



HEALTHY MINDS ALLIANCE HOST SITE APPLICATION

Type of application:

Continuation (agencies currently hosting an HMA AmeriCorps member)

New Application

* Required

1. Host Site Information

1. Name of Organization *

2. Address *

3. City/Town *

4. State/Province *

5. ZIP/Postal Code *

6. Federal EIN # *

7. Geographic Area Served *

2. Site Supervisor

8. First Name *

9. Last Name *

10. Title *

11. Email Address *

12. Phone Number *

13. Able to provide weekly one-on-one supervision for the AmeriCorps member? *

Mark only one oval.

Yes

No

3. Mental Health Intervention Planned

16. Please select the intervention(s) you plan to implement via your AmeriCorps member(s) *

It is permissible to implement more than one intervention via a single AmeriCorps member or multiple AmeriCorps members. Health360 will cover the cost of AmeriCorps member instructor training for one intervention. Additional instructor training costs will be covered by the host site. ALL TRAVEL COST ASSOCIATED WITH ALL TRAINING ARE COVERED BY THE HOST SITE.

Check all that apply.

Adult Mental Health First Aid

Youth Mental Health First Aid

Teen Mental Health First Aid

QPR

SafeTALK

Other Evidenced-based/informed Intervention

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- If you selected "Other Evidenced-based/informed Intervention" Please identify and describe the intervention including a brief description of evidence and instructor training length, format and cost (Health360 covers the cost, up to \$2,000 for one instructor training per AmeriCorps member)

17. If you selected more than one intervention please describe your plans for implementation.

AmeriCorps Members

18. How many full-time (1700 hours) AmeriCorps Members is your site requesting? *

19. Has your organization hosted AmeriCorps members, other than HMA AmeriCorps members, in the past? *

Mark only one oval.

- Yes
 No *Skip to question 21.*

20. If yes, please list AmeriCorps program(s) your organization has been affiliated with.

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21. In addition to implementing your identified intervention(s), describe other mental health related service activities your AC member will engage in during their service year *

Budget

Host sites are responsible to incur adequate expenses to ensure the program operates adequately including a host site fee, site supervisor time, program materials, travel costs, etc. Please complete a budget detailing program costs your agency will incur. Follow this link to a sample budget:

<https://www.health360.org/hma-documents>

22. Ensure you complete a budget detailing program costs to your agency

- Please use the “Host_Site_Budget_Sample_2021.xlsx” linked above to prepare a budget for submission.
- Email your completed budget to harrity@health360.org.

6. Experience / Partners

23. Does your agency plan to work with any partners? If yes, please describe partners. *

24. Describe experience your agency has with proposed intervention, if any.

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Go to <https://www.health360.org/hma-documents> to view definitions of the restrictions mentioned in the question below.

25. AmeriCorps member service must be limited to activities that are compliant with non-supplantation, non-duplication and non-displacement restrictions. Describe how AmeriCorps members service activities will support new programs or expand existing programs (new population, new community, etc.,) at your organization. Please also describe how and if your AmeriCorps member's service would focus on serving communities disproportionately impacted by COVID-19. . * Click here to view definitions of these restrictions: <https://www.health360.org/hma-documents>

26. Describe the mental health needs in your community and your rationale for the intervention(s) you chose.

27. Please describe the diversity of communities your organization serves including racial, ethnic, socioeconomic, linguistic or geographic diversity.

28. Please describe how your agency utilizes culturally-competent and multi-lingual strategies when providing services to the community.

29. Does your agency have union employees engaged in same or substantially similar work as the AmeriCorps member? *

Mark only one oval.

- Yes
 No *Skip to question 29.*

30. If yes, you will be required to provide written labor union concurrence from your local representative *

Mark only one oval.

- Agree Disagree N/A-No union employee at our agency

31. I have read the non-supplantation, non-duplication and non-displacement restrictions. Click here to view definitions of these restrictions: *

<https://www.health360.org/hma-documents>

Mark only one oval.

- Yes
 No

32. I have read the Host Site Agreement *

Click on this link to access the Host Site Agreement

<https://www.health360.org/host-site-agreement>

Mark only one oval.

- Yes
 No

33. I agree to participate in the Program Evaluation, including administering the AmeriCorps Pre and Post Surveys to all trained individuals*

Click on this link to access surveys:

<https://www.health360.org/hma-documents>

Mark only one oval.

- Yes
 No

Agreements to Terms and Conditions Section

34. By entering your initials below, you agree to the terms and conditions set forth on this HEALTHY MINDS ALLIANCE HOST SITE APPLICATION. You also agree to Sign and submit a Host Site Agreement and commit to a



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financial contribution as described in the sample budget. Applications accepted on a rolling basis.*

Signature & Date

35. Sign your full name here: *

36. Enter today's date *

Example: December 15, 2012