

SOUTH CENTRAL BEHAVIORAL HEALTH BOARD - GRANT REQUEST

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SCBHB SERVES

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

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).

Please follow these directions in filling out your grant proposal:

- Requests must meet the scope of SCBHB's Mission and Vision and the Strategic Planning goals and objectives as set by the BHB based on the Gaps and Needs Assessment (posted on the BHB website.)
- Please complete the grant request in its entirety. Attach a separate page if more space is needed.
- Provide detail in regards to outcome measurements and proposed budget itemization.
- Return requests to Nancy Andreotti at nandreotti@phd5.idaho.gov or the address below.

Please allow 8 weeks for a response to your request, prior to contacting us for updates.

Should you have any questions, please do not hesitate to reach out to a member of our Board or our Board Liaison, Nancy Andreotti.

If your grant request is approved by the SCBHB, you will be required to submit a follow-up report with outcomes to the board within 30 days following the completion of your event, activity, or project.

OUR MISSION

To improve our systems of care within South Central 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

Nancy Andreotti
South Central Behavioral Health Board c/o SCPHD
1020 Washington St. N, Twin Falls, ID 83301-3156
Phone: 208.737.5986 / Fax: 208.734.9502 / E-Mail: nandreotti@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		
ZIP CODE				

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
	\$	\$	\$	\$

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

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

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

PLEASE DESCRIBE HOW YOUR OUTCOMES WILL BE MEASURED:

PLEASE STATE HOW THE SOUTH CENTRAL BEHAVIORAL HEALTH BOARD WILL BE RECOGNIZED:

Approved: Yes No – List reason: _____

SCBHB Board Representative: _____ Date: _____

SCPHD Representative: _____ Date: _____

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**** Funding requests must be necessary and reasonable to meet the mission of the SCBHB and meet the guidelines/policies of the SCBHB and South Central Public Health Department. 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
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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"/>
	\$			<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, outcomes, or project that was funded by the SCBHB grant funds as well as any receipts or invoices requested by SCPHD 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.

SIGNATURE OF GRANT REQUESTOR: _____