



Equity in Mental Health Funding Application

Name of Organization/Department:

Group Affiliation:

- Student Organization
 Department

Please share the name of your staff adviser.

Project Details

Project Details

Name of Project/Program/Service funds are being requested for:

Which tier(s) of support does the proposal address? [select all that apply]

For more information on each tier, visit the [EMH funding website](#).

- Holistic Treatment and Recovery Support (Tier I)
- Early Intervention and Collaborative Well-being Programs (Tier II)
- Universal Prevention Strategies (Tier III)

Tier Alignment - Please describe why you believe your proposal best fits the selected tier(s). (300 character limit)

Abstract/Description - Please provide a brief narrative about the project/program/service that the requested funds will be used for. (300 character limit)

Equity Focused Areas - Please indicate all equity-focused areas that will be impacted by this proposal. [Select all that apply]

- Students with adverse childhood experiences (ACE's) or any trauma within their lifetime
- Students in recovery from substance use disorders or other addictive behaviors
- Students with concurrent behavioral health disorders
- Mental health initiatives geared to underserved student populations, including but not limited to low-income, LGBTQ, community college transfer, parenting, undocumented, military-affiliated, and current/former foster students, as well as students affected by their own or a family member's experience with incarceration
- Startup costs for collaborative campus safety efforts, to reduce first-episode psychosis and crisis intervention
- Universal assistive technologies that improve access to care, services and supports
- Prevention programs, aimed to reduce high risk behaviors and promote healthy behaviors
- Other

Equity Impact - Define your unit/organization's equity framework. How does your proposal connect to the equity areas that have been noted? Please elaborate on the equity-focused areas that you have selected above. (1000 character limit)

Healthy Campus Impact - Envision a healthy campus; describe it. How do the activities proposed in this request help the campus achieve that vision? (1000 character limit)

Student Impact - What is the anticipated impact of the activities that you are proposing? Impact may be articulated as number of students, gaps that will be filled, barriers that will be removed, specific student groups that will benefit, etc. (1000 character limit)

Scalability - Consider the long-term future of your program. Please provide a brief narrative explaining how this program could eventually be scaled to provide additional services and/or service additional students. (1000 character limit)

Strategy for Collecting Data Outcomes - Please provide a brief narrative about how your unit plans to track both student impact and the

quantifiable change your unit expects to realize. (1000 character limit)

Collaboration - Does your proposal include collaboration with any departments/organizations? Please note that collaboration is required for all Tier I and Tier II requests.

Yes

No

Collaboration - Please provide a brief narrative about who you are collaborating with on this project/program/service. Please note that collaboration is required for all Tier I and Tier II requests. (300 character limit)

Please attach a letter/email from collaborators indicating their support.

Would you like to upload any (up to 2) additional documentation for review by the funding committee? (optional)

- Yes, I would like to upload 1 additional document.
- Yes, I would like to upload 2 additional documents.
- No, I do not need to upload additional documentation.

Upload additional documentation for review by the funding committee.

Upload additional documentation for review by the funding committee.

Funding Logistics

Funding Logistics

Is the request for one-time or on-going funds?

- One-time
- On-going

Funding Amount Requested (one-time):

Funding Amount Requested (on-going):

When will you begin spending funds if they are awarded?
(MM/DD/YYYY)

Please share the name of your department's business manager/budget analyst.

Please upload a budget summary of how you plan to expend these funds.