**2023-2026 First Responder & Law Enforcement Mental Health Support Grant Application**

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| **Organization Name** |  |
| **Organization Address** | **Street**: |
| **City**:  | **State**:  |
| **Zip Code**:  |
| **Point of Contact Information** | **Name**:  | **Job Title**:  |
| **Email**:  | **Phone**:  |
| **Amount of Funding Requested**:  |
| **Topic(s) to be Addressed**: ☐ Deliver law enforcement mental health support☐ Deliver first responder mental health support☐ Improve law enforcement mental health support☐ Improve first responder mental health support☐ Other: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ |
| **Project Priorities (if applicable, mark all that apply):** ☐ Identifies or responds to a need for first responder and/or law enforcement mental health support☐ Creates sustainability☐ Includes partnerships or collaborations with other community agencies  |
| **Project Details**Please complete the following information on project details by typing in the space below each topic area:**Description**: Give a brief description of your request. Describe the service area for implementation (e.g., Laramie County, Cheyenne, etc.)**Resources**: Please provide a link or documentation to support the proposed strategies, if available.**Situation**: Define how the activities proposed will deliver and improve mental health services to first responders and/or law enforcement officers.**Background**: Detail the causes, conditions, or needs that have led to this request. Describe how the activities proposed will enhance access and support to mental health resources among the first responder and/or law enforcement population. **Budget**: Provide a detailed budget to describe how funding will be allocated. This can be done below or in a separate attachment.**Sustainability**: Provide a detailed description on how your efforts can be independently sustained in the future after this one-time funding expires.  |
| I understand that as a recipient of these funds, I will be required to work in conjunction with the Wyoming Department of Health, and enter into and sign a formal contract with the State of Wyoming in the event funds are awarded. Type Name:  |

**Please fill out this application and send it to the Behavioral Health Division at** **bhd.contracts@wyo.gov** **on or before September 30, 2022**