

REGION 7 BEHAVIORAL HEALTH BOARD - GRANT REQUEST

SEATS/BOARD MEMBERS

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Bryon Reed - Bonneville Jessica Lewis - Bingham Brent Mendenhall - Madison

IDHW Behavioral Health

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Judiciary

Michelle Mallard

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Samuel Hulse (Chair)

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Darin Burrell (Secretary)

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Dr. Christina Sanchez-Jaquez

Hospital

Shawn LaPray

Education

Janet Goodliffe (Vice Chair)

Mental Health Provider

Tina Ricks

SUD Provider

Chris Brayton

Mental Health Advocate

Sara White

SUD Advocate

Stephanie Taylor-Silva

Parent of Child - MH

Teriann Parker

Parent of Child - SUD

Vacant

Family Member - MH Jerilyn Taylor

Family Member - SUD

Adam Moon

Adult MH Consumer

Rick Whitaker

Adult SUD Consumer

Donna Johnson

Prevention Specialist

Ashley Stallings

Counties Served:

Butte, Bingham, Bonneville, Clark, Custer, Fremont, Jefferson, Lemhi, Madison, and Teton

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 Mimi Taylor via mail or email. Please contact Mimi 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

REGION 7 BEHAVIORAL HEALTH BOARD - GRANT REQUEST

| REQUESTOR NAME | | | | | | | | |
|--|--|---|--|--|--|--|--|--|
| Joni Hunt | | | | | | | | |
| ORGANIZATION | TYPE OF ORGANIZATION (501(c)(3), government, other-explain): | | | | | | | |
| Flourish Point, Inc | 501(c)(3) | | | | | | | |
| ORGANIZATION ADDRESS 113 S Center St | | CITY Rexburg | | COUNTY Madison | | STATE ID | | ZIP CODE |
| | | | | | | 10 8344 | | 83440 |
| ioni@flourishpoint. | Joni Hunt | | | | | | | |
| PLEASE DESCRIBE YOUR | REQUEST, EVENT, OR ACTIVITY | Y, INCLUDING PURI | POSE AND | DESIRED (| OUTCOMES | | | |
| and establish community in predominantly conservative invited to come to the park around the park in solidarit for meditation and reflection | ourg Pride's volunteer committee han Rexburg, Idaho. In everything were Christian town. Rexburg Pride is and spend a Saturday celebrating ty. Once the lap is complete attending participate in art and craft projections, singing, poetry reading, and | e do, we aim to impro a family-friendly eve the LGBTQ+ comm lees can peruse vario cts; play games; wall | ove the men nt where th unity. We k ous displays | ntal health a e whole tow ick the day s of local LG | nd well-being n—and surro off with a wa BBTQ+ artists | of queer founding regrm welcoms work; a sa | folks in gions— gions— ie and a anctuar | our rural, -are a walk ry erected |
| DATE OF REQUEST: | AMOUNT OF FUNDS REQUEST - SEE ITEMIZED BUDGET (pag | - | ICIPATED CTIVITY/PR | | # OF EXP PARTICIE | _ | _ | TAL IN-KIND ONATIONS |
| 5/13/2024 | \$ 5,430.00 | • | \$ 21,000 | | 1500 | \$ | | |
| | | | | | | | | |
| some of these mental hea others to meet so they do space for providers to sha health providers; spiritual Family Crisis Center; and | oming community with supportive path issues. Rexburg Pride is an opposite of seel isolated or alone, a place for resources with an underserved porganizations; youth groups; advocations. ELINE OF EVENTS, INCLUDING Saturday, June 15, 2024. All invoided | portunity for this town for families to find su population. We recru cates for suicide prev WHEN FUNDS WILI | to show LC pport and le lit many affi rention awa | GBTQ+ folke earn about a rming vendo reness; a yo | s that they ar accepting beh ors including, | e welcome naviors, and but not lin | e, for sir d is a g nited to: | milar athering : mental |
| PLEASE DESCRIBE HOW YOUR OUTCOMES WILL BE MEASURED: | | | | | | | | |
| Rexburg Pride promotes mental and physical health equity and a better quality of life for our LGBTQ+ community. We will measure these outcomes with quantitative data by counting the number of vendors and attendees. We collect qualitative data by documenting the nature and services the vendors offer. We will also send out a post pride survey requesting experiences and suggestions for future improvements. | | | | | | | | |
| PLEASE STATE HOW TH | IE REGION 7 BEHAVIORAL HEAL | TH BOARD WILL B | E RECOGN | NZED: | | | | |
| Logo placement on our The MC will mention R7 | that you provide at the Flourish Poi social media posts BHB between performances B's website on Rexburg Pride's we | | or offer a fr | ee premium | booth space | e | | |
| Approved: 🗆 Yes [| ☐ No - Reason: | | | | | | | |
| R7BHB Board Representativ | ve: | | | | | Date: | | |
| EIPH Representative: | | Date: | | | | | | |



REGION 7 BEHAVIORAL HEALTH BOARD - GRANT REQUEST

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 |
|----------------|---------------------|
| Joni Hunt | Flourish Point, Inc |

ITEMIZED BUDGET PROPOSAL

| PROPOSED PURCHASE | AMOUNT | DESCRIPTON OF PURCHASE | PROPOSED PURCHASE FROM | PAYMENT OPTIONS | |
|-------------------|----------|------------------------|---------------------------|--------------------|-------------|
| DATE | | | PROW | Check | Credit Card |
| 6/15/2024 | \$ 1,200 | DJ and audio equipment | The Venue 101 | | × |
| 6/15/2024 | \$ 1,300 | Private Security | Griffin Security | | |
| 6/15/2024 | \$ 1,430 | Stage rental | Sky High Event Rentals | | K |
| 6/15/2024 | \$ 1,500 | Sanctuary | Doug Staker | | X |
| | \$ | | | | |
| | \$ | | | | |
| | \$ | | | | |

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:_____

