



W · I · S · E

Workforce Integration Support and Education

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APPLICATION FOR FINANCIAL SUPPORT PEER PROFESSIONAL DEVELOPMENT OPPORTUNITIES

W.I.S.E² provides financial support to peer employees working for W.I.S.E² Partner Agencies. This financial support allows peers to attend trainings, workshops, and conferences that enhance their work skills and/or contribute to peers' professional development and career advancement in the Public Mental Health System (PMHS).

Eligibility Requirements

- Applicant must be employed by a W.I.S.E² Partner Agency and work in a designated peer position
- Activity must enhance Applicant's work skills and/or contribute to Applicant's professional development/career advancement as a peer working in the PMHS
- Activity must be a one-time event and not ongoing:
 - YES: trainings, workshops, conferences
 - NO: educational courses, tuition, admission fees, application fees
- Applicant may not receive any other financial support or monetary incentive from any other source to attend the activity (e.g., Applicant is not eligible if employer is already paying for Applicant to attend the activity)
- Applicant's direct supervisor must approve and sign the application
- Applicant must actually attend the activity described in this application
- If the application is approved, Applicant will receive 50% of the agreed-upon financial support within 15 days, even if the activity has not yet occurred
- To receive the remaining 50%, Applicant must show proof of attendance and provide a summary of the activity, discussing how it has enhanced Applicant's work skills and/or will contribute to Applicant's professional development/career advancement as a peer working in the PMHS

To apply, submit your completed application and worksheet on pages 2 and 3 to Stephanie Ramos, W.I.S.E² Program Coordinator, via email (sramos@norcalmha.org) or fax (916.855.5448). If you have any questions, Stephanie can be reached by email (sramos@norcalmha.org) or telephone (916.366.4600).

W.I.S.E is a program of NorCal MHA funded by the California Mental Health Services Act (Prop 63) and administered by the Office of Statewide Health Planning and Development (OSHPD)





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Applicant Name _____ Today's Date _____

Job Title _____ Employer _____

Title/Description of Activity _____

Organizer _____ Activity Date(s) _____

City and State _____ Total Estimated Cost
(from worksheet on page 3) _____

How will this activity enhance your job skills as a peer or contribute to your professional development/career advancement as a peer working in the PMHS? (attach additional pages if necessary)

I certify that the information contained in this application is truthful and correct, to the best of my knowledge.

Applicant Signature _____

Date _____

Applicant Email Address _____

Applicant Phone Number _____

APPLICANT'S SUPERVISOR APPROVAL

Supervisor Signature (required) _____

Date _____

Supervisor Name (please print) _____

Supervisor Phone Number _____



COST ESTIMATE WORKSHEET

PEER FINANCIAL SUPPORT FOR PROFESSIONAL DEVELOPMENT OPPORTUNITIES

Provide a reasonable estimate for each Expense Type applicable to your attendance. If a listed Expense Type is not applicable to your attendance, leave the Total Cost for this Expense Type at \$0.00. When you have completed all applicable entries in the Total Cost column, update the Total Estimated Cost at the bottom of the worksheet to reflect the sum of all entries in the Total Cost column. **You must provide backup documentation for each Expense Type or an explanation of how you calculated the Total Cost for each Expense Type. Total estimated cost may not exceed \$1,000.**

Expense Type	Unit Cost	Total Units	Total Cost
Attendance/Registration Fee			\$
Hotel/Lodging	\$() per day		\$
Reasonable Mileage (to/from destination; attach directions)	\$0.575 per mile		\$
Parking (at destination, hotel, airport, train station, etc.)			\$
Tolls (bridges and roads)			\$
Air/Train Fares			\$
Ground Transportation (buses, shuttles, taxis, public transport)			\$
Meals and Incidentals	\$20.00 per day (half day) \$40.00 per day (full day)		\$
Miscellaneous - explain (conference materials, rental car gas, etc.)			\$
TOTAL ESTIMATED COST (not to exceed \$1,000):			\$

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