Community Education Initiative Application

Mental Health First Aid and safeTALK

Attachment A

APPLICATION SUBMISSION DETAILS

Submission Due Date: July 1, 2026 *not later than 5:00 PM
Submission Locations:
Via email: BHAdmin@edcgov.us
Via mail: ATTN: BH Admin Team
768 Pleasant Valley Road Suite 201
Diamond Springs, CA 95619

APPLICANT INFORMATION

Legal Name (dba)	
Mailing Address	
Physical Address (if different from above)	
Telephone Number	
Email Address	

BUSINESS LICENSE INFORMATION

*Business License required prior to funding contract execution.

Business Name	
License Number	
Address	
Phone Number	

INSTRUCTOR CERTIFICATION

- I am not certified and not yet registered to take a MHFA or safeTALK Instructor course. I intend to register for

  ☐ **MHFA** ☐ **safeTALK**

  ☐ **ADULT** (Course dates:_____, Cost $_____)

  ☐ **YOUTH** (Course dates:_____, Cost $_____)

  ☐ **TEEN** (Course dates:_____, Cost $_____)

  ☐ **SPANISH** (Course dates:_____, Cost $_____)

  ☐ **OTHER:** _____

- I am not certified but registered to take the following

  ☐ **MHFA** ☐ **safeTALK**

  ☐ **ADULT** (Course dates: _____, Cost $_____)

  ☐ **YOUTH** (Course dates: _____, Cost $_____)

  ☐ **TEEN** (Course dates: _____, Cost $_____)

  ☐ **SPANISH** (Course dates: _____, Cost $_____)

  ☐ **OTHER:** _____

- I am currently certified to teach the following courses

  ☐ **MHFA** ☐ **safeTALK**

  ☐ **ADULT**

  - ☐ Corrections Professionals
  - ☐ Fire/EMS
  - ☐ Higher Education
  - ☐ Military Veterans and their Families
  - ☐ Older Adults
  - ☐ Public Safety
  - ☐ Rural Communities

  ☐ **YOUTH**

  - ☐ Tribal Communities and Indigenous Peoples

  ☐ **TEEN**

  ☐ **SPANISH**

  List courses: _____

  ☐ **OTHER:** _____

COURSE FACILITATION

1. Do you currently have a location or organization for which you intend to teach MHFA or safeTALK courses?

   ☐ Yes (Name of Organization(s): _____)

   ☐ No

2. Approximately how many MHFA or safeTALK courses do you anticipate facilitating in this Fiscal Year (July 1 – June 30)?

   _____

3. Are you paid by your employer or otherwise compensated for facilitating MHFA or safeTALK courses?

   ☐ Yes

   ☐ No

4. On average, approximately how many residents do you anticipate attending your MHFA or safeTALK courses?

   _____

5. Briefly describe why you are interested in receiving BHSA Community Education Initiative funding. Include why you would like to facilitate this course in El Dorado County and any experience with teaching MHFA or safeTALK courses previously.

Applicant's Signature _____ Date _____