



REGION 7 BEHAVIORAL HEALTH BOARD - GRANT REQUEST

GRANT REQUEST GUIDELINES

SEATS/BOARD MEMBERS

Co. Commissioner

Bryon Reed - Bonneville
Jessica Lewis - Bingham
Brent Mendenhall - Madison

IDHW Behavioral Health

Randy Rodriguez (Treasurer)
Tim Thompson

Judiciary

Michelle Mallard

Law Enforcement

Samuel Hulse (Chair)

Adult Corrections

Dustin Park

Juvenile Justice

Darin Burrell (Secretary)

Health Professional

Dr. Christina Sanchez-Jaquez

Hospital

Shawn LaPray

Education

Janet Goodliffe (Vice Chair)

Mental Health Provider

Tina Ricks

SUD Provider

Chris Brayton

Mental Health Advocate

Sara White

SUD Advocate

Stephanie Taylor-Silva

Parent of Child - MH

Teriann Parker

Parent of Child - SUD

Vacant

Family Member - MH

Jerilyn Taylor

Family Member - SUD

Adam Moon

Adult MH Consumer

Rick Whitaker

Adult SUD Consumer

Donna Johnson

Prevention Specialist

Ashley Stallings

Counties Served:

Butte, Bingham, Bonneville,
Clark, Custer, Fremont,
Jefferson, Lemhi, Madison,
and Teton

Thank you for your interest in securing funds from the Region 7 Behavioral Health Board (R7BHB). Please follow these directions in filling out your funding request:

- Requests must meet the scope of R7BHB's Mission and Vision:

OUR MISSION

To improve our systems of care within Region 7 for those affected by behavioral health issues. We will do this by evaluating gaps in services, encouraging collaboration among stakeholders, ensuring monitoring of critical statistics, and developing strategic plans based on the information.

OUR VISION

To be a valued partner that promotes the health and quality of life for our communities and its members. To provide leadership and devotion of resources that focuses on prevention, treatment, recovery, and overall wellbeing of people with behavioral health problems.

- Funding requests must meet the criteria set forth in Idaho Statute 39-3135, Powers and Duties of Regional Behavioral Health Services. Funding priority will be given to projects that:
 - Promote improvements in delivery of regional behavioral health (BH) services, identify gaps and needs in BH services, and coordinate and exchange information regarding BH programs in the region;
 - Provide and promote family support and recovery support services in the region including, community consultation and education; housing, employment, and supportive services for individuals with BH issues; and evidence-based prevention activities that reduces the burdens associated with BH issues.
- Requests must be in compliance with rules, regulations, and policies set forth by the State of Idaho and Eastern Idaho Public Health, the fiduciary agent of the Board.
- Funding requests will be discussed at the monthly R7BHB meetings. The Board generally meets the third Friday of each month. Requests must be submitted at least 2 weeks prior to the meeting and are subject to availability on the meeting agenda.
- It is recommended that the person requesting the funds attend the Board meeting to present the proposal and answer any questions relative to the request.
- Please complete the grant request in its entirety. When completed, return request to Mimi Taylor via mail or email. Please contact Mimi with any questions.

Mallory Johnson
Region 7 Behavioral Health Board
1250 Hollipark Drive ▪ Idaho Falls ▪ ID ▪ 83401
Phone: 208.533.3221 ▪ Fax: 208.525.7063
E-Mail: mjohnson@eiph.idaho.gov

REGION 7 BEHAVIORAL HEALTH BOARD - GRANT REQUEST

REQUESTOR NAME					
ORGANIZATION		TYPE OF ORGANIZATION (501(c)(3), government, other-explain):			
ORGANIZATION ADDRESS		CITY	COUNTY	STATE	ZIP CODE
EMAIL ADDRESS			REQUESTOR'S PHONE		

PLEASE DESCRIBE YOUR REQUEST, EVENT, OR ACTIVITY, INCLUDING PURPOSE AND DESIRED OUTCOMES:

DATE OF REQUEST:	AMOUNT OF FUNDS REQUESTED: - SEE ITEMIZED BUDGET (page 2)	TOTAL ANTICIPATED COST OF EVENT/ACTIVITY/PROJECT	# OF EXPECTED PARTICIPANTS	TOTAL IN-KIND DONATIONS
	\$	\$		\$

PLEASE DESCRIBE HOW YOUR REQUEST SUPPORTS THE MISSION AND VISION OF THE R7BHB

PLEASE PROVIDE A TIMELINE OF EVENTS, INCLUDING WHEN FUNDS WILL BE SPENT:

PLEASE DESCRIBE HOW YOUR OUTCOMES WILL BE MEASURED:

PLEASE STATE HOW THE REGION 7 BEHAVIORAL HEALTH BOARD WILL BE RECOGNIZED:

Approved: Yes No - Reason: _____

R7BHB Board Representative: _____ Date: _____

EIPH Representative: _____ Date: _____



REGION 7 BEHAVIORAL HEALTH BOARD - GRANT REQUEST

If request is approved, the requestor will provide a W-9 and Finalized Budget.
Receipts and invoices will be required prior to any reimbursement or payment being made.

REQUESTOR NAME	ORGANIZATION
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ITEMIZED BUDGET PROPOSAL

PROPOSED PURCHASE DATE	AMOUNT	DESCRIPTON OF PURCHASE	PROPOSED PURCHASE FROM	PAYMENT OPTIONS	
				Check	Credit Card
	\$			<input type="checkbox"/>	<input type="checkbox"/>
	\$			<input type="checkbox"/>	<input type="checkbox"/>
	\$			<input type="checkbox"/>	<input type="checkbox"/>
	\$			<input type="checkbox"/>	<input type="checkbox"/>
	\$			<input type="checkbox"/>	<input type="checkbox"/>
	\$			<input type="checkbox"/>	<input type="checkbox"/>
	\$			<input type="checkbox"/>	<input type="checkbox"/>

IN-KIND SUPPORT FOR THE PROJECT

DONOR	DESCRIPTION OF DONATION	VALUE OF DONATION	OTHER COMMENTS

REPORTING REQUIREMENTS

1. Applicants must agree to submit an evaluation of the event, activity, or project that was funded by the R7BHB grant funds as well as any receipts or invoices requested by EIPH within 30 days of completing the event. *Requests for reimbursement received 60 days after the date of the event may be denied.*
2. Applicants must agree to report to the R7BHB in person if requested.

SIGNATURE OF GRANT REQUESTOR: _____

