

**THE SUICIDE PREVENTION COMMUNITY COUNCIL OF HAMILTON
SCHOOL-BASED MENTAL HEALTH GRANT
*APPLICATION FORM***

Please complete the application form and submit it electronically to Sid Stacey, Chair of SPCCH (info@spcch.org), by **February 20, 2018**. Please add extra pages, if necessary.

Name of School:	
Address:	
Name and Position of Contact Person Submitting Application:	
Telephone:	E-mail:
Signature:	
Name and Position of Teacher Advisor (If different from above):	
Telephone:	E-mail:
Signature:	
Name of Principal:	
Telephone:	E-mail:
Signature:	
Name of School Board:	
Address:	
Name of Director / Supervisory Officer:	
Telephone:	E-mail:
Name of Mental Health Lead:	
Telephone:	E-mail:

Title of Initiative.	Do not write in this space.
Please describe the initiative.	
List the objectives of the proposed initiative.	
What needs/specific situations will be improved by this initiative?	
How will you develop the initiative? Who will develop it? What are the timelines for the stages of development?	

<p>How will you implement the initiative? Who will implement it? What are the timelines for the stages of implementation?</p>	
<p>How will you evaluate the initiative? Who will evaluate it? What are the timelines for evaluation?</p>	
<p>How does the initiative relate to the vision and mission of the SPCCH?</p>	
<p>How does this initiative reflect the mission and goals of your school improvement plan?</p>	
<p>Who is involved in this initiative?</p>	
<p>Who/what are your resources?</p>	

Are you seeking funding from other sources for this initiative? Please explain.					
List all of the expenses related to this initiative. Indicate which items are expected to be covered by other funding sources and which ones have been approved for other funding sources. Please also consider transportation costs to the SPCCH Conference in October (to present project).					
Item	Cost	Purpose	Applied for other funding	Approved by other funding	
TOTAL					