



HELP DECIDE!

GRANT REVIEW

Help select community programs

The St. Louis Area Violence Prevention Commission seeks City residents to review grant proposals to support youth development for children in St. Louis City. 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 VPC
Community
Reviewer!**

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

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

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

Submit an application to
Lisa Potts:

lpotts@stlmhb.com

314-535-6584 fax

Deadline:

November 12, 2021

Reviewers will read 8-10
proposals and receive a
consulting fee.

VPC COMMUNITY REVIEWER APPLICATION

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

Check the line for each statement that describes you:

- I am a resident of the City of St. Louis.
- I am between 16-25 years old.
- I am a parent, caregiver, or family member of a young person that is 25 or under.
- I do not work for or volunteer for an organization that has applied for funding in 2021 for violence prevention services or activities.

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 in reviewing and/or evaluating funding proposals for direct services.

Explain how your experience and skills will be an asset to the St. Louis Area Violence Prevention Commission.

Agreement

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 Lisa Potts at:

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

Lisa Potts, Sr. Project Director

St. Louis Mental Health Board, The Annex at Union Station,

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