overstating the problem of suicide by using descriptors like "epidemic" or "skyrocketing."
> - Prominent placement of stories related to a suicide death in print or in a newscast.
>
> **INSTEAD…**
> - Report the death as a suicide; keep information about the location general.
> - Keep information about the person general.
> - Research the best available data and use words like "increase" or "rise."

- Place a print article inside the paper or magazine and later in a newscast.
- Describe suicide warning signs and risk factors (e.g. mental illness, relationship problems) that give suicide context.
- Report that coping skills, support, and treatment work for most people who have thoughts about suicide.
- Report on the death using facts and language that are sensitive to a grieving family.
- Provide context and facts to counter perceptions that the suicide was tied to heroism, honor, or loyalty to an individual or group.

Checklist for Responsible Reporting:

✓ **Report suicide as a public health issue**
Including stories on hope, healing, and recovery may reduce the risk of contagion.

✓ **Include Resources**
Provide information on the warning signs of suicide as well as hotline and treatment resources. At a minimum, include the 988 Suicide and Crisis Lifeline and the Crisis Text Line (listed below) or local crisis phone numbers.

✓ **Use Appropriate Language**
Certain phrases and words can further stigmatize suicide, spread myths, and undermine suicide prevention objectives such as "committed suicide" or referring to suicide as "successful," "unsuccessful" or a "failed attempt." Instead use, "died by suicide" or "killed him/herself."

✓ **Emphasize Help and Hope**
Stories of recovery through help-seeking and positive coping skills are powerful, especially when they come from people who have experienced suicide risk.

✓ **Ask an Expert**
Interview suicide prevention or mental health experts to ensure that you're sharing factual information about suicide and mental illness.

Additional Resources & Information:
Responsible Reporting One-Pager
Action Alliance Framework for Successful Messaging
Safe and Effective Messaging and Reporting – Suicide Prevention Resource Center

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Appendix C: Proposal Scoring Tool ([PDF](PDF))

Criteria	Description	Scoring Guide	Score
Strength of Campus-Community Collaboration	Proposal demonstrates a clear and intentional partnership between at least one institution of higher education and one or more community entities (e.g., mental health agencies, advocacy organizations, etc.). The Letter(s) of Support includes evidence of joint planning and implementation. Student involvement in proposal development and implementation is strongly encouraged when applicable.	**0 =** No evidence of collaboration. **1–3 =** Minimal evidence of collaboration (e.g., supporting letters only, no joint planning). **4–6 =** Project developed collaboratively, but only one entity will participate in implementation. **7–8 =** Both campus and community partners are involved, with some joint planning/implementation described. **9–10 =** Strong evidence of mutual planning and joint implementation by both campus and community partners; including student voices when applicable.	**/10**
Alignment with Grant Purpose	Proposal clearly supports suicide prevention, mental health promotion, and/or stigma reduction. It identifies relevant goals that are realistic within the funding period.	**0 =** No alignment with the grant purpose. **1 =** Vague or unclear connection to grant purpose. **2–3 =** Addresses the purpose with some clarity; goals are present but may lack feasibility or detail. **4 =** Clearly aligns with purpose and presents realistic, relevant goals. **5 =** Strong alignment with purpose and well-articulated, achievable goals within the funding period.	**/5**

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Use of Comprehensive Mental Health Approach	Proposal aligns with elements of the JED model (e.g., means safety, screening, gatekeeper training, crisis management, etc.) and uses best practices for safe language when reporting on suicide and suicide risk. Applicant selects at least one element and describes implementation.	**0 =** No use of JED framework or safe reporting elements. **1 =** Minimal mention of a relevant element(s) without implementation detail. **2–3 =** At least one element identified and generally described. **4 =** One or more elements selected with clear implementation plan. **5 =** Strong alignment with model and detailed plan for implementing elements meaningfully.	**/5**
Innovation	Proposal demonstrates a novel approach to addressing suicide prevention, mental health promotion, or stigma reduction. Shows originality and responsiveness to campus needs.	**0 =** No evidence of innovation. **1–3 =** Minimal innovation; replicates common or previously utilized approaches without adaptation. **4–6 =** Some novel aspects or adaptations to context. **7–8 =** Creative and responsive approach that builds on known strategies. **9–10 =** Highly innovative, original, and clearly tailored to address specific campus needs or gaps.	**/10**
Program Design and Implementation Plan	Clear description of the program activities, timeline, and responsible parties. Activities are feasible, culturally responsive, and appropriate for the	**0 =** No program design or plan included. **1–3 =** Very limited or unclear plan; lacks details or feasibility. **4–6 =** Basic plan with timeline and roles; may lack cultural responsiveness or detail.	**/10**

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	prioritized population (students, staff, faculty).	**7–8 =** Clear, feasible plan with appropriate design and responsiveness to target audience. **9–10 =** Strong, detailed plan with realistic activities, timelines, and cultural competence for target populations.	
Evaluation and Measurable Outcomes	Proposal includes a plan to evaluate outcomes. Goals and objectives are specific, measurable, achievable, relevant, and time-bound (SMART).	**0 =** No evaluation or outcomes mentioned. **1 =** Vague or unmeasurable outcomes. **2–3 =** Some measurable goals and general evaluation plan. **4 =** Specific evaluation strategy and mostly SMART-aligned objectives. **5 =** Clear evaluation plan with fully developed SMART goals and meaningful outcome metrics. Proposal designates the person responsible for evaluation.	**/5**
Budget Justification and Cost Effectiveness	Budget is detailed, appropriate for the scope of work, and cost-effective. Justification is clear and aligns with proposed activities.	**0 =** No budget or justification included. **1 =** Budget is unclear or misaligned with proposed activities. **2–3 =** Basic budget included; may lack clarity or full justification. **4 =** Budget is appropriate and justified with clear linkage to activities.	**/5**

		5 = Budget is detailed, cost-effective, and fully justified in relation to the proposed work.	
Sustainability and Long-Term Impact	Proposal describes how the project will have an impact beyond the grant period. Includes plans for sustaining partnerships or programming.	**0 =** No sustainability plan provided. **1 =** Very limited mention of sustainability. **2–3 =** Some plan for continuing activities or partnerships but lacks detail. **4 =** Clear plan for sustaining efforts or outcomes beyond the funding period. **5 =** Strong, feasible plan for long-term impact, including sustained partnerships and/or program continuation.	**/5**
Total Score:			**/ 55**

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Appendix D: Frequently Asked Questions ([PDF](PDF))

Eligibility

Question 1: We are a previous Campus-Community Collaborative grantee, are we eligible to apply again?

> **Response:** Yes, previously funded grantees are eligible to apply, however, campuses receiving Garrett Lee Smith (GLS) Campus grants are not eligible to apply for FY26 grants. This does include regional branches if a main campus is a GLS grantee. Campuses that have also applied for the GLS grant, or other funding sources that are awarded before the CCG cycle begins may be asked to withdraw their proposal.

Question 2: My organization is partnering/collaborating with another organization on a grant proposal, are we also able to apply as an individual organization?

> **Response:** Yes, however, the OPCSMH Campus-Community Collaborative Grant (CCG) is a competitive program and final funding amounts are subject to the availability of funds.

Eligible Expenses

Question 3: Are food/meal expenses covered by CCG funding?

> **Response:** No, food/meal expenses are not a covered expense unless as a part of a per diem for someone on travel status.

Question 4: Can travel be covered by CCG funding?

> **Response:** Yes, travel expenses generally can cover a consultant trainer travel, and travel expenses related to continuing education.

Question 5: Can grant funds be used to purchase gift cards?

> **Response:** No, gift cards are considered a cash award and grant funds may not be utilized for cash awards.

Question 6: If there are remaining funds at the end of the grant period, is a no-cost extension available?

> **Response:** Due to the nature of the funding all funds must be expended by the last day of the grant period, no-cost extensions are not permitted due to the nature of the funding. All funds must be expended by the last day of the grant period.

Document Submission

Question 7: How does my organization upload the required documents?

> **Response:** The OPCSMH will be collecting all documents via Qualtrics. Files uploaded can be up to 100MB. For security reasons, executable files (such as those ending in .exe) are not permitted.

Question 8: How can we submit Letter(s) of Coordination?

> **Response:** Letters of Coordination can be uploaded electronically with the proposal submission via Qualtrics.

Question 9: My organization would like to submit additional information beyond the limit of 1000 characters, is that possible?

> **Response:** Yes, if additional space is necessary, additional documentation can be uploaded electronically or shared via email at opcsmh@neomed.edu.

SAM.gov

Question 10: My organization is not registered in SAM.gov, can we still apply?

> **Response:** Applicants are strongly encouraged to have an active registration with the System for Award Management (SAM.gov) in place at the time of application. However, organizations without an active SAM.gov registration may still apply, although they may experience delays in agreement execution if selected. Grantees must show evidence of SAM.gov registration for the entirety of the grant period.

Question 11: Is there a cost to register for SAM.gov?

> **Response:** No! SAM.gov is a 100% free official U.S. government website.

Question 12: How long is SAM.gov registration active?

> **Response:** Once your entity registration is successfully processed, it enters active status. It will remain active for 365 days from the date you submitted it for processing, unless it is deactivated by your Entity Administrator. You must renew and validate your registration at least every 12 months from the date you last certified or submitted the registration in SAM.gov, and sooner, if your entity's information changes. If you do not renew your registration, it will expire. You may check your Entity Status here. Grantees must show evidence of SAM.gov registration for the entirety of the grant period.

Question 13: I have more questions regarding SAM.gov!

> **Response:** For step by step instructions on how to register as a new entity, click here. For additional information and inquiries, please visit the SAM.gov help page here.

Reporting Requirements

Question 14: If selected as a grantee, how often is reporting required?

> **Response:** Grantees are required to submit a Project Summary, including financial reports, at the end of the grant period. In addition, updates on expenditures and programming progress will be required of each

grantee at their mid-year meeting. Timeliness and responsiveness with OPCSMH communication is expected for the duration of the grant period.

Question 15: Is there a Project Summary template?

Response: The OPCSMH provides guidelines to inform the development of the grantee's Project Summary. Both qualitative, quantitative, and financial data on grant activities will be collected, with an emphasis on individuals reached with proposed activities, barriers, and facilitators to progress, and overall impact through a three-to-five-page narrative. Additional details on the Project Summary will be provided to those selected as grantees.

All questions regarding FY26 CCG grants can be directed to: opcsmh@neomed.edu

$575k+ in funding provided

100+ institutions of higher education

64 out of 88 Ohio Counties

Acknowledgments

[1] Gould, M. S., Jamieson, P. & Romer, D. (2003). Media contagion and suicide among the young. *American Behavioral Scientist, 46*(9), 1269-1284.

[2] Gould, M.S. (1990). Suicide clusters and media exposure. In S. J. Blumenthal & D. J. Kupfer (Eds.), *Suicide over the life cycle* (pp.517-532). Washington, DC: American Psychiatric Press.

[3] Chambers, D. A., Pearson, J. L., Lubell, K., Brandon, S., O'Brien, K., & Zinn, J. (2005). The science of public messages for suicide prevention: A workshop summary. *Suicide and Life-Threatening Behavior, 35*(2), 134-145.

[4] Reporting on Suicide. (2020). *Best practices and recommendations for reporting on suicide*. Suicide Awareness Voices of Education. Retrieved July 31, 2025, from https://reportingonsuicide.org/recommendations/

[5] Gould, M. S., Velting, D., Kleinman, M., Lucas, C., Thomas, J. G., & Chung, M. (2004). Teenagers' attitudes about coping strategies and help seeking behavior for suicidality. *Journal of the American Academy of Child and Adolescent Psychiatry, 43*(9), 1124-1133.

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