

**BEHAVIORAL HEALTH  
School Grant Application**  
2025 - 2026

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SCHOOL/DISTRICT/UNIT\*

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ADDRESS

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CITY

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STATE

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ZIP CODE

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NAME OF INDIVIDUAL FILLING OUT BHSB APPLICATION

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EMAIL

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PHONE

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BHSB PRIMARY CONTACT

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EMAIL

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PHONE

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BUSINESS MANAGER PRIMARY CONTACT

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EMAIL

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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 list any additional grants and contracts your agency has to provide behavioral health services and supports which may include funds to address truancy, behavioral health services in the school, MTSS-B, etc.

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

Please identify an individual to act as your agency's Behavioral Health Resource Coordinator. Their name and email will be provided to B-Hero and they will be able to access behavioral health resources shared through the BHRC listserv.

What is the communication plan to educate schools and staff on the behavioral health interventions and services approved through this grant? Do all schools within your unit have access to funds? If not, please explain why all schools within your unit do not have access to funds.

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

Please provide an itemized budget of the items/services you are applying for: item/service, description of how the funds address students' behavioral health needs across included schools, category and cost below.

[illegible]

\*Description of how the funds address students behavioral health needs across included school(s)

**TOTAL:**