Mental Health ⊕ Support Grant Application

To Provide Programs and Resources that Build Resilience, Reduce Stigma, and Encourage Positive Intervention.

Availableto Members of the NBSIA Workers' Compensation Self-Funded Program.

Please Refer to the Mental Health ⊕ Support Guidelines for Full Details

1 **Member Name:** _____

2 **Project Coordinator Information:**

Name: _____ Title: _____

Email: _____ Phone: _____

3 **Program Details:**

Name of Program: _____

Brief Description: _____

_____

Name of Vendor: _____

Intended Audience: ☐ Classified ☐ Certificated ☐ Students ☐ Other: _____

Date of Delivery: _____

Delivered: ☐ Virtually ☐ On-Site

Estimated Cost: $ _____

Attach Copy of Proposed Contract (If Available)

4 **Program Requirements:**

☐ I understand it is my responsibility to coordinate scheduling for staff and/or students to participate in this program

☐ I understand I may be asked to submit an assessment of the program/resource to NBSIA upon request.

Signature _____ Printed Name _____ Date _____

Please send completed application to MemberServices@nbsia.org by 12/31/25.