



**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 to 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	
Attach all applicable documents such as training announcements, promotional materials, and anticipated expense information with this application.		
_____ 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.**