

Suicide Prevention Center of New York LOSS Team Application for Funding

Instructions:

- Download the application and save on your computer
- Complete all fields and save
- Scan any letters of support and return to **Joshua Malatino** jmalatino@mhanys.org

1. Name of coalition:

- **County(s) served:**
- **Coalition Point of Contact (POC):**
- **Name and contact of fiduciary:**

2. Name and contact information for local Suicide Loss Survivor group:

- **Years the Survivor groups has been in existence:**
- **Format of group (choose all that apply):** peer led peer and clinician led
offered monthly offered bi-weekly offered in person offered virtually
both formats
- There a clearly identified referral network to additional formal and informal community resources YES NO

3. Verbal attestation of support from the following upon submission of application.

- AFSP Chapter
- County and/or municipal police department
- Corner or Medical Examiners
- The DCS or County Mental Hygiene Commissioner

4. Formal letters of support from the following must be scanned and emailed to MHANYS with application packet or no later than 90 days upon provisional award. If sent separately please be sure to include the coalitions name and denote 'Letters of Support' in the subject line.

- AFSP Chapter
- County and/or municipal police department
- Corner or Medical Examiners
- The DCS or County Mental Hygiene Commissioner

5. Name and contact information for identified Project Manager (must be identified no later than 90 days of award notification or sooner)

- Name:
- Agency (if applicable):
- Contact information