



PEER SUPPORT PROGRAM

Grant Guidance

The FY2025 Assistance to Firefighters Grant (AFG) for Training and Equipment is a great opportunity to apply for grant funding to bring the **IAFF Peer Support Training Program** to your department and fund **short-term clinical training/consultation** to build and reinforce the peer program during a critical phase of its growth.

FEMA continues to emphasize the importance of fire fighter health and safety. Wellness and Fitness programs are intended to strengthen first responders so that their mental, physical, and emotional capabilities are resilient to withstand the demands of emergency services response.

Proposed training projects that benefit the highest percentage of applicable personnel within a fire department, or that will be open to other departments in the region, will receive the highest consideration and thus have a competitive advantage. It is possible to submit a regional application (multiple departments participating) for these programs; however, as part of the application you must submit MOU's on department letterhead from each participating agency.

To learn more about the AFG application process click [here](#). You will find several resources to assist you in preparing your application, including:

- AFG Application Information Get Ready Guide
- AFG Narrative Get Ready Guide



- AFG Program Guidance

*If FEMA has not yet posted the Notice of Funding Opportunity Announcement (NOFO), application link, or start dates of the application, you can sign up to [receive email alerts](#) when FEMA releases that information.

Before applying for an AFG grant for IAFF Peer Support Training, contact the IAFF Behavioral Health Department by email, behavioralhealth@iaff.org, or by phone at (202) 230-9519 to determine the best program choices for your department.

In order to be eligible for grant funding, fire departments must offer, or plan to offer, all five of the following (these are referred to as Priority 1 Activities): **IAFF Peer Support is a Wellness and Fitness Priority 1 Activity under Behavioral Health Programs.**

Priority 1 Activities:

- Periodic health screenings
- Entry physical examinations
- Immunizations
- Behavioral health programs
- Cancer Screenings

Applicants must have all five of these Priority 1 activities already in place (or request the missing Priority 1 activities to have all five in place), or they will be unable to request any Priority 2 activities in their application. For FY25 Priority 2 requests are Medium Priority. Do not apply for Medium Priority projects. Again, the IAFF Peer Support program is a Priority 1 project.

Priority 2 Activities

To include, but not limited to:

- Formal Fitness and Injury Prevention Program
- Critical Incident Stress Management Programs/Peer Support
- Employee Assistance Programs
- Injury/Illness rehabilitation programs
- Candidate physical ability evaluation
- Formal fitness and injury prevention program/equipment



- Injury/illness rehab
- IAFF/IAFC peer fitness trainer program(s)

Eligible Expenditures:

- Procurement of entry-level physicals that meet NFPA 1582
- Annual medical/fitness health evaluations consistent with NFPA 1582
- Immunizations, as recommended by the department or law (e.g., NFPA)
- Behavioral health programs
- Implementation of the International Association of Fire Fighters (IAFF)/International Association of Fire Chiefs (IAFC) Peer Fitness Trainer programs
- Contractual costs (non-hiring) for personnel, physical fitness equipment (including shipping charges and sales tax, as applicable), and supplies directly related to physical fitness activities

Ineligible Expenditures

- Transportation expenses
- Fitness club memberships for participants or their families
- Non-cash incentives (t-shirts or hats of nominal value, and vouchers to local businesses or time-off)
- Purchase of real estate
- Cash incentives
- Purchase of medical equipment that is not used as part of the Wellness & Fitness program
- Contractual services with anyone other than medical professionals (e.g., health care consultants, trainers, and nutritionists)
- Medical exams that do not meet NFPA 1582

Other Scoring Considerations:

- Multiple departments trained
- Number of fire fighters trained
- Instructor-led vs. media-led
- Population served
- Call volume

Once you access the online application for the AFG program, you will begin by



completing sections of the applications with demographic information specific to your department. ***It is recommended that you review these sections as soon as possible so you can begin to gather the required information.***

We recommend typing your Narratives in a Word Document outside of the application, then copying and pasting it into the written narrative sections. ***Otherwise, the application will time out and you will lose what you have written.***

- After pasting your narratives in each section, we recommend fixing any formatting issues.
- When typing your narratives, it is best to use small paragraphs.

The AFG Application: The first sections of the application are about your organization.

Applicant characteristics: includes a narrative section where you must describe your critical infrastructure.

Discuss:

- Schools and Universities
- Health Care Facilities
- Chemical or Manufacturing Facilities
- Transportation Infrastructure – Roads, Bridges, Ports, Rail.
- Large Commercial or Industrial Sites
- Power plants, water / sewer treatment, dams, etc.
- Other high-consequence infrastructure that is not listed above

Operating budget: includes a narrative section where you must describe your organization's need for Federal financial assistance. ***There is a 4,000-character limit to this narrative.***

Your Financial Need narrative should address why your organization has been unable to fund your request locally, including such details as:

- Describe why you can't complete this project without the assistance of federal funds.
- Compare your income to expenses in order to illustrate current funding deficiencies.
- Show other attempts you have made to fund department needs.
- Describe your community/agency budgets including:
 - Where money comes from



- Where money goes
- What are your funding challenges?
- Provide attempts to acquire funding from other sources
- Describe operating budget limitations
- What does the future look like? Are revenues likely to increase or decrease and why?
- List primary sources of revenue, average annual operating budget over the last several years, how much is dedicated to personnel costs etc.?
- What are the consequences for not receiving the award?
- Will you be able to provide this critical training without this award?
- Will this place fire fighter lives at risk?
- Describe financial stressors
- Other capital projects
- Unemployment rate
- Loss of tax base
- Non-tax paying entities
- Any deficit spending from previous years that must be paid this year
- Anything putting a strain on your budget
- What has your department done to control costs? Has the union offered concessions?
- If so, state “IAFF local ## has provided concessions...”
 - Have fire prevention or other staff been moved to front line positions to reduce overtime?
- Define and explain local terms.
 - For example, explain any tax levy limiting legislation that you may have in place in terms that someone not familiar with your area will understand.
- Has your department had large expenditures which limited your ability to pay for the requested equipment?
 - Perhaps you recently added personnel or are playing catch-up after years of neglecting the capital budget because all funding was directed to keeping fire stations open.
- If you have shown budget increases for prior years, or have a large reserve, explain where funds are directed and why they can’t be used.
 - For example, station or apparatus replacement, pension obligation increases, etc.



- Provide an itemized budget breakdown.

Applicant and community trends: includes statistics on injuries and apparatus information.

Community description: includes a narrative section where you must describe your organization and/or community that you serve. *There is a 4,000-character limit.*

Discuss:

- Number of residents served
- Number of square miles protected
- Number and types of responses
- Describe the area you protect
- Critical infrastructure protected by your organization
- Firefighter I and II training and certification
- What are your community's greatest needs, risks and challenges and how does your request address these?
- What is your community's risk for critical incidents and associated post-traumatic stress for first responders?
- What is the availability of behavioral health services for the whole community, including fire fighters and their families?
 - What are some statistics related to behavioral health for your community? For stats, see:
 - <http://www.samhsa.gov/data/>
 - <https://suicidology.org/facts-and-statistics/>
 - <https://www.cdc.gov/injury/wisqars/index.html>

Call volume: Department Specific Call Volume Data

Grant request details: This is where you begin to complete the information specific to the **IAFF Peer Support Program**.

- Click the "**Add Activity**" button



Grant request details

Are you requesting a Micro Grant? A Micro Grant is limited to \$75,000 in federal resources.

Yes
 No

i Instructions

If you intend to request funds for an activity, you must answer all of the activity specific questions and specify at least one budget item [budget object class information](#). The cost figures you provide do not have to be firm quotes from your vendors, but they should be estimated based on research of current prices (i.e., check with at least two vendors for your estimates). If you do not have these estimates, you can come back and modify this area at any point before you submit your application to DHS. The Assistance to Firefighters Grant Program does not allow for any grant funds to be used for construction. Select grant writer fee when adding an activity if there is a grant-writing fee associated with the preparation of the request

[+ Add activity](#)

Grand total: \$0.00

- Select **Wellness and Fitness** from the list

Add an activity

Select activity:

Wellness and fitness programs

Select

- Equipment
- Modify facilities
- Personal Protective Equipment (PPE)
- Training
- Vehicle acquisition
- Wellness and fitness programs**
- Grant writer fee

- This adds the main Narrative Fields to the application.
 - This will be addressed later in this guide

Fill out the section that appears, asking about the Wellness and Fitness Priority 1 areas



Project	Does your organization currently offer this activity?	Will this program be mandatory?	Will this program be offered to all?
Initial Physical Exam	<input type="radio"/> Yes <input type="radio"/> No	<input type="radio"/> Yes <input type="radio"/> No	<input type="radio"/> Yes <input type="radio"/> No
Job Related Immunization Program	<input type="radio"/> Yes <input type="radio"/> No	<input type="radio"/> Yes <input type="radio"/> No	<input type="radio"/> Yes <input type="radio"/> No
Periodic Physical Exam/Health Screening	<input type="radio"/> Yes <input type="radio"/> No	<input type="radio"/> Yes <input type="radio"/> No	<input type="radio"/> Yes <input type="radio"/> No
Behavioral Health NFPA 1500 or equivalent	<input type="radio"/> Yes <input type="radio"/> No	<input type="radio"/> Yes <input type="radio"/> No	<input type="radio"/> Yes <input type="radio"/> No
Cancer Screening Program/Equipment	<input type="radio"/> Yes <input type="radio"/> No	<input type="radio"/> Yes <input type="radio"/> No	<input type="radio"/> Yes <input type="radio"/> No

In the Request Information Section click the **Add a Project** button.



Periodic Physical Exam/Health Screening	<input type="radio"/> Yes <input type="radio"/> No	<input type="radio"/> Yes <input type="radio"/> No	<input type="radio"/> Yes <input type="radio"/> No
Behavioral Health NFPA 1500 or equivalent	<input type="radio"/> Yes <input type="radio"/> No	<input type="radio"/> Yes <input type="radio"/> No	<input type="radio"/> Yes <input type="radio"/> No
Cancer Screening Program/Equipment	<input type="radio"/> Yes <input type="radio"/> No	<input type="radio"/> Yes <input checked="" type="radio"/> No	<input type="radio"/> Yes <input type="radio"/> No

Project [+ Add a project](#)

An activity must contain at least one project. You must add a project or remove this activity.

- Select **“Behavioral Health NFPA 1500 or Equivalent”**

Add project to Wellness and fitness programs

Select project:

Select
Select
Behavioral Health NFPA 1500 or equivalent
Cancer Screening Program/Equipment
Initial Physical Exam
Job Related Immunization Program
Periodic Physical Exam/Health Screening
Additional funding

After Selecting **“Behavioral Health NFPA 1500 or Equivalent”**
Click **“Add an item”**



Project: Behavioral Health NFPA 1500 or equivalent \$0

[✕ Delete this project](#)

[+ Add an item](#)

Cost Items

A project must contain at least one item. You must add an item or remove this project.

Add an item

Select item:

- Select
- Select
- Additional funding
- Behavioral Health NFPA 1500 or equivalent

[✕ Cancel](#)



Item		
Behavioral Health NFPA 1500 or equivalent		
Description		
Quantity	Unit price	Total
<input type="text"/>	<input type="text"/> \$	\$0.00
Budget class		
Select		
Select		
Construction		
Contractual		
Equipment		
Fringe benefits		
Indirect charges		
Other		
Personnel		
Supplies		
Travel		

Budget Class: **Contractual**

Quantity: **Contact the IAFF Behavioral Health Department to confirm program costs and options.**

- You have a couple of different options here.

- If you plan to host an in-person class of the maximum number of 30 students (all members of your department) enter the number 30 for the number of units and \$300 as the cost per unit for item.
- If you plan to host an in-person class of the maximum number of students, but some members will come from other departments, enter the number 1 for the number of units and \$9,000 as the cost per unit for item.
- If you plan to host a virtual class of the maximum number of 25 students (all members of your department) enter the number 25 for the number of units and \$184 as the cost per unit for item.
- If you plan to host a virtual class of the maximum number of students, but some members will come from other departments, enter the number 1 for the number of units and \$4,600 as the cost per unit for item.



- **NOTE: The AFG program looks more favorably on in-person, hands on training and a virtual training program may score lower than an in-person training program.**

Please provide the following information about the IAFF Peer Support Training Program.

You will have 500 characters to explain your selection.

Discuss:

- Instructor-led
 - Instructors are from the fire service and experienced with peer support programs
- Requires students to demonstrate skills with both academic competence as well as practical proficiencies
 - Must complete IAFF Behavioral Health Awareness Course (online course which includes knowledge checks) prior to the training.
- Train all ranks within the department
- Includes classroom and hands-on instruction, all instructor and resource materials.
- Continued expert clinical supervision/training of peers facilitates:
 - High-quality and appropriate level of peer services
 - Improved response to behavioral health emergencies
 - Guidance and support that minimizes behavioral health emergencies
 - Additional skill development, particularly during critical phase of peer program development
 - Enhanced use of community resources.
- Reflects best practice
- Applies the lessons learned by IAFF support teams deployed following 9/11, Katrina, Boston Marathon attack and other traumatic events during the last fifteen years.
- Encourages clinically-sound and a sustainable peer program through continued clinical training/consultation by qualified behavioral health professional



To add additional funding for “Continued Clinical Training/Consultation”

- Click the “**Add an item**” button
- Select “**Contractual**” for Budget Class
- Enter the estimated number of hours of consultation (e.g., 52 hours for weekly training/consultation for however many weeks for a total number of units) and the consultant’s hourly rate (e.g., \$50/hour) as the cost per unit for item.
 - You will have *500 characters* to explain the need for continued clinical training/consultation, include specifics about the anticipated training/consultation schedule (e.g., weekly consultation, monthly trainings). Estimate the expected number of hours of continued training to be delivered x the hourly rate of the qualified behavioral health professional. Explain the need for continued peer training and the necessity of using a qualified and licensed behavioral health professional.

To add Additional Funding for overtime or backfill or anything else related to this project, click the “**Add an item**” button and select “**Additional Funding**”



▼

Project: Behavioral Health NFPA 1500 or equivalent \$0

[✕ Delete this project](#)

[+ Add an item](#)

Cost Items

A project must contain at least one item. You must add an item or remove this project.

Add an item

Select item:

- Select
- Select
- Additional funding
- Behavioral Health NFPA 1500 or equivalent

[✕ Cancel](#)

Eligible uses of training funds include, but are not limited to:

- Tuition, exam/course fees, and certifications/certification expenses
- Purchase of training curricula and training services (instructors)
- Overtime expenses paid to career fire fighters to attend training or to cover colleagues who are in training
- Cost for qualified behavioral health experts to provide continued clinical training/consultation

Under the Additional Funding category, you can add the cost of personnel attending the training and/or other costs to conduct this training. *You will have 500 characters to explain your request.* The more detail you provide on the requested funds, the better understanding the reviewers will have of your request.



- If you are requesting the cost for personnel to attend training or to cover colleagues who are in training, be sure to include the number of personnel x the number of hours x the hourly rate. Explain the need for the personnel costs which may include the need to maintain minimum response capabilities during the scheduled training.

To add additional Wellness and Fitness Priority 1 programs:

- In the Request Information Section click the **Add a project** button.

Periodic Physical Exam/Health Screening	<input type="radio"/> Yes <input type="radio"/> No	<input type="radio"/> Yes <input type="radio"/> No	<input type="radio"/> Yes <input type="radio"/> No
Behavioral Health NFPA 1500 or equivalent	<input type="radio"/> Yes <input type="radio"/> No	<input type="radio"/> Yes <input type="radio"/> No	<input type="radio"/> Yes <input type="radio"/> No
Cancer Screening Program/Equipment	<input type="radio"/> Yes <input type="radio"/> No	<input type="radio"/> Yes <input type="radio"/> No	<input type="radio"/> Yes <input type="radio"/> No

Project + Add a project

An activity must contain at least one project. You must add a project or remove this activity.

Fill out the sections as before for any additional Wellness and Fitness Priority 1 programs.

- You must have in place or be asking for **ALL** the Priority 1 programs before you can request any Priority 2 activities.

Go Back and Fill in the Main Narrative Sections

Project Description and Budget: Clearly explain the organization's project objectives and the relationship to your organization's budget (e.g., personnel, equipment,



contracts, etc.) and risk analysis by providing statistics to justify the needs. Describe the various activities to be implemented, including program priorities or facility modifications, to include details on how these are consistent with project objectives, your organization's mission and national, state, and/or local requirements. Provide details that link the proposed expenses to operations and safety, as well as to the completion of the project's goals. *You are limited to 4,000 characters.*

Clearly identify all aspects of the project and project budget.

- Identify the problem, solution, and cost.
- Describe how project aligns with program priorities.
- Demonstrate that the project will be completed within the 1-year period of performance.
- Mention that the grant is combined effort of management and labor.
 - **Include IAFF local # and the city/town**

Discuss:

- Describe the number of personnel that will receive this training and the population served.
 - 30 staff (for in-person training) or 25 staff (for online training) of varying ranks and positions will go through the initial training
 - 100% of the department will receive peer support training or services
- The need for this training and how it will improve fire fighter health and safety:
 - What are the behavioral health-related occupational hazards of firefighting?
 - What are the behavioral health challenges faced by your department in the last five years?
 - Describe any gaps/inadequate behavioral health services to help fire personnel? (e.g., lack of peer support and behavioral health education; distrust of EAP; stigma around behavioral health)
 - Provide general stories (that maintain privacy/confidentiality) of members who could not obtain adequate help due to gaps/lack of resources.
 - Find resources that can help justify the need on [IAFF Behavioral Health Program](#)
- What specific behavioral health risks will this training address?
 - PTSD
 - Substance abuse



- Suicide
 - Depression and anxiety
- Do you have any existing behavioral health teams (e.g., CISM)?
 - If so, what is the need for IAFF Peer Support Training?
 - How will IAFF Peer Support Training and newly-trained peers be integrated into current programs?
- What the training includes:
 - Essential skills to help fire personnel in distress
 - Guidance on how to recruit peer supporters and build/sustain an effective peer program
 - Suggestions on how to collaborate with and access local behavioral health and social service providers and resources
 - Teaches how to help fire fighters in distress and navigate complex behavioral health and social service systems.
 - Proactive approach that helps to prevent behavioral health crises.
- How will the program be delivered?
 - In-Person: IAFF Peer Support Training, in-person, interactive training led by peers over two days
 - Online: IAFF Peer Support Training, online, interactive training led by peers over three days
 - Online IAFF Behavioral Health Awareness Course designed for fire service
 - Continued clinical training/consultation
- Details about the clinical consultant (qualifications, previous experience/familiarity with fire service)
- How/when clinical consultation will be delivered (Weekly meetings? On-call basis? Emergency assessments?)
- How/when trainings will occur (frequency? Topics?)
- How many hours of training are included?
 - 16 hours for two-day training (in-person) or 16 hours over three days (online)
 - 2 hours for online Behavioral Health Awareness course
 - Number of hours of continued clinical training/consultation for duration of grant period
- Why is continued clinical training/consultation by behavioral health consultant needed?



- How will the consultant help with program development, selection of peers, assessment, access to community resources, emergency response?
 - How is continued training helpful?
- What topics will be covered in the training?
 - Active listening skills
 - Confidentiality
 - Basic Assessment
 - Suicide Assessment
 - Crisis intervention
 - Action planning
 - Accessing behavioral health resources
 - Outreach and education
 - Relevant best practices and SOPs from experienced peer teams
- Why are these topics important to your department and mutual aid?
 - How will these topics help you provide peer support?
 - How will these topics help you access resources?
 - How will these topics help you with peer program development?
- How will training be delivered?
 - Will you host the class and allow other attendees, or will all 30 spots (25 spots for online version) be filled with personnel from your department?
- Trained Peer Supporters conduct regular education about behavioral health concerns (including PTSD, suicide prevention/awareness, stigma) so rank and file know signs and how to respond. Include proposed training schedule (quarterly? Every six months?)
- Clinical consultant provides continued training/consultation to Trained Peer Supporters, who incorporate additional knowledge/skills into their education and practice.
- How will the Peer Support Program continue to grow after the grant?
 - Develop partnerships with local universities (additional training, research)
 - Better utilization of/working relationship with EAP
 - Build relationships with local clinicians, including educating them about fire service culture and needs of first responders
 - Collaboration with and leveraging resources of nearby peer programs.
- Describe how you will minimize the impact on the department's ability to provide service during training.



- Need to explain how you will meet the mandatory match of the grant money being requested.

Cost Benefit: Describe how you plan to address the operations and personal safety needs of your organization, including cost effectiveness and sharing assets. The Operations and Safety Cost Benefit statement should also include details about gaining the maximum benefits from grant funding by citing reasonable or required costs, such as specific overhead and administrative costs. The request should also be consistent with your organization's mission and identify how funding will benefit your organization and affected personnel. *You will be limited to 4,000 characters.*

Discuss:

- What have been the department's costs associated with behavioral health? (e.g., worker's comp, disability claims, lost productivity)
- How will this training better prepare your members to assist fellow fire fighters during potentially traumatic events or large-scale disasters?
- How does this program address behavioral health stigma?
- How will peer support impact behavioral health-related worker's comp claims and lost workdays?
- How will peer support help with utilization of department-funded resources?
- How can continued clinical training/consultation expenses save money in the long-run?
- Why are peer support programs an effective way to improve behavioral health among fire fighters compared with more traditional EAPs?
- Why is it important that peer support training be standardized among fire departments?
- Why is it important to open peer support provider training to all members and all ranks within your department?
- Why is it important to learn and practice these skills before becoming an IAFF Trained Peer Supporter?
- Will you collect data and evaluations that demonstrate the effectiveness of your training and how will you collect that information?
- How will this training continue to have an impact/train after the two-day course?



In-person IAFF Peer Support Training: The total cost of this grant request is \$9,000 (IAFF Peer Support Training) + \$\$ amount for personnel costs + total \$\$ amount of short-term clinical training/consulting fees.

The \$9,000 fee for the in-person IAFF Peer Support Training includes:

- All instructor fees (including their travel and hotel expenses)
- All instruction materials (manuals, workbooks)

Online IAFF Peer Support Training: The total cost of this grant request is \$4,600 (IAFF Online Peer Support Training) + \$\$ amount for personnel costs + total \$\$ amount of short-term clinical training/consulting fees. The \$4,600 fee for the IAFF Online Peer Support Training includes:

- All instructor fees
- All instruction materials (manuals, workbooks)
- **NOTE: The AFG program looks more favorably on in-person, hands on training and a virtual training program may score lower than an in-person training program.**

Personnel costs include:

- Overtime expenses paid to career fire fighters to attend training or to cover colleagues who are in training to maintain minimum response capabilities.
- Be sure to include the number of personnel x the number of hours x hourly rate.

Clinical training/consulting fees include:

- Number of training/consulting hours to be delivered
- Hourly rate of consultant

Include a statement addressing impact and cost per person.

- Specify total number impacted (e.g., # in department)
- Divide total training cost by number impacted for cost per person.
- Provide a Break down per capita. (i.e. Cost / resident / fire fighter)

Statement of Effect on Operations: Explain how this funding request will enhance the organization's overall effectiveness. Describe how the grant award will improve daily operations and reduce the organization's risk(s) including how frequently the requested item(s) will be used and in what capacity. Indicate how the requested item(s) will help the community and increase the organization's ability to save additional lives and property. Jurisdictions that demonstrate their commitment and proactive posture to



reducing fire risk, by explaining their code enforcement (to include Wildland Urban Interface code enforcement) and mitigation strategies (including whether or not the jurisdiction has a FEMA-approved mitigation strategy) may receive stronger consideration under this criterion. *You will be limited to 4,000 characters.*

Remember, the most important thing is for you to tell your story and why this funding and training are critical to your members and the community you protect. Additionally, proposed training projects that benefit the highest percentage of applicable personnel (your department and others) receive a higher rating and are more likely to be funded.

Include items such as:

- How it will improve operations
- How it will increase department viability
- Reduce risk
- Use and frequency of use
- Impact on fire fighter and public safety
- Have you had instances where the lack of Peer Support has led to a situation that could have been prevented?
- This program addresses two of sixteen Fire Fighter Life Safety Initiatives: (1) Cultural Change, and (13) Psychological Support
- Reflects the National Fire Protection Association consensus standards
 - NFPA 1500, Chapter 12
 - 2021 edition of NFPA 1500 will specify key role of peer support programs
- Fulfills Federal recommendations for employee training that covers conflict resolution, stress management, managing anger and relaxation techniques:
 - DOL's Occupational Safety and Health Administration's Safety and Health training for employees
 - CDC's National Institute for Occupational Safety and Health's prevention strategy to minimize risk of workplace violence.
- Addresses several of the 32 core capabilities identified by FEMA in the National Preparedness Goal:
 - Community Resilience
 - Long-Term Vulnerability Reduction
 - Risk and Disaster Resiliency Assessment



- Adheres to the guidelines, competencies and standards for general peer programs set forth by:
 - International Association of Peer Supporters
 - <https://www.inaops.org/values>
 - Federal Substance Abuse Mental Health Services Administration Core Competencies for Peer Workers in Behavioral Health Services
 - <https://www.samhsa.gov/brss-tacs/recovery-support-tools/peers/core-competencies-peer-workers>

Grant request summary: This section will fill in automatically

- Review for accuracy and mistakes

Budget summary: This section will fill in automatically

- Review for accuracy and mistakes



For additional information on applying for grants, contact the IAFF Grants Department at FireGrants@iaff.org

For more specific programmatic information on Behavioral Health and the [IAFF Peer Support Training program](#), contact us by email at behavioralhealth@iaff.org, or by phone at (202) 230-9519.

Requesting a Grant Review by IAFF Grant Staff

The IAFF Grants Department is available to assist IAFF affiliates and their fire departments through the application process. For more information, contact the IAFF Grants Department via email - firegrants@iaff.org. To request a review of an application prior to submission, or any application that was turned down in a prior application cycle, affiliates can send their completed application, including both the data entry and narrative portions, to the IAFF Grants Department.