

Community Funding Assistance Application

Mental Health First Aid

Attachment A

Please provide the following information.

APPLICANT INFORMATION

Legal Name (dba)	
Mailing Address	
Physical Address (if different from above)	
Telephone Number	

INSTRUCTOR CERTIFICATION

- I am not certified and not yet registered to take a MHFA or safeTALK Instructor course. I intend to register for

- MHFA** **safeTALK**
- ADULT** (Course dates: _____, Cost \$ _____)
- YOUTH** (Course dates: _____, Cost \$ _____)
- TEEN** (Course dates: _____, Cost \$ _____)
- SPANISH** (Course dates: _____, Cost \$ _____)
- OTHER:** _____

- I am currently certified to teach the following courses

- MHFA** **safeTALK**
- ADULT**
 - Corrections Professionals
 - Fire/EMS
 - Higher Education
 - Military Veterans and their Families
 - Older Adults
 - Public Safety
 - Rural Communities
- YOUTH**
 - Tribal Communities and Indigenous Peoples
- TEEN**
- SPANISH**
- List courses: _____
- OTHER:** _____

- I am not certified but registered to take the following

- MHFA** **safeTALK**
- ADULT** (Course dates: _____, Cost \$ _____)
- YOUTH** (Course dates: _____, Cost \$ _____)
- TEEN** (Course dates: _____, Cost \$ _____)
- SPANISH** (Course dates: _____, Cost \$ _____)
- OTHER:** _____

COURSE FACILITATION

- 1. Do you currently have a location or organization for which you intend to teach MHFA?
 Yes (Name of Organization(s): _____)
 No
- 2. Approximately how many MHFA courses do you anticipate facilitating in this Fiscal Year (July 1 – June 30)?

- 3. Are you paid by your employer or otherwise compensated for facilitating MHFA courses?
 Yes
 No
- 4. On average, approximately how many residents do you anticipate attending your MHFA courses?

- 5. Did you teach any MHFA courses between July 1, 2024 and October 30, 2024 for which you received no compensation?

Date (s)	Number of Attendees	Location	Sponsor Organization (if any)

6. Briefly describe why you are interested in receiving MHSA Community Funding Assistance. Include why you would like to facilitate this course in El Dorado County and any experience with teaching MHFA courses previously.

Applicant's Signature _____ Date _____