

FY2025 Clinical Educator Grant Program Application

Instructions.

- Use our helpful instructions and samples to fill out this application.
- Email your completed application to VISN16SCMIRECCEducation@va.gov by 4:00 pm CT on July 8, 2024.
- Copy your Mental Health or Service Line Chief for concurrence on the email. If you work at a CBOC, also include your clinic Director. <u>If your Service Chief or Director is not included on the email, we</u> <u>cannot accept your application</u>.
- Attach supporting documents to your email, including text that you cannot fit into this application.
- Questions? Contact Dr. Ali Abbas Asghar-Ali at Ali.Asghar-Ali@va.gov / asgharal@bcm.edu or Dr. Jennifer Bryan at Jennifer.Bryan1@va.gov.

1.	Submission date:			
2.	Principa	al applicant name:		
3.	Principa	al applicant's contact information:		
	a.	VA Facility Name:		
	b.	Address:		
	c.	Mail Code / Suite#:		
	d.	City:		
	e.	State:		
	f.	Zip:		
	g.	Phone:		
	h.	Email:		

4. Principal applicant's Care/Service Line Chief (and Clinic Director if appropriate):

5.	licants' contact information:	
	a.	Co-applicants' Names:
	b.	VA Facility Name:
	c.	Address:
	d.	Mail Code / Suite#:
	e.	City:
	f.	State:
	g.	Zip:
	h.	Phone:
	i.	Email:
6.7.		the product: Audience (check all that apply):
	a.	Veterans
	b.	Family/Caregivers
	c. d.	Mental Health Clinicians Primary Care Clinicians
	e.	Public
8.	Other:	List 1 to 3 objectives your project aims to achieve.
	a.	Objective 1:
		•
	b.	Objective 2:

9.	Description of the product (maximum 500 words):
10.	What clinical issue does your product address?
11.	How will your product improve this issue?
12.	Are there existing resources available to address this issue? If so, explain how your product is different (they are outdated, not user-friendly, or don't apply to Veterans). At a minimum, search
	online for examples to ensure that your proposed product is not available.

13.		w does your product specifically improve mental health care for rural and other underserved terans?		
14.	How w	ill you evaluate the final product? (Check all that apply):		
	a.	Pretest		
	b.	Posttest		
	c.	Follow-up Survey		
	d.	Individual Interviews		
	e.	Focus Group Interviews		
	f.	Other:		
15.	Please	describe the evaluation process.		
16.	Estima ⁻	ted timeline of project:		
17.	How do	you anticipate national dissemination of the product?		

18. Budget Table (list additional items on page 6 if needed):

Item	Purpose	Quantity	Cost per item	Total Cost
			Grand Total:	

19. Enter additional text and references below (if text is too long for this space, put it in a Word document and attach to your email submission). 20. Enter additional budget information below (if text is too long for this space, put it in a Word document and attach to your email submission).