**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**

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| REQUESTOR NAME |
| Teena McBride |
| ORGANIZATION | TYPE OF ORGANIZATION (501(c)(3), government, other-explain): |
| **Domestic Violence and Sexual Assault Center**  | 501©3 |
| ORGANIZATION ADDRESS | CITY | COUNTY | STATE | ZIP CODE |
| 1050 Memorial Drive | Idaho Falls | **Bonneville** | Idaho | 83402 |
| EMAIL ADDRESS | REQUESTOR’S PHONE |
| **tmcbride@co.bonneville.id.us** | **208-604-1771** |

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| PLEASE DESCRIBE YOUR REQUEST, EVENT, OR ACTIVITY, INCLUDING PURPOSE AND DESIRED OUTCOMES: |
| We would like to offer two sessions of the course, Making Sense of Youth Worth, specifically for teens and a second group for victims or non-offending parents. The course is 8 weeks and 2 hours each week. This course focuses on individual self-worth attachment. Participants will go through a series of sessions in a group format designed to create understanding of how the events in their lives have contributed to their current level of self-worth. These classes will focus on developing an understanding of the “lies” people believe about themselves (e.g., “I am not good enough,” “I don’t belong,” and “I have to be perfect.”) and how to replace these lies with truth. Once participants are free from those beliefs associated with their past, the subsequent sessions focus on rebuilding a new life based on positive self-worth, as well as how to maintain these gains. |

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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 |
| **5/7/2024** | **$3,000** | **$4,350** | **30** | **$0** |

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| PLEASE DESCRIBE HOW YOUR REQUEST SUPPORTS THE MISSION AND VISION OF THE R7BHB |
| Our grant request for $3000 to support the "Making Sense of Your Worth" course for teens and victims of domestic violence directly aligns with the mission and vision of Region 7 Behavioral Health Board. Firstly, our program addresses the gap in services tailored to teens and at-risk adults in our community, which is crucial for fulfilling the mission of providing leadership and devotion of resources focused on prevention, treatment, recovery, and overall well-being of people with behavioral health problems. By targeting this demographic, we are ensuring that resources are reaching those who may otherwise be underserved or overlooked.Secondly, the course's focus on recovery and prevention for everyone directly contributes to the board's vision of enhancing overall well-being. By empowering teens and victims of domestic violence with the tools and knowledge to understand their own worth and navigate their mental health challenges, we are not only aiding in their recovery but also equipping them with skills for long-term prevention and resilience.Overall, our grant request supports Region 7 Behavioral Health Board's mission and vision by addressing gaps in services, promoting recovery, and fostering overall well-being among the individuals in our community who are most in need of support. |

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| PLEASE PROVIDE A TIMELINE OF EVENTS, INCLUDING WHEN FUNDS WILL BE SPENT:  |
| The teen group will begin the 8 week session on June 5th and run through the end of July. The adult, victim or non-offending parent, course will run August 27th through October 8th. We would like to offer one evening course and one during the day, which would be three programs in total within 2024. Each group will meet every week for two hours sessions. Funds for this program will be expensed by November 1, 2024.  |

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| PLEASE DESCRIBE HOW YOUR OUTCOMES WILL BE MEASURED: |
| All participants will complete a self-worth assessment at the beginning of the course and at the end of the course to measure their individual growth within the course. Individuals in the course also will learn to use the tools of a power and control assessment and we can translate that impact and outcome throughout the course.  |

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| PLEASE STATE HOW THE REGION 7 BEHAVIORAL HEALTH BOARD WILL BE RECOGNIZED:  |
| Promotional materials and registration information will be shared over social media, regional MDT team list serve, and community partners and the Region 7 Behavioral Health Board will be highlighted as the funder and making this program possible for those in need within our community.  |

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.**

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| REQUESTOR NAME | ORGANIZATION |
| **Teena McBride** | **Domestic Violence and Sexual Assault Center** |

**ITEMIZED BUDGET PROPOSAL**

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| **PROPOSED PURCHASE DATE** | **AMOUNT** | **DESCRIPTON OF PURCHASE** | **PROPOSED PURCHASE FROM** | **PAYMENT OPTIONS****Check Credit Card** |
| 6/2024 | $1,600 | Facilitator for courses, promotion, and data collection | Katie Francis, Trained Facilitator | X | □ |
| 6/2024 | $900 | Participant guides and materials | Halo OKC | □ | X |
| 6/2024 | $500 | Course materials, light snacks, and drinks for participants | Walmart | □ | X |
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**IN-KIND SUPPORT FOR THE PROJECT**

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| **DONOR** | **DESCRIPTION OF DONATION** | **VALUE OF DONATION** | **OTHER COMMENTS** |
| Multiple Donors  | Annual Contributions | $1350 |  |
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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: Teena R. McBride