



MISSOURI FIRE FIGHTERS CRITICAL ILLNESS POOL

Clinician Grant Application Process

Clinician

- Develops a plan for training/expenditures
- Completes Clinician Grant application
- Submits plan and Clinician Grant Application to the appropriate Regional Coordinator

Regional Coordinator

- Approves plan and Clinician Grant Application
 - Notifies Clinician
 - Sends approved Clinician Grant Application to Program Manager for budget planning
- Denies Plan
 - Notifies Clinician with decision, justification or request for additional information

Clinician

- Conducts training/expenditures as approved by Regional Coordinator
- Submits Clinician Reimbursement Voucher with all supporting documentation and payee information including W-9 to Program Manager.

Program Manager

- Approves Clinician Reimbursement Voucher and all supporting documentation
 - Emails Regional Coordinator-approved Clinician Grant Application and Reimbursement Vouch to the Board for approval
 - Following Board approval, submits approved Clinician Grant Application and Reimbursement Voucher along with supporting documentation to Accounting for Clinician reimbursement
 - Notifies Regional Coordinator of Clinician payment
 - Updates regional budget accordingly
- Denies Reimbursement
 - Reviews with the Clinician for additional necessary documentation or justification



**Behavioral Health Program
Clinician Grant Application**

Section I – Behavioral Health Clinician & Company Information

Clinician Name	Job Title
Clinician Email	Phone Number
Company Name	Company Address
Name of the Peer Support Team or Agencies You Provide Support	
Please tell us about yourself and why you are applying for this grant.	

Section II – Clinic and Services Information

Where is your clinic located?	What is the size and extent of your clinic and/or practice?
What is your experience working with first responders, if any?	
What is your experience with PTSD, if any?	
What treatments and services do you offer at your clinic and/or practice, including telehealth visits?	
What do you see as the primary behavioral health needs of first responders?	
Are you willing be a resource for first responders in crisis and be listed on the MFFCIP website resource page?	

Section III – Training Program / Expense Information

Name of Training, Event, Service or Expense		
Describe this expense in detail:		
How will this benefit those you serve?		
What other resources are available for this expense? Were those resources utilized? To what extent?		
Date of Event	Total Request	
<p>Attach all applicable documents such as training announcements, promotional materials, and anticipated expense information with this application.</p>		
Signature	Name (Type or Print)	Date Signed

**Send your completed grant application and training/event plan to your
Peer Support Team Regional Coordinator**

**Questions may be directed to your Peer Support Team Regional Coordinator, or to Sherry Sweet at
Sherry.MFFCIP@gmail.com, or 573-619-7216.**