**GRANT REQUEST GUIDELINES**

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 Mallory Johnson via mail or email. Please contact Mallory 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**](mailto:mjohnson@eiph.idaho.gov)

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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 | | | |
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| PLEASE DESCRIBE YOUR REQUEST, EVENT, OR ACTIVITY, INCLUDING PURPOSE AND DESIRED OUTCOMES: |
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| --- | --- | --- | --- | --- |
| 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 |
|  | **$** | **$** |  | **$** |

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| PLEASE DESCRIBE HOW YOUR REQUEST SUPPORTS THE MISSION AND VISION OF THE R7BHB |
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| PLEASE PROVIDE A TIMELINE OF EVENTS, INCLUDING WHEN FUNDS WILL BE SPENT: |
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| PLEASE DESCRIBE HOW YOUR OUTCOMES WILL BE MEASURED: |
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| PLEASE STATE HOW THE REGION 7 BEHAVIORAL HEALTH BOARD WILL BE RECOGNIZED: |
|  |

Approved: □ Yes □ No - Reason:

R7BHB Board Representative: Date:

EIPH Representative: Date:

**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 |
|  |  |

**ITEMIZED BUDGET PROPOSAL**

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
| **PROPOSED PURCHASE DATE** | **AMOUNT** | **DESCRIPTON OF PURCHASE** | **PROPOSED PURCHASE FROM** | **PAYMENT OPTIONS**  **Check Credit Card** | |
|  | $ |  |  | □ | □ |
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**IN-KIND SUPPORT FOR THE PROJECT**

|  |  |  |  |
| --- | --- | --- | --- |
| **DONOR** | **DESCRIPTION OF DONATION** | **VALUE OF DONATION** | **OTHER COMMENTS** |
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| **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: