
SCHOOL/DISTRICT/UNIT*

ADDRESS

CITY

STATE

ZIP CODE

NAME OF INDIVIDUAL FILLING OUT BHSB APPLICATION

EMAIL

PHONE

BHSB PRIMARY CONTACT

EMAIL

PHONE

BUSINESS MANAGER PRIMARY CONTACT

EMAIL

PHONE

****If this application includes collaboration with multiple schools or units, you must fill out Attachment A and submit with application.***

What best describes your population type (school, district, special education unit, etc.), service area (schools, districts, towns) where this project will be implemented and who will be served (example: children, teachers, support staff, etc.).

Please provide a plan detailing the school/district/unit's collaboration with other regional school districts regarding student behavioral health needs.

Please describe how your school/district/unit will utilize the Behavioral Health Resource Coordinators and Kognito to develop student behavioral health interventions as part of the overall plan as identified above.

What is the communication plan to educate schools and staff on the behavioral health interventions and services approved through this grant?

Please describe the distribution of funds to schools within your district, special education unit, collaborative or service area as outlined in your plan.

