

REGION 7 BEHAVIORAL HEALTH BOARD - GRANT REQUEST

REQUESTOR NAME Katie Francis				
ORGANIZATION United Way-Idaho Falls and Bonneville Cty		TYPE OF ORGANIZATION (501(c)(3), government, other-explain): 501©3		
ORGANIZATION ADDRESS 1649 Woodruff Park Circle		CITY Idaho Falls	COUNTY Bonneville	STATE ID
		ZIP CODE 83401		
EMAIL ADDRESS thehillinidaho@gmail.com		REQUESTOR'S PHONE 208-715-1949		

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

Resilient Schools Summer Institute- Annual meeting for schools that have implemented the Resilient Schools model for support and mental health services in K-12 education settings. All member schools will be engaged in collaboration that will facilitate a data review and action planning for the 2024-2025 school year. Each school team that includes administrators, teachers, counselors, social workers (if applicable) and reset room coordinators will evaluate trends within their school and identify supports needed for the upcoming school year. Each team will also engage in training and professional development for continued implementation of mental health supports within their school setting. School teams will be focused on the Community Resilience Model wellness skills and restorative justice models to use as alternates to suspensions and punishment in school settings.

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
7/15/2024	\$5000	\$8000	50+	\$0

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

The purpose of the Resilient Schools model is to address the identified gaps in services around the mental needs of both students and staff. Many school staff are not equipped with the foundational knowledge of ACE's, trauma and its impact on development and learning, and the positive impacts that can result from intentional supports and a shift in mindset around children and the functions of their behavior. Many children in our community are lacking adequate access to care and it is affecting their mental and physical well-being for both families and children. This training and education give all school staff the tools to support kids in real-time and reduce the frequency of major episodes. The collaboration of multiple stakeholders- community partners, providers, school staff and families facilitate the bridging of the gap in services in our region.

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

July 2024- Two-day bootcamp/summer institute for all schools Champions of Resilience Teams. This will be focused on one day of programming for schools moving into their second year of implementation and a second day for schools that are working to implement different components of this model in the coming school year. All funds will be spent by August of 2024. Schools will be invited to this program in the coming month and have already expressed interest and need for their population of students.

PLEASE DESCRIBE HOW YOUR OUTCOMES WILL BE MEASURED:

We will use the ARTIC (Attitudes Toward trauma Informed Care) as the baseline for readiness within the school population. This will allow us to understand areas of focus for specific school teams. We also utilize a pre and post assessment for all individuals in attendance around the application of content and their own view on how comfortable they are with implementing the interventions and support within this program. In the spring and fall, we collect data using the Trauma Informed Schools questionnaire and a student and staff climate survey to measure the impact of programs.

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

The Region 7 Behavioral Health Board will be highlighted as the sponsor in materials distributed to schools, participants, and social media highlights. Each participating school will report out to their local community and school board regarding the implementation of this program and will highlight the support provided by R7BHB.

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
7/2024	\$750	Meals for all institute attendees	Winco and Sam's Club	<input type="checkbox"/>	<input checked="" type="checkbox"/>
7/2024	\$3500	Facilitation, Planning and Materials for Summer Institute	The Hill Education	<input checked="" type="checkbox"/>	<input type="checkbox"/>
7/2024	\$500	Venue and Material Rental	TBD	<input checked="" type="checkbox"/>	<input type="checkbox"/>
6/2024	\$1250	Travel Stipend for Attendees	TBD	<input checked="" 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: Katherine M. Francis