

**FIREFIGHTER BEHAVIORAL HEALTH ALLIANCE**  
**2019 GRANT APPLICATION FOR CALIFORNIA WILDFIRE FIREFIGHTERS**

ORGANIZATION CONTACT INFORMATION		
Name		
Title/Rank		
Phone   Fax		
E-mail		

ORGANIZATION INFORMATION			
Name of Organization			
Address			
City, State, Zip Code			
Phone			
Fax			
Website			
Type of members	Career	Combination	Volunteer/POC
Number of Members on Department	FT	PT	Volunteer/POC

PROGRAM REQUEST			
Program Provided	Saving Those Who Save Others – 2hr Workshop OR		<input type="checkbox"/>
Please select	Internal Size Up – 2hr		<input type="checkbox"/>
Anticipated Date of Workshop	Month	Day	Date
Are you open to offering this workshop to nearby departments?			
Will you actively promote attendance for this workshop?			
Do you have a Peer Support Program?			

Please provide an explanation of your organization’s role in the 2018 California wildfires :

**AGREEMENT**

1. All information disclosed in this document will be kept confidential.
2. Bank of America Charitable Gift Fund - General Fund, Bank of America, N.A., Trustee.
3. By submitting this application, you certify that all of the information is correct. You agree to abide by the requirements listed below:
  - Class should have a minimum of 25 attendees, unless approved otherwise.
  - If class is cancelled two weeks prior to scheduled date, the department is responsible for all non-refundable travel expenses incurred.

- If your department wants additional training, the department is responsible for the costs of those additional workshops and any expenses for extending the engagement.
  - Department is responsible for refreshments, lunch, etc. during the workshop if applicable.
4. By submitting this application, you authorize FIREFIGHTER BEHAVIORAL HEALTH ALLIANCE to review this application and its contents to determine need.
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**SIGNATURES**

Signature of Authorized Personnel		Signature Department Chief if not the Authorized Personnel	
Name and Title		Name and Title	
Date		Date	

**OFFICIAL USE ONLY**

Date Received:	Approved:	Denied:	Reason:
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