



Peer Support Team Grant Application Process

Peer Support Team

- Develops a plan for event/expenditures
- Completes Peer Support Team Grant application
- Submits plan and Peer Support Team Grant application to the appropriate Regional Coordinator

Regional Coordinator

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

Peer Support Team

- Conducts event/expenditures as approved by Regional Coordinator
- Submits Peer Support Team Reimbursement Voucher with all supporting documentation and payee information including W-9(s) to Program Manager

Program Manager

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



**MISSOURI FIRE FIGHTERS
CRITICAL ILLNESS POOL**

**Behavioral Health Program
Peer Support Team Grant Application**

Section I – Peer Support Team Information

Peer Support Team Name		Team Leader Name	
Team Leader Email		Team Leader Phone Number	
Team Leader Address			
MFFCIP - Region			
MFFCIP - Regional Coordinator			
Total Request:		Date of Event:	
Payment should be made to:	Provider of Training/ Service <input type="checkbox"/>	Team/ Employer/ Organization <input type="checkbox"/>	Payee Name:

Section II – Request Details

Name of the Peer Support Team Training, Event, Service or Expense		
Name and Address of Organization/Provider of Training or Event		
How will this benefit your team and those you serve?		
Explain other resources available to the team for this expense. To what extent were those resources utilized?		
How many first responders will benefit from this expense?		
Attach all applicable documents such as training announcements, promotional materials, and anticipated expense information with this application.		
_____	_____	_____
Signature of Team Leader	Printed or Typed Name of Team Leader	Date Signed

Section III – Employer/Organization Endorsement

Employer/Organization Name	Employer/Organization Head	
<p>I, _____, endorse _____'s Peer Support Team Grant Application.</p> <p>Employer/Organization Head Team Leader</p>		
_____ Signature of Employer/Agency Head	_____ Printed or Typed Name	_____ 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.**