



### **Guidelines**

Sibshop grants are provided through the Family Center for Children and Youth with Special Health Care Needs (Family Center). The Family Center is the statewide parent-directed center within Children's Special Health Care Services (CSHCS) and the Michigan Department of Health and Human Services (MDHHS). Sibshops provide siblings of kids with disabilities with peer support and information in a lively, recreational setting. The Sibshop Grant program provides an opportunity for local communities to host Sibshops in their area.

### **Eligibility and Requirements**

To be eligible for a Sibshop grant, applicants must:

- Be certified as a First Generation Sibshop Facilitator,
- Register their Sibshop with the Sibling Support Project,
- Adhere to the Sibshop Standards of Practice.

For more information about qualifications, please see the [Sibling Support Project](#) website.

Applicants are eligible for up to \$1500 in funding, which must be spent between October 1, 2024-September 30, 2025. Applications will be accepted beginning **August 1, 2024**, and will be accepted as long as funding is available. Funds may not be used to provide wages for the facilitator (Sibshops are based on a voluntarily run facilitator model) and grantees agree to place the MDHHS/CSHCS and Sibshop logos on their marketing materials. Grantees will be required to submit a one-page Summary report of grant activities by October 31, 2025.

To be considered please submit a completed application and a copy of your Sibshop Facilitator certificate to [cshcsfc@michigan.gov](mailto:cshcsfc@michigan.gov), fax to (517) 335-9491, or mail to:

Family Center/CSHCS  
Michigan Department of Health and Human Services  
P.O. Box 30734  
Lansing, MI 48909

For questions regarding Sibshop grants, please contact the Family Center at **800-359-3722**.

**Connecting Families. Sharing Resources. Instilling Hope.**



### Application

Applications will be considered by the Family Center beginning August 1, 2024. Successful applicants will receive a contract from the Southeastern Michigan Health Association (SEMHA) and checks will be disbursed on October 1, 2024. All funds must be spent by September 30, 2025.

Grantees will be notified of the status of their application within two weeks of receipt. Following the implementation of grant activities, grantees will be required to submit a one-page Summary Report of activities (template attached). Failure to submit a Summary Report may result in disqualification for future funding.

Lead Sibshop Facilitator Name(s):

\_\_\_\_\_

Address:

\_\_\_\_\_

County: \_\_\_\_\_

Phone: \_\_\_\_\_ Email: \_\_\_\_\_

Have you received a Sibshop grant from the Family Center in the past?

Yes

No

Are you facilitating this Sibshop as an individual or on behalf of an organization? Name of organization, if applicable.

\_\_\_\_\_

\_\_\_\_\_

Lead Facilitator Signature

Executive Director Signature

(organizational applicants only)



**Provide a brief narrative of proposed activities for the Sibshops Grant, including timeline and description of planned activities. (Limit 500 words)**

**Provide a brief budget narrative which includes how project costs were determined, anticipated project expenditures, and a description of any in-kind or other funding sources. (Limit 250 words)**

**Have you included a copy of your Sibshop Facilitator Certificate?**

**Yes**

**No**



## Summary Report\*

Please share the highlights of your Sibshop project this year

What, if any, challenges did you face this year and how did you overcome them?

Did you find the amount of grant funding adequate for operating your Sibshop?

Yes                       No

Do you intend to apply for future funding?

Yes                       No

What suggestions do you have for us regarding how we can make the grant process easier?

**\*Please submit this Summary Report to the Family Center by October 31, 2025.**