

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 staff and/or students and associated travel costs
- QPR training costs
- materials and supplies (no more than 20% of the total request)
- speaker or presenter fees (no more than 25% of the total request)

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

Grant reporting requirements include: year-end survey

Maximum Award: \$5,000

Application due date: December 15, 2023

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.

If you have questions, please contact Cara Hansen at cara@mhawisconsin.org.

General Information

* 1. School Information

School District	<input type="text"/>
School Name	<input type="text"/>
Mailing Address	<input type="text"/>
City	<input type="text"/>
State	<input type="text"/>
ZIP	<input type="text"/>

2. CESA (1 -12)

- | | | |
|------------------------------|------------------------------|-------------------------------|
| <input type="radio"/> CESA 1 | <input type="radio"/> CESA 5 | <input type="radio"/> CESA 9 |
| <input type="radio"/> CESA 2 | <input type="radio"/> CESA 6 | <input type="radio"/> CESA 10 |
| <input type="radio"/> CESA 3 | <input type="radio"/> CESA 7 | <input type="radio"/> CESA 11 |
| <input type="radio"/> CESA 4 | <input type="radio"/> CESA 8 | <input type="radio"/> CESA 12 |

* 3. School Type

- Public
- Private
- Tribal

* 4. Grades Served (check all that apply)

- | | | |
|---------------------------------------|----------------------------|-----------------------------|
| <input type="checkbox"/> Kindergarten | <input type="checkbox"/> 5 | <input type="checkbox"/> 10 |
| <input type="checkbox"/> 1 | <input type="checkbox"/> 6 | <input type="checkbox"/> 11 |
| <input type="checkbox"/> 2 | <input type="checkbox"/> 7 | <input type="checkbox"/> 12 |
| <input type="checkbox"/> 3 | <input type="checkbox"/> 8 | |
| <input type="checkbox"/> 4 | <input type="checkbox"/> 9 | |

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

First and Last Name	<input type="text"/>
Position/Title	<input type="text"/>
Email Address	<input type="text"/>
Phone Number	<input type="text"/>

* 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)

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.

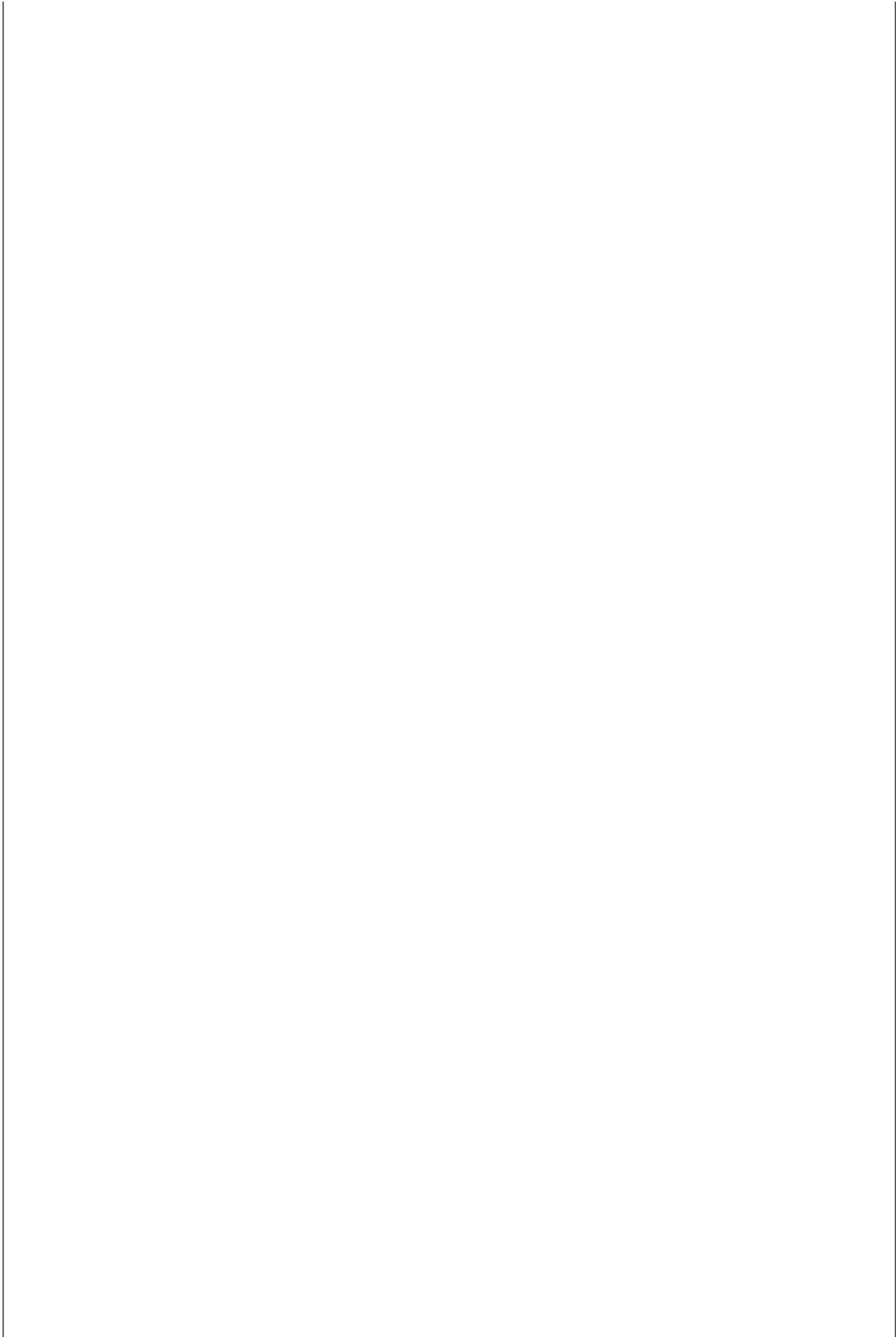
* 10. Proposed/Current Program Name:

- 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 2024 school year.

* 12. Please provide a budget breakdown of what the grant will fund. Please provide specific costs associated with each activity. [Click here for an example budget.](#)

* 13. 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.



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!

14. 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)

15. 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)

16. 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)

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 submission confirmation. If you have any questions, please email Cara Hansen at cara@mhawisconsin.org.