

SOUTH CENTRAL BEHAVIORAL HEALTH BOARD - GRANT REQUEST

GRANT REQUEST GUIDELINES

Executive Committee

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Kevin Sandau, Vice chair
Debbie Thomas, Secretary
Commissioner Don Hall
Rick Huber

Board Members

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Commissioner John Crozier
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Judge Michael Tribe
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Commissioner Angenie McCleary
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Brittany Shipley
Lt. Terry Thueson
Renee Waite
Collin Widmier

SCBHB serves

Blaine County
Camas County
Cassia County
Gooding County
Jerome County
Lincoln County
Minidoka County
Twin Falls County

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 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 Jan 01 and March 31 in order to be considered. Note: funds will not be awarded prior to June and funding requests for past events may be declined.
- Funding requests will be reviewed by the SCBHB Executive Committee (April), then sent on to the full board (May) for approval. Applicants will be invited to attend the board meeting in May to make a short presentation and answer any questions.
- Funding requests up to \$20,000 will be considered. Applicants can apply up to 3 times for the same project.
- Please complete the grant request in its entirety. When completed, return request to EJ Poston at 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.idaho.gov

SOUTH CENTRAL BEHAVIORAL HEALTH BOARD - GRANT REQUEST

REQUESTOR NAME				
ORGANIZATION		TYPE OF ORGANIZATION (501(c)(3), government, other-explain):		
ORGANIZATION ADDRESS		CITY	COUNTY	STATE
EMAIL ADDRESS		REQUESTOR'S PHONE		

DESCRIBE YOUR REQUEST, EVENT, OR ACTIVITY, INCLUDING PURPOSE AND DESIRED OUTCOMES (limit 1000 characters)

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
	\$	\$		\$

DESCRIBE HOW YOUR REQUEST SUPPORTS the MISSION, VISION & STRATEGIC PRIORITIES of the SCBHB (limit 1000 characters)

PLEASE PROVIDE A TIMELINE OF EVENTS, INCLUDING WHEN FUNDS WILL BE SPENT (limit 500 characters)

PLEASE DESCRIBE HOW YOUR OUTCOMES WILL BE MEASURED (limit 1000 characters)

PLEASE STATE HOW THE SOUTH CENTRAL BEHAVIORAL HEALTH BOARD WILL BE RECOGNIZED (limit 500 characters)

Approved: Yes No - Reason: _____

SCBHB Board Representative: _____ Date: _____

SOUTH CENTRAL BEHAVIORAL HEALTH BOARD - GRANT REQUEST

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 documentation of services provided will be required prior to any reimbursement or payment being made.

REQUESTOR NAME	ORGANIZATION
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ITEMIZED BUDGET PROPOSAL

PROPOSED PURCHASE DATE	AMOUNT	DESCRIPTON OF PURCHASE	PROPOSED PURCHASE FROM	PAYMENT OPTIONS	
				Check	Credit Card
	\$			<input type="checkbox"/>	<input type="checkbox"/>
	\$			<input 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

SIGNATURE OF GRANT REQUESTOR: _____

REPORTING REQUIREMENTS

1. Applicants must agree to submit an evaluation of the event, activity, or project that was funded by the SCBHB grant funds as well as any receipts or invoices requested 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 SCBHB in person if requested.