



## Peer Mentor Funding Application

Veterans Healing Initiative (“VHI”) is a 501c3 charitable organization dedicated to providing veterans of all eras’ access to treatment for dual-diagnosis substance abuse and post-traumatic stress disorders (PTSD). With more than 21 million U.S. service veterans, including over 2 million who have served in Operation Enduring Freedom, Operation Iraqi Freedom and Operation New Dawn, there is an overwhelming need for treatment programs to serve those veterans who suffer from addiction and co-occurring PTSD, chronic pain and/or TBI. Although treatment is available throughout the Veterans Administration’s VISN system, there is a significant shortage of beds and programs for the number of veterans in need of treatment. For this reason, Veterans Healing Initiative is focused exclusively on creating access to treatment through funding of programs and treatment thereby working to fill the gap between what programs exist and what is needed to serve this population.

VHI understands that peer-to-peer support and mentor programs are critical to the continuum of care for veterans in treatment for substance abuse and PTSD. Peer mentor programs may be part of a continuum of care associated with a dual-diagnosis treatment program, a veteran treatment court or an organization which provides outreach services for veterans. Regardless, VHI knows that having a connection with a fellow veteran can make a significant difference in the recovery process and overall well-being of our service men and women.

Please return completed applications to:

Margaret Stone  
Chairman  
Veterans Healing Initiative  
108 Veronese Drive  
Greenville, SC 29609

Or via Email: [treatmentprovider@vetshealing.org](mailto:treatmentprovider@vetshealing.org)

***\*Please note VHI does not accept applications for bricks and mortar requests.***



## APPLICATION

1. Date: \_\_\_\_\_
2. Name of organization to which grant would be paid. Please list exact legal name.  
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\_\_\_\_\_
3. Address of organization:  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_
4. Telephone Number: \_\_\_\_\_
5. Fax: \_\_\_\_\_
6. Email:  
\_\_\_\_\_
7. Executive Director:  
\_\_\_\_\_
8. Contact Person and Title (if not Executive Director):  
\_\_\_\_\_  
\_\_\_\_\_
9. Is your organization a registered 501(c)3 not-for-profit? YES \_\_\_\_\_ NO \_\_\_\_\_
10. If no, please explain:  
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## **PROGRAM INFORMATION**

1. Please provide a brief description of your organization's peer mentor program history and mission. Please include:
  - a. Primary focus of your program (i.e.: PTSD, sexual trauma, combat trauma, addiction recovery, pain management, reintegration, family dynamics, employment, etc.)
  - b. Whether you serve male or female veterans or both
  - c. Number of years your peer mentor program has been in existence
  - d. Geographic area served
2. Is your peer mentor program associated with a clinical treatment program?
  - a. If yes, please indicate how long it has been associated with the treatment program and how this program will be integrated with the continuum of treatment.



## **PROGRAM INFORMATION (Continued)**

3. Is your peer mentor program associated with a veteran treatment court/drug court?
  - a. If yes, please indicate number of years your peer program has been associated with the court and how you work with the courts.
4. Is your peer mentor program affiliated with any veteran organization or community outreach program?
  - a. If yes, please indicate the organization you are working with and how the peer mentor program is incorporated into their program.
5. Who manages your peer mentor program?
  - a. Does this person have military experience and/or experience working with service men and women?
6. How is the peer program staffed? Please indicate number of full or part-time staff or volunteers.
7. What are the qualifications to become a mentor?
8. Who is responsible for training mentors to work with veterans?
  - a. Explain how mentors are trained and certification process.
9. Who is eligible to participate in your peer mentor program?
10. How often does the peer group meet?
11. Do veterans and mentors meet one-on-one, as a group or both?
12. Is your program affiliated with the Veterans Administration?
13. Is your program affiliated with recovery or trauma programs?
14. Are your mentors trained to deal with sexual trauma for female and male veterans?
15. Do you have gender-focused mentors?
16. Estimated number of veterans your program will serve per annum.

## **FINANCIAL INFORMATION**

1. Please provide a current expense budget for your program. This should include:
  - a. A detailed operating expense budget for your program for the current and most recent fiscal year.
  - b. A detailed overview of the specific uses of the requested grant.
  - c. A copy of your most recent IRS letter indicating your agency's tax exempt status, or, if not available, an explanation.
  - d. Describe how your program will be sustainable beyond funding by VHI.
2. Please provide a list of all other sources of income for your program including foundation and corporate sponsors with amounts for your current and most recent fiscal year.