

The purpose of the seed funding is maintaining and increasing resources for peer support programs. The goal is enhancement of peer workforce in behavioral health settings with a specific focus on black, indigenous, and people of color (BIPOC) communities. This application is for agencies/organizations who want to take part in fulfilling this goal.

To fill out and sign this application, save the pdf to your desktop first.

General guidelines for seed funding applications

- An individual authorized by the organization must complete the entire application below to be considered for funding.
- Seed funding applications will allow an organization to apply for up to \$25,000 worth of funding.

WA State HCA will give priority to organizations that can demonstrate impact in one of the following focus areas:

- Capacity Building – Providing solutions to gaps in peer-based services and improving the provision of culturally responsive BIPOC behavioral health services, resources, and support in our communities statewide.
- Professional Development – Expanding the training and development of BIPOC Peers.
- Community Connections – Events and effective engagement focused on recruitment with an emphasis on new and emerging BIPOC Peer groups.

Funds are limited and the HCA reserves the right to discontinue the funding when funds are no longer available.

1

General information

Please provide the following information for the organization requesting the funds:

Agency/organization

Website

Address

Phone number

Contact name

Email

City/Regions of service

2

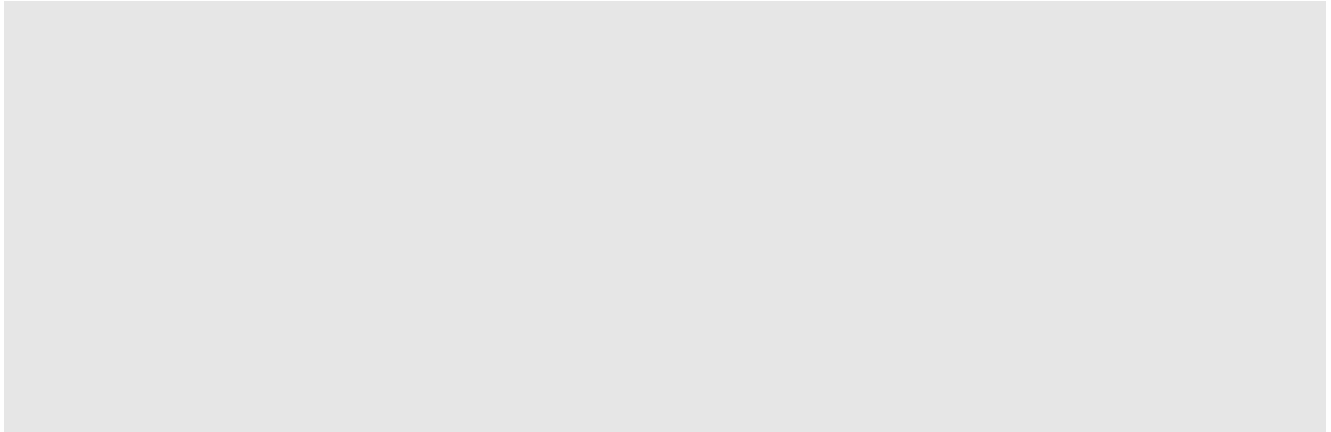
Purpose and need

Please answer the following questions. You may attach additional pages if needed.

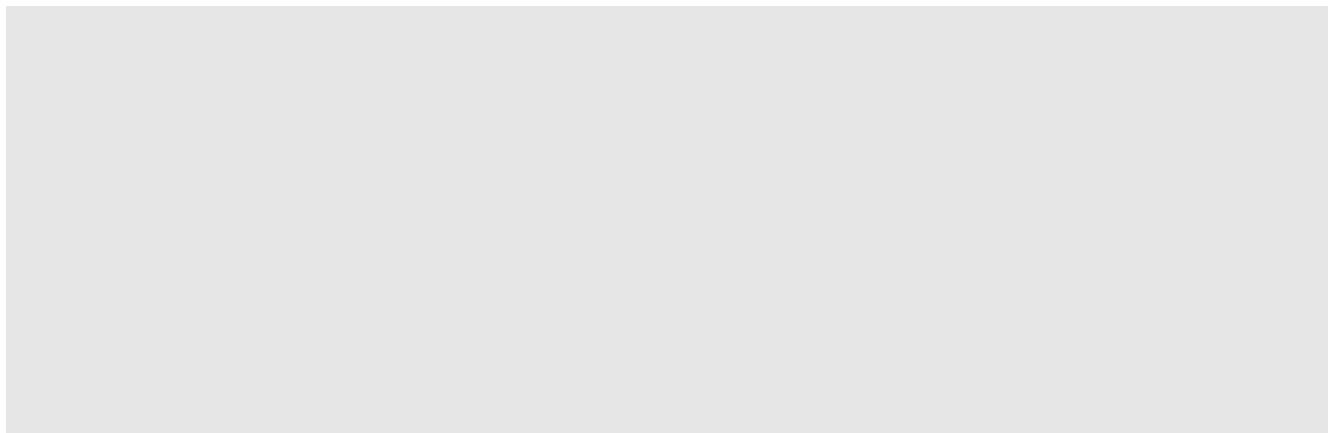
1. What is the organization's mission statement and brief description/summary of the funding request.

2. How will this project improve peer-based services for BIPOC communities to promote culturally responsive behavioral health practices? Please be specific and describe:

- a. What needs are being met?
- b. What behavioral health benefits will be provided to the community and how will they impact the growth of BIPOC Peer presence, services, resources and supports.



3. What are your proposed measures of success for your award proposal?



4. How are you going to use this award? Select one area of focus:

- Provide solutions to the gaps in peer-based services
- Improve the provision of culturally responsive BIPOC behavioral health services, resources and supports
- Expand training and development of BIPOC Peers
- Events and effective engagement focused on recruitment with an emphasis on new and emerging BIPOC Peer groups.

3

Request

5. Please Choose the funding opportunities you are applying for. Specify the amount requested:

Become a Licensed Community Behavioral Health Organization through the Department of Health

Amount (up to \$10,000): \$ _____

Add peer services to your organization's book of business

Amount (up to \$15,000): \$ _____

Sponsor a DBHR approved Certified Peer Counselor training

Amount (up to \$25,000): \$ _____

Organize and host BIPOC Peer-Run event for recruitment and engagement. For up to 4 events at \$5,000 each

Amount (up to \$20,000): \$ _____

Recruit and hire of Peer Counselors

Amount (up to \$10,000): \$ _____

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Signature

Please sign and date this application below to complete it. To sign this request, do **not** use the "Fill & Sign" function; instead, simply click in the signature field to add your signature.

Signature of authorized requestor

Date

Printed name of uthorized requestor

Select this button to submit your application

Or, email to this address:

J.Clark@northwestcrediblemessenger.org