



MHA's 2026-2027 Peer-to-Peer Grant Application

The Peer-to-Peer Suicide Prevention Grant is a competitive grant program that has been established for Wisconsin elementary, middle, and high schools. Recipients of a grant may use the funding to support an existing evidence-based peer-to-peer suicide prevention program ([Hope Squad](#), [Sources of Strength](#), [NAMI Raise Your Voice](#), [REDGEN](#), or [Youth Aware of Mental Health \(YAM\)](#)) or to implement a new program. For schools wanting to implement new programs, please provide evidence linked to the program's effectiveness.

Allowable costs include:

- Training fees for staff and/or students
- Substitute teacher fees are allowed, but NOT staff time for staff becoming trained in peer-to-peer programs
- Curriculum costs related to the peer-to-peer program
- Transportation costs associated with peer-to-peer training or activities
- QPR training costs
- Materials and supplies (limit \$1,000)
 - "Apparel" is considered materials and supplies. It includes uniforms used to identify peer program leaders. Apparel used for promotional giveaways is NOT allowed.
 - Some examples of allowable supplies: Art supplies used for program activities, gift cards for students as prizes, fidget toys used in program activities
- Speaker or presenter fees (limit \$1,250)

Costs cannot be used towards food, beverages, assemblies, and please refer to [this document](#) for other unallowable costs for this grant.

Grant funds will be reimbursed to schools after the end of the 2026-2027 school year when all the required documentation is sent to MHA-WI (W-9, invoice, and receipts) by June 30, 2027. NO funds will be sent to schools until financial documentation is reviewed and approved after June 30, 2027. Grant reporting requirements include four quarterly surveys and one year-end survey to be filled out by the project lead.

Maximum Award: \$5,000

Application due date: Friday, October 9, 2026

Note: Please keep in mind when you are planning your peer-to-peer programming and completing the application that this is the last year that MHA-WI can provide these grants to schools. So applicants should be thinking about sustainability to continue providing your school's peer-to-peer program after the 2026-2027 school year.

You must complete the survey in one sitting; you will not be allowed to save and return to it. Respondents will be able to go back to previous pages in the survey and update existing responses until the survey is finished or until they have exited the survey. However, after submitting or exiting the survey, the respondent will not be able to update existing responses. Therefore we recommend [downloading the PDF version](#) and compiling all your responses before entering the survey.

This application is for one school; if someone is applying for multiple schools, a new application must be completed for each school.

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General Information

* 1. School Information

School District

School Name

Mailing Address

City

State

ZIP

2. CESA (1 -12)

☐

CESA 1

☐

CESA 5

☐

CESA 9

☐

CESA 2

☐

CESA 6

☐

CESA 10

☐

CESA 3

☐

CESA 7

☐

CESA 11

☐

CESA 4

☐

CESA 8

☐

CESA 12

* 3. School Type

☐

Public

☐

Private

☐

Tribal

* 4. Grades Served (check all that apply)

☐

Kindergarten

☐

5

☐

10

☐

1

☐

6

☐

11

☐

2

☐

7

☐

12

☐

3

☐

8

☐

4

☐

9

* 5. Project Lead Contact Information (Primary person responsible for program implementation)

First and Last Name	
Position/Title	
Email Address	
Phone Number	

* 6. Business Services Manager Information (Primary person responsible for invoicing and expense management)

First and Last Name	
Email Address	
Phone Number	

* 7. Total Grant Funds Requested (not to exceed \$5,000)

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Project Narrative (limit each response to 1,000 characters)

* 8. Describe your high school/middle school/elementary school student population and demographics. Examples of valid data sources are: School Climate survey results, county-wide health services data, YRBS, etc.

* 9. Current Program Status: Describe your high school/middle school/elementary school's current suicide prevention programming.

* 10. Proposed/Current Program Name:

- ☐ Sources of Strength: [Website with program information](#)
- ☐ Hope Squad: [Website with program information](#)
- ☐ NAMI Raise Your Voice: [Website with program information](#)
- ☐ REDGEN: [Website with program information](#)
- ☐ Youth Aware of Mental Health (YAM): [Website with program information](#)
- ☐ Other (please specify and cite that the program is evidence-based)

* 11. Describe in detail how grant funds will be used to benefit your Peer-to-Peer suicide prevention program. Please provide a timeline of funded activities through the end of the 2026 school year.

* 12. If your school is awarded funds, MHA will ask for advanced notice of trainings scheduled in order to share a data collection tool. Awardees are expected to do their best to provide data related to their funded activities. Please initial to indicate you understand and agree.

* 13. Please provide a budget breakdown of what the grant will fund. Please provide specific costs associated with each activity. You can find a budget example on the MHA-WI website [HERE](#).

* 14. Grant funds will be reimbursed for all schools at the end of the 2026-2027 school year after all financial documents are submitted by the deadline of June 30, 2026. Funds will be reimbursed within 60 days of June 30th. Please put your initials below to indicate that you understand.

* 15. Measure of Success: Qualitative or quantitative data such as pre-post surveys to measure changes in perceptions, behaviors, attitudes, or knowledge; descriptive narratives that explain processes and participation; or outcome data.

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Related Suicide Prevention Activities

The following questions are to get a sense of the relationships your school may have with community partners. They are in no way grading your application. Since MHA can provide training and technical assistance to a variety of stakeholders, we are interested in making connections where they might not yet exist. Thank you in advance for any information you can provide!

* 16. Is your school currently connected to an active mental health and wellness/suicide prevention coalition?

☐ Yes

☐ No

If so, please name the coalition and describe any related activities in which your school participates. (max. 500 characters)

* 17. Is your school currently connected to a local or tribal health department? E.g., does anyone from public health work with your school on mental health/suicide prevention activities, give presentations, share resources, etc.?

☐ Yes

☐ No

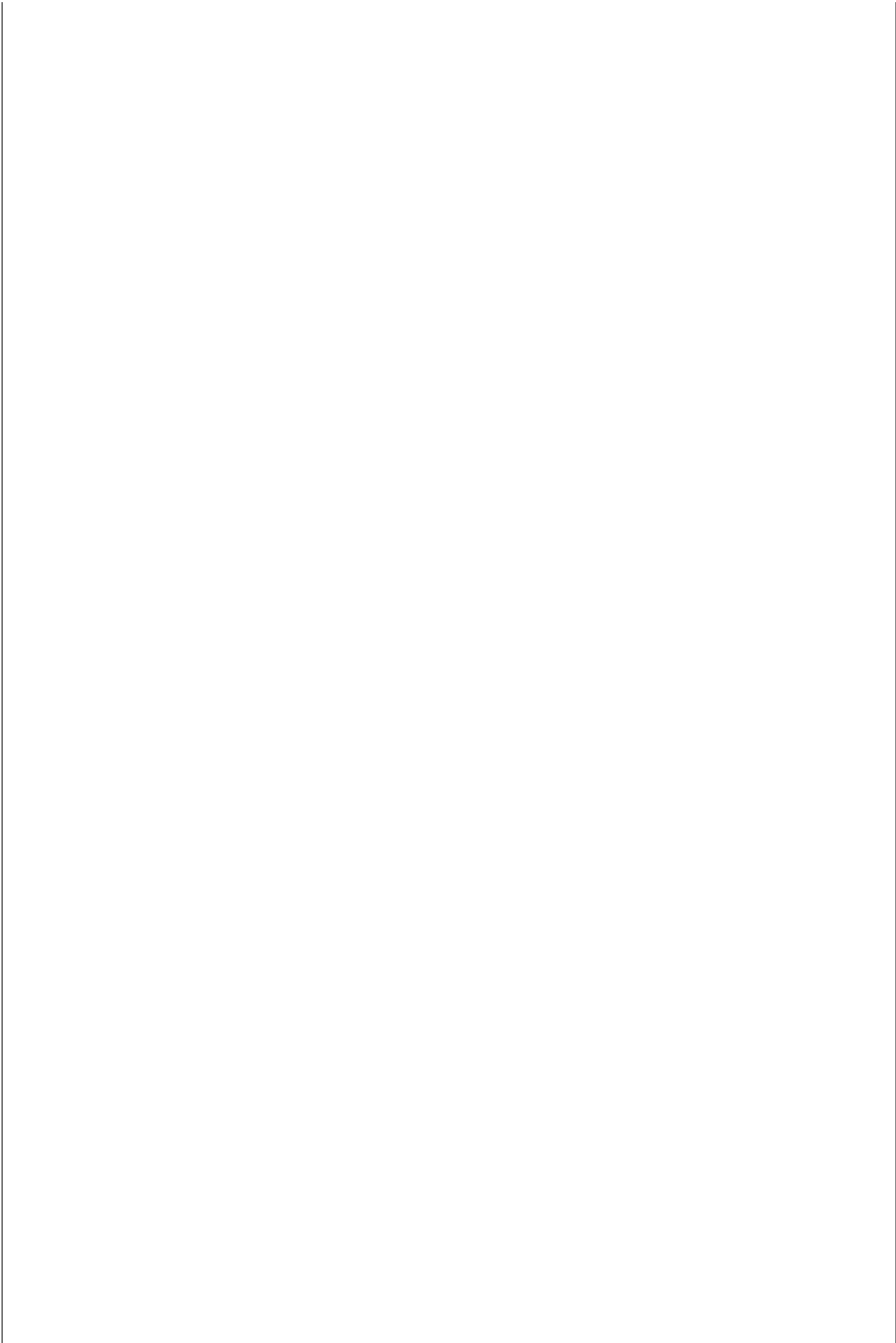
If so, please name the health department and the related activities. (max. 500 characters)

* 18. Are you aware of any Zero Suicide efforts in local health care systems?

☐ Yes

☐ No

If so, please name the participating health care system(s) and other partners. (max. 500 characters)





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You will receive a PDF copy of your responses via email within a week of submission. You will receive grant funding notification 30 days within application deadline. If you have any questions, please email Kelsey Van Hoorn at kelsey@mhawisconsin.org