



## Mental Health Student Services Act Project Round 2: Sub-Grant Application Form (ATTACHMENT A)

### Applicant Information

Please complete the following information:

#### 1. Entity

Name of agency/organization:

Website:  Main Phone Number:

Address:

#### 2. Main Contact

The main contact is the individual who will maintain primary communication with Tri-City's Grants Manager.

Full Name (First, Last):  Title/Position:

Email:  Phone Number:

Mailing Address:

#### 3. Authorized Representative

The authorized representative is the individual authorized to enter into, sign, and execute a contract agreement on behalf of the applicant organization.

Full Name (First, Last):  Title/Position:

Email:  Phone Number:

Mailing Address:

#### 4. Which of the following systems is the applicant formally part of?

Please select all that apply:

- Bonita Unified School District
- Claremont Unified School District
- Pomona Unified School District
- The School of Arts and Enterprise

- Los Angeles County of Education
- Other *(Please provide name of affiliated system as applicable):*
- None/not applicable

**5. Which community(ies) will these MHSSA funds serve?**

*Please select all that apply:*

- Pomona
- Claremont
- La Verne

**Proposed Project**

**6. What is the name of the proposed project/program?**

MHSSA Sub-Grant Project Name:

**7. Project Dates**

Project Start Date:  Project End Date:

**8. Please provide a description of the project/program that will be funded by this MHSSA sub-grant.**

How does the proposed project/program align with the purpose of the MHSSA program? How many students will be served? What is the timeline? What and who are involved in implementation? Where will the project take place/where will the services be provided (e.g., on school campus)? *(Limit response to 1,000 characters)*

**9. Which support system(s) will your project offer?** *(Please select all that apply)*

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- Referrals to community/county mental health services
- Universal, group or individual mental health screening
- Universal, large group services and supports
- Small group mental health services
- Individual mental health services
- Outreach and training
- Other *(Please describe)*:

**10. What need(s) does this proposed project address?** *(Limit response to 1,000 characters)*

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**11. Specifically, how will MHSSA sub-grant funds be used?**

E.g., Will these funds be used towards a personnel position, materials to provide support services, professional development, community education, etc.? *(Limit response to 1,000 characters)*

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**12. How will youth and families—in particular “high risk” or target populations identified in the background description—in Tri-City’s service area (Pomona, Claremont, and La Verne) benefit from the proposed project?**

*(Limit response to 1,000 characters)*

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**13. Which school level(s) will these sub-grant funds be used for?**

*Please select all that apply:*

- Pre-Kindergarten
- Elementary School
- Middle School
- High School
- College/University

**14. Which “high-risk” population(s) will be the focus of these sub-grant funds?**

*Please select all that apply:*

- Foster youth
- Youth who identify as lesbian, gay, bisexual, transgender, or queer
- Youth who have been expelled or suspended from school
- Other *(Please describe):*

**15. Which goal(s) of the MHSSA grant will these sub-grant funds be used to achieve?**

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*Please select all that apply:*

- Preventing mental illnesses from becoming severe and disabling
- Improving timely access to services for underserved populations
- Providing outreach to families, employers, primary care health care providers, and others to recognize the early signs of potentially severe and disabling mental illnesses
- Reducing the stigma associated with the diagnosis of a mental illness or seeking mental health services
- Reducing discrimination against people with mental illness
- Preventing negative outcomes in the targeted population, including, but not limited to:
  - Suicide and attempted suicide
  - Incarceration
  - School failure or dropout
  - Unemployment
  - Prolonged suffering
  - Homelessness
  - Removal of children from their homes
  - Involuntary mental health detentions

**16. Which of the following support services will MHSSA sub-grant funds be used to provide?**

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*Please select all that apply:*

- Services provided on school campuses, to the extent practicable
- Suicide prevention services
- Drop-out prevention services
- Outreach to high-risk youth and young adults, including, but not limited to, foster youth, youth who identify as lesbian, gay, bisexual, transgender, or queer, and youth who have been expelled or suspended from school
- Placement assistance and development of a service plan that can be sustained over time for students in need of ongoing services

**17. How will MHSSA funds be used to provide prevention, early intervention, and direct services, including, but not limited to, hiring qualified mental health personnel, professional development for school staff on trauma-informed and evidence-based mental health practices, and other strategies that respond to the mental health needs of children and youth?**

*(Limit response to 1,000 characters)*

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**Financial Information**

**18. What is the total sub-grant amount requested?**

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**19. What is the budget amount for the proposed project?**

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**20. Please provide a project budget.**

*(Complete and include the provided budget template —ATTACHMENT B— as an attachment to this application.)*

**21. Please provide a corresponding budget narrative that describes how funds will be used.**

*(Complete and include the provided budget narrative template —ATTACHMENT C— as an attachment to this application.)*

**22. Please provide a W-9 for the applicant entity.**

*(Include a completed W-9 —ATTACHMENT D — as an attachment to this application.)*

### Certification

By submitting this application, sub-grantees agree to fulfill requirements of MHSSA sub-grant disbursement including:

- MHSSA sub-grant funds may be used to supplement, but not supplant, existing financial and resource commitments of county, city, or multi-county mental health or behavioral health departments, or a consortium of those entities, or educational entities that receive a grant.
- Potential MHSSA sub-grantees must complete the MHSSA sub-grant application and provide all required attachments.
- Each selected organization as a MHSSA sub-grantee must enter into a memorandum of understanding/agreement with Tri-City Mental Health Authority to receive MHSSA grant funds.
- Each MHSSA sub-grantee must collect and track required data and complete semi-annual (twice a year) reports to be submitted to Tri-City for transmission to MHSOAC.
- Each MHSSA sub-grantee must complete and submit quarterly narrative reports and invoices accompanied by financial reports.
- Each MHSSA sub-grantee must participate in quarterly check-in meetings with Tri-City staff to discuss challenges, address financial issues, etc.
- Each MHSSA sub-grantee must participate in grant partner meetings to share updates and engage with other MHSSA collaborators on how to better serve community youth.

**I am authorized to complete and submit this application on behalf of my organization.**

### Authorized Representative Signature

To be signed by the authorized representative of the applicant organization.

Print Name:

Title/Position:

Signature:

Date: