

# REGION 7 BEHAVIORAL HEALTH BOARD - GRANT REQUEST

REQUESTOR NAME <b>Nancy Espeseth</b>				
ORGANIZATION <b>Center for Hope</b>		TYPE OF ORGANIZATION (501(c)(3), government, other-explain): <b>501(c)(3)</b>		
ORGANIZATION ADDRESS <b>530 E Anderson</b>		CITY <b>Idaho Falls</b>	COUNTY <b>Bonneville</b>	STATE <b>ID</b>
		ZIP CODE <b>83401</b>		
EMAIL ADDRESS <a href="mailto:nancye@badgercrisis.com">nancye@badgercrisis.com</a>			REQUESTOR'S PHONE <b>2087090388</b>	

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

Center for Hope is a peer-to-peer based recovery center. We provide recovery coach services free of charge. In addition, we provide education, self help meetings, and activities. We are wanting to open a satellite office in Bingham County and are seeking start up funds.

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
<b>12/01/2023</b>	<b>\$7,100.00</b>	<b>\$83,000.00</b>	<b>1,200/year</b>	<b>\$0</b>

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

Recovery centers fill a gap of promoting early-mid-long-term recovery. We utilize recovery coaches with lived experience to help individuals find their pathway to recovery. The recovery coach services will assist with Bingham County Drug Court as well as anyone who walks through the doors of the center.

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

Funds will be spent upon allocation.

PLEASE DESCRIBE HOW YOUR OUTCOMES WILL BE MEASURED:

Data collection for groups and recovery coach sessions.

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

The Center would provide an impact report, recognition in the community and a written letter of appreciation.

Approved:  Yes       No - Reason: \_\_\_\_\_

R7BHB Board Representative: \_\_\_\_\_ Date: \_\_\_\_\_

EIPH Representative: \_\_\_\_\_ Date: \_\_\_\_\_



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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.

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## ITEMIZED BUDGET PROPOSAL

PROPOSED PURCHASE DATE	AMOUNT	DESCRIPTON OF PURCHASE	PROPOSED PURCHASE FROM	PAYMENT OPTIONS	
				Check	Credit Card
	\$600.00	4 x 8ft conference tables		<input type="checkbox"/>	<input type="checkbox"/>
	\$1000.00	40 chairs		<input type="checkbox"/>	<input type="checkbox"/>
	\$900.00	TV and mount		<input type="checkbox"/>	<input type="checkbox"/>
	\$1500.00	3x computers		<input type="checkbox"/>	<input type="checkbox"/>
	\$700.00	Coffee maker and fridge		<input type="checkbox"/>	<input type="checkbox"/>
	\$1800.00	3x desk		<input type="checkbox"/>	<input type="checkbox"/>
	\$600.00	Office supplies and microwave		<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:

*Nancy Espeseth*