

COUNTY/TRIBES VETERAN SUICIDE AWARENESS AND PREVENTION FUND REQUEST

Important Submission Instructions

Grant funding is available to all Oregon Counties and federally recognized Tribes. The funds are meant to heighten community awareness and publicize mental health supports available to veterans and their families. If you wish to participate and receive grant funding, please complete this form. Funding for each grant is available for up to \$5,000. ODVA requests that you provide a summary of how these grant funds were used and any outcomes, including (as applicable) number of veterans and others served/reached, informational materials distributed, etc. Please provide this information immediately following the event (if applicable) or campaign. Email completed application to ODVA_DL_CVSO-NSO Funding.

Name		County or Tr	ibe		
	Sean Kirk		Deschutes County		
Address	3			Zip Code	
	1130 NW Harriman Street		Bend	97703	
Phone		Email			
(541) 385-3214			seank@deschutescounty.gove		

In the space provided below, please indicate the amount requested and describe your intended use of the funds. If planning a future event, please indicate the time frame the event will be scheduled. This does not have to be detailed, or include specific costs. If more space is needed, please continue in the space provided on page 2.

Amount requested: \$5,000.00

We have a plan to run a commercial campaign specifically regarding suicide awareness and avenues of assistance. Additionally, we are going to include information about the Central Oregon Secure Firearm Storage Project. This is highly important to include considering Oregon is one of the highest ranked states for firearm suicide by children. Suicide affects everyone; not just Veterans.

Plan is to contract production of the commercial with local Veterans and run the campaign for a year. We will provide any additional needed funding.

Below is a link to an ad ran in the past through this grant: https://vimeo.com/716949964/9fc1a9bd16



COUNTY/TRIBES VETERAN SUICIDE AWARENESS AND PREVENTION FUND REQUEST

Intended use of funds (continued):

Certification and Signature							
By signing below, I certify that I am qualified to represent my County or Tribe in their request for the Veteran suicide awareness and prevention funds.							
Name of Signer (<i>Printed</i>) Sean Kirk	Authorized Signature SEAN KIRK (Affiliate)	Digitally signed by SEAN KIRK (Affiliate) Date: 2024.09.09 11:15:42 -07'00'					
Title of Signer Manager, Deschutes County Veterans'	Date Signed September 9, 2024						

FOR ODVA USE ONLY											
			VOU		Date Paid						
	PAID										
	PCA	43120	AOBJ	6702	COMM	915-73					
Approved Payment	oproved Payment Approved by Name (Printed)		Approved by Signature		Date Approved						
\$ 5,000	Sheronne Blasi		M. Bl.		9/10/24						