



April 7, 2026

To our valued partners,

The New York State Office of Mental Health is making \$140,000 available for projects promoting mental health stigma reduction through the **Mental Illness Anti-Stigma Fund Tax Check-off** program. Funded through voluntary contributions made by taxpayers filing their returns, this initiative provides **individual \$20,000 grants** to support projects aimed at reducing mental health stigma that are spearheaded by community-based organizations. Approved by the legislature in 2016, this program is part of OMH's Strategic Plan for Stigma Reduction, which is focused on reducing public, self, and structural stigma and promoting affirming attitudes, beliefs and behaviors among identified target audiences and the public.

OMH has funding available for **seven awards**, including at least one project from each of the agency's five geographic regions. **Selected** providers must have their operating headquarters in New York State and at least one year of experience providing services to individuals with mental illness. These organizations must also be recognized for their work specifically with underserved or underrepresented populations in the state. To be considered, projects must meet at least one focus area, including:

- **Education:** Distribute knowledge and resources, provide information about causes and symptoms of mental illness, dispel common myths and misconceptions around mental health conditions. Settings may include educational institutions, such as schools.
- **Contact-based:** Include direct and indirect contact with individuals who have mental health diagnoses to share their strength and recovery stories. This helps to normalize mental health conditions and reduce negative attitudes and beliefs around mental health conditions through exposure to others with lived experience of mental health challenges.
- **Housing:** Intended to combat stigma and discrimination in housing settings, which prevent people with mental illness from obtaining and maintaining safe and affordable housing in communities. Primary audiences may include landlords, homeowners, realties, management companies, building superintendents and billing/rent collection personnel.
- **Employment:** Intended to combat stigma and discrimination which make it difficult for people living with mental illness to find and keep meaningful jobs. Primary audiences may include behavioral health and peer- run agencies, corporate employers, vocational programs, state Department of Labor representatives and employment/staffing agencies. Work involving education and engagement around reasonable accommodation and creating a work culture that supports staff mental health wellness is encouraged.
- **Parenting and families:** Intended to combat stigma and discrimination experienced by individuals with mental illness who are also birthing persons, parents and the stigma experienced by the families and caregivers of those with mental health diagnoses.
- **Advocacy work:** Activities intended to advocate for changes in policy, laws and, in general, societal and cultural changes to combat stigma and discrimination attributed to mental illness, such as peaceful demonstrations, vigils, petitions, boycotts and communication with elected officials

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- **Media:** Activities intended to combat mental health stigma, discrimination, and negative stereotypes that can often be perpetuated through the media. This can include traditional and non-traditional forms of media.
- **Healthcare:** Activities intended to combat stigma and discrimination in the health care system that may lead to people with mental illness not receiving equal access to the quality health care they need. This includes systemic stigma, educational and contact-based approaches within the healthcare system and health parity.
- **Maternal mental health:** Specifically intended to combat stigma and discrimination attributed to birthing persons, new parents and their families experiencing mental health conditions. Projects addressing public stigma inflicted upon birthing people and self-stigma experienced by birthing people are relevant.

Activities can include targeted messaging, education and advertising, web site creation, therapeutic approaches to stigma reduction, structured methods for reducing public stigma, print materials, use of the arts, speakers, trainings, community events, including contact with individuals who have the experience of having a mental health diagnosis. Proposals with effective, evidence-supported interventions are strongly encouraged. Funds cannot be used to cover the cost of food, conference travel, or other purchases precluded by law or regulation.

To be considered, proposals **must include:**

- **Primary/operations contact:** Provide the full name, role, phone number, and email address for the individual who can answer questions about the proposal.
- **Financial contact:** Provide the full name, role, phone number and email address for the individual responsible for purchase orders and financial questions.
- **Focus area (one or more of the areas above)**
- **Type(s) of stigma to be addressed:** public, self, structural, institutional, professional etc.
- **Target population(s):** Identify the population(s) you seek to reach.
- **Deliverables/goals:** List the specific goals and products you expect to create/achieve, with projected counts.
- **Interventions:** Describe the methods used to reach the population(s) to achieve the deliverables. Interventions with prior evidence/support that it is an effective intervention for mental health stigma reduction will be prioritized. We will also accept novel approaches with justification.
- **Timeframe:** Include workplan with goals, tasks and timeframes of activities, accounting for the short-term nature of the funding.
- **Measurement plan:** Include how the impact outcomes of interventions will be measured. Projects measuring more than process and exposure and include gauging mental health stigma will be prioritized.
- **Staffing plan:** Include a list of individuals, where known. Include any consultants.
- **Budget:** Provide detailed, line-item accounting of funding usage, providing where applicable:
  - per item costs and quantities
  - speaker(s) fees
  - itemized staff time and associated costs and detailed production and/or promotional costs

OMH will review proposals to ensure all key elements are included and for quality and attention to detail. A minimum score of 75 is required to be considered, with the highest performing proposals in each region receiving an award. Award recipients will receive a 75 percent advance of funding, followed by the remaining 25 percent at the end of their project period, provided all required progress reports are submitted. All projects must be completed within the specified time frame.

Likewise, recipients must meet with select OMH staff during the project period and submit periodic progress reports, in addition to a final report following completion. They must also submit a final claim with a full account of expenditures and supporting documentation. The project period will begin **Jan. 1, 2027**, and is expected to last about a year. Any unspent funds must be returned. Providers must also account for funds and any related expenditure in their consolidated financial report, if they file one. Information on claims reporting will be provided at the time of award.

Completed proposals must be submitted to [carol.swiderski@omh.ny.gov](mailto:carol.swiderski@omh.ny.gov) by the close of business on **Aug. 31, 2026**.

Questions about this solicitation can be directed [karin.wagner@omh.ny.gov](mailto:karin.wagner@omh.ny.gov). Thank you, and OMH looks forward to working with you.

Sincerely,

A handwritten signature in black ink, appearing to read "Karin A. Wagner". The signature is fluid and cursive, written in a professional style.

Karin A. Wagner, PhD  
Lead, Strategic Plan for Mental Health Stigma Reduction