Mental Health
Risk Retention Group, Inc.

Grant Application

The purpose of this application is to offer our current policyholders an opportunity to apply for financial grants specifically aimed at mitigating risk in their operation which have a direct impact on potential insurance claims. Currently, applicants for these grants are limited to our current policyholders who have these resource needs. While we appreciate all applications, we are unable to provide funding for every submission. All grant awards are dependent on the outcome of a thorough review process, budget considerations, and final approval by our board of directors.

Applications may be submitted at any time throughout the year. Any grants applied for will be reviewed as they are received and if approved by the Board, disseminated as they are approved. To support as many of our current policyholders as possible, we may restrict the amount and type of grant, and how many financial grants that can be requested. We will disburse all funds on a rolling basis until funds are no longer available.

If you have any questions about the application, please reach out to Lisa Hoffman at Lhoffman@jjnegley.com.

Applicant Information

Name:

Title:

Company/DBA:

Address:

Address 2:

City/Town:

State/Province:

ZIP/Postal Code:

Email Address:

Phone Number:

1. **Mailing address of organization (if different than above):**
2. **501(c)(3) Tax Identification Number/EIN #:**
3. **Has your organization already applied for a grant from MHRRG?** ☐ Yes ☐ No
4. **What are you applying for and how much are you requesting? Please explain your need.**
5. **Is this a one-time project or an ongoing effort?**
    - **If it is an ongoing effort, how do you plan to sustain your efforts independently without continued grant money from us?**

6. **What type of resources will the funds be used for? (Please select all that apply):**

- ☐ People
- ☐ Technology
- ☐ Facility
- ☐ Equipment
- ☐ Other (please specify)

7. **How will you measure the effectiveness of the grant in achieving your goals?**

We may require additional information before any decision can be made. Please note that all decisions are final and at the discretion of the Board.

If awarded a grant, you agree to:

1. Share information on your progress and the effectiveness of the grant.
2. Provide updates on how the funds are being used and the outcomes achieved.
3. Participate in future events to share your grant experience, measurements, and results with other grant awardees, etc.

Authorized CEO/CFO Name Signature Date