**GRANT REQUEST GUIDELINES**

Thank you for your interest in securing funds from the Region 5 Behavioral Health Board, also known as South Central Behavioral Health Board (SCBHB). [www.scbhbidaho.org](http://www.scbhbidaho.org) Please follow these directions when completing your funding request:

* Requests must meet the scope of SCBHB’s Mission and Vision:

**OUR MISSION**

***To improve systems of care within South Central Idaho (Region 5) 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.***

* Requests must meet one of the SCBHB’s Strategic Planning priorities of:
  + Education
  + Transportation
  + Housing
  + Suicide Intervention/Prevention/Postvention.
* Applicant must be a public or nonprofit entity. Applications must be received between April 01 and April 31. Funding requests up to $7,500 will be considered. Note: funds will not be awarded prior to September and funding requests for events that have already occurred may be declined.
* Funding requests will be reviewed by the SCBHB Executive Committee (May), then sent on to the full board (June) for consideration. Qualifying applicants will be invited to attend the board meeting in July to make a short presentation and answer any questions from the board.
* In an effort to not be the sustaining funding stream for a single project, the SCBHB will award no more than 3 consecutive funding cycles for a project.
* Funding to the same organization for the same project is limited to 3 awards.
* Please complete the grant request in its entirety. When completed, return request to EJ Poston at [eposton@phd5.idaho.gov](mailto:eposton@phd5.idaho.gov) or to the address below.

**South Central Behavioral Health Board**

**c/o EJ Poston, SCPHD**

**1020 Washington St. N, Twin Falls, ID 83301-3156**

**Phone: 208.737.5986 ▪ Fax: 208.734.9502**

**E-Mail:** [**eposton@phd5.id.gov**](mailto:eposton@phd5.id.gov)

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| --- | --- | --- | --- | --- | --- |
| REQUESTOR NAME | | | | | |
|  | | | | | |
| ORGANIZATION | TYPE OF ORGANIZATION (501(c)(3), government, other-explain): | | | | |
|  |  | | | | |
| ORGANIZATION MAILING ADDRESS | CITY | | COUNTY | STATE | ZIP CODE |
|  |  | |  |  |  |
| CONTACT EMAIL ADDRESS | | REQUESTOR’S CONTACT PHONE # | | | |
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| DESCRIBE YOUR REQUEST, EVENT, OR ACTIVITY, INCLUDING PURPOSE AND DESIRED OUTCOMES (limit 1000 characters) |
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| --- | --- | --- | --- | --- |
| DATE OF EVENT: | AMOUNT OF FUNDS REQUESTED: - SEE ITEMIZED BUDGET (page 2) | TOTAL ANTICIPATED COST OF EVENT/ACTIVITY/PROJECT | # OF EXPECTED PARTICIPANTS | TOTAL IN-KIND DONATIONS |
|  | **$** | **$** |  | **$** |

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| DESCRIBE HOW YOUR REQUEST SUPPORTS the MISSION, VISION & STRATEGIC PRIORITIES of the SCBHB (limit 1000 characters) |
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| PLEASE PROVIDE A TIMELINE OF EVENTS, INCLUDING WHEN FUNDS WILL BE SPENT (limit 500 characters) |
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| PLEASE DESCRIBE HOW YOUR OUTCOMES WILL BE MEASURED (limit 1000 characters) |
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| --- |
| PLEASE STATE HOW THE SOUTH CENTRAL BEHAVIORAL HEALTH BOARD WILL BE RECOGNIZED (limit 500 characters) |
|  |

Approved: □ Yes □ No - Reason:

**Funding requests must be necessary and reasonable in order to meet the mission of the SCBHB, as well as the guidelines/policies of the SCBHB and South Central Public Health District. If request is approved, the requestor will provide a W-9 and Finalized Budget. Receipts, invoices, and/or documentation of services provided must be submitted to their assigned grant monitor with each required report.**

**ITEMIZED BUDGET PROPOSAL**

|  |  |  |  |
| --- | --- | --- | --- |
| **PROPOSED PURCHASE DATE** | **AMOUNT** | **DESCRIPTON OF PURCHASE**  *(be as brief as possible, space is limited)* | **PROPOSED PURCHASE FROM** |
|  | $ |  |  |
|  | $ |  |  |
|  | $ |  |  |

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| --- |
| **Are you willing/able to accept less than the full amount of your request?** |

**IN-KIND SUPPORT FOR THE PROJECT**

|  |  |  |  |
| --- | --- | --- | --- |
| **DONOR** | **DESCRIPTION OF DONATION** | **VALUE OF DONATION** | **OTHER COMMENTS** |
|  |  |  |  |
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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 SCBHB grant funds. This includes all reconciling receipts and/or invoices within 30 days of the completion of the event.   2. Applicants must agree to report to the SCBHB in person if requested. |

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| --- | --- |
| REQUESTOR NAME | ORGANIZATION |
|  |  |

SIGNATURE OF GRANT REQUESTOR: