FIREFIGHTER BEHAVIORAL HEALTH ALLIANCE

2021 ADAM TARBERT MEMORIAL GRANT APPLICATION

# 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 Please select | Saving Those Who Save Others – 2hr Workshop OR Internal Size Up – 2hr |   |
| 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 budget needs and desire for the workshop: |

# agreement

1. All information disclosed in this document will be kept confidential.

## Grant is provided by FBHA from funds received from the [Run Out of the Darkness: Firefighter Adam Tarbert 5k Memorial Run for PTSD](https://www.eventbrite.com/myevent?eid=118494264535)

1. 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 your department wants additional training, the department is responsible for the costs of those additional workshops and any expenses for extending the engagement.
1. By submitting this application, you authorize FIREFIGHTER BEHAVIORAL HEALTH ALLIANCE to review this application and its contents to determine need.

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: |