Martha Tanner Memorial Grant

Region 7 Behavioral Health Board

Martha Tanner was a founding member of the Region 7 Crisis Intervention Team (C.I.T.) Steering Committee that brought the Memphis Model of First Responder C.I.T. training to Eastern Idaho in 2009. Martha was a member of N.A.M.I. (National Alliance on Mental Illness) for many years as well as an accomplished infectious disease control physician who practiced medicine in Eastern Idaho from 1979 until 2004. Her service to our community and advocacy for those living with mental illness left a profound impression on our community. Martha passed away on February 20, 2021. This grant is founded in her memory with the desire to keep her name and commitment to service alive within our Region.

Beginning July 2021 and continuing as long as the R7BHB exists and funding is available, $1000.00 per year will be allocated to the Martha Tanner Memorial Grant. The grant award period will open on July 1 of each year and close on August 31. Applications will be reviewed at the September R7BHB meeting and the award will be granted in October of each year. The grant can be given as a single award or broken into smaller amounts and distributed among grant applicants.

The grant will focus on the following areas:

• **Crisis intervention training and resources**

• **Resources to assist in mental illness treatment and recovery**

Applicants must show in their grant request how they will apply the grant consistent with at least one of these focus areas. Applicants may only submit one grant request each year.

A press release notifying the community of the opening of the grant period will be posted by the R7BHB each year.

Successful applicants will report back to the R7BHB in person or in writing of how the funding helped them to accomplish their efforts outlined in their grant request.

Please fully complete the grant request form and submit it to Mallory Johnson, via email, within the specified timeframe:

Email: mjohnson@eiph.idaho.gov

Questions: Please email or call (208-533-3221) Mallory Johnson.

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Region 7 Behavioral Health Board

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| REQUESTOR NAME: |
|       |
| ORGANIZATION | TYPE OF ORGANIZATION (501(c)(3), government, other-explain): |
|       |       |
| ORGANIZATION ADDRESS | CITY | COUNTY | STATE | ZIP CODE |
|       |       |       |       |       |
| EMAIL ADDRESS | REQUESTOR’S PHONE NUMER |
|       |  |
| DATE OF REQUEST | AMOUNT OF FUNDS REQUESTED (not to exceed $1000.00) |
|       |  |
| PLEASE DESCRIBE YOUR REQUEST, EVENT, OR ACTIVITY (how you plan to use the money), INCLUDING PURPOSE AND DESIRED OUTCOMES: |
|       |
| TO BE FILLED OUT BY R7BHBApproved: □ Yes □ No - Reason: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_R7BHB Representative: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_EIPH Representative: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  |