NCAN Grant Application (ECMC Foundation):

Supporting the Whole Student Through Mental Health and Wellbeing

Organization & Contact Info

* 1. ORGANIZATION NAME

* 2. FIRST & LAST NAME of the person completing this application

* 3. TITLE of the person completing this application

* 4. PHONE NUMBER of the person completing this application

* 5. EMAIL ADDRESS of the person completing this application

* 6. Organization MAILING ADDRESS

Address Line 1

Address Line 2

City

State

Zip

* 7. How many students does your organization serve annually

- ◯ Less than 100
- ◯ 101 - 500
- ◯ 501 - 1,000
- ◯ More than 1,000

* 8. Which student population(s) does your organization PRIMARILY serve?

- ◯ Middle School Students
- ◯ High School Students
- ◯ College/Postsecondary Students
- ◯ Two or more

Indicate which

* 9. What are the approximate percentages of students by racial designation in the population you serve?

African American / Black	
Asian, Asian American or Pacific Islander	
Hispanic or Latinx/o/a	
Native American or Indigenous	
White	
Other / Not Listed	

10. Is your organization's annual operating budget equal to or below $2 million?

- ◯ Yes
- ◯ No

Mental Health & Wellness Initiatives

Please complete the following prompts in 100 to no more than 200 words each.

* 11. Describe the most significant mental health and wellness challenges that impact college persistence/completion among your student population (i.e. food security, housing, depression, etc).

* 12. What data (survey responses, needs assessments, qualitative data, observations, etc.) have you collected about your student population's mental health and wellness needs? If none, please describe what info would be useful to collect.

* 13. What initiatives or efforts are currently in place to support your students' mental health and wellness?

* 14. Describe the potential impact this grant could have on your student populations' mental health and wellness needs as related to college persistence.

Grant Project Lead

This opportunity is a two-year commitment and requires consistent participation and responsiveness from a designated Project Lead. The Project Lead role is best suited for an individual that has programmatic oversight, such as a Director of Programs, Program Director, or an Executive Director.

* 15. By checking this box you agree to designate a project lead throughout the duration of the grant project (Jan 2023 - July 2024) as described above.

- [ ] I understand and agree.

* 16. Is the Project Lead the same person completing this application (from page 1)?

- ( ) Yes
- ( ) No

Grant Project Lead- Details

* 17. Project Lead's FIRST & LAST NAME

* 18. Project Lead's TITLE

* 19. Project Lead's PHONE NUMBER

* 20. Project Lead's EMAIL ADDRESS

Complete only if different from person completing application

* 21. Project Lead's PRONOUNS

* 22. How long has Project Lead been employed at this organization?

- Less than 1 year
- 1 - 4 years
- 5- 9 years
- 10 years or more

Please complete the following prompts in 50 to no more than 150 words each.

* 23. Describe the Project Lead's role/responsibilities in relation to the provision of your organization's mental health & wellness efforts for students.

* 24. What skills/experience can the Project Lead leverage to share the knowledge acquired through this grant project with NCAN's broader audience/network of members? (i.e. facilitation experience, public speaking skills, etc)