

REGION 7 BEHAVIORAL HEALTH BOARD - GRANT REQUEST

REQUESTOR NAME Patrick Reagan				
ORGANIZATION The Mahoney House		TYPE OF ORGANIZATION (501(c)(3), government, other-explain): (501(c)(3))		
ORGANIZATION ADDRESS 901 Main Steet	CITY Salmon	COUNTY Lemhi	STATE Idaho	ZIP CODE 83467
EMAIL ADDRESS patrick@mahoneyhouse.org		REQUESTOR'S PHONE (208)756-3146		

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

The Mahoney House would like to send four employees to a week long training through Idaho Network of Children's Advocacy Centers. This training is being held from November 12-15, 2024. After this week's training all four staff members will be certified in providing forensic interviews for children in both Lemhi and Custer Counties.

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
10/09/2024	\$ 3,660.69	\$ 3,660.69	4	\$ 0

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

This project helps bridge the gap of lack of services in our community, it also will provide supportive supportive services to our community through the ability of law enforcement and the department to have interviews preformed without a chance of an interview not being available which will minimize the impact on families in our communities. The result of this service to provide the best trauma informed care to children and their families who may be victims of personal crimes.

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

The Mahoney House will pay \$500 for the membership and training on 11/01/2024. The Mahoney House will pay for the AirBnB rental one week prior to arrival, that date being 11/4/2024. The fuel costs will be distributed at gas stations while traveling, we will travel in our company vehicle for the week. The per diem will be paid out to employees upon return to the office after the week of training.

PLEASE DESCRIBE HOW YOUR OUTCOMES WILL BE MEASURED:

The staff will be certified in performing forensic interviews. We will also receive continuing education to stay in compliance with Idaho requirements to be able to continue interviews for our community in the future.

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

Our plan is to take a picture of our staff we will write a spread our local newspaper which will inform our community that our entire staff is able to provide interviews. We will also post on social media platforms and our website. We will get to inform our community that the entire staff is able to provide such a critical resource to our community. We will mention that this was made possible due to the generosity of the Region 7 Behavioral Health Board.

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
11/4/2024	\$1422.67	Lodging for staff during the week of training.	AirBNB Website	<input type="checkbox"/>	<input checked="" type="checkbox"/>
11/01/2024	\$ 500.00	Membership and training cost.	Idaho Network of Children's Advocacy Centers	<input type="checkbox"/>	<input checked="" type="checkbox"/>
11/18/2024	\$ 1332.00	Per Diem for four staff members for the week.	GSA Per Diem Rates	<input type="checkbox"/>	<input checked="" type="checkbox"/>
11/11/2024	\$ 406.02	Mileage for transportation.	GSA Mileage Per Diem	<input type="checkbox"/>	<input checked="" 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: _____

