

# SOUTH CENTRAL BEHAVIORAL HEALTH BOARD - GRANT REQUEST

## Executive Committee

Rick Huber, Chair  
Commissioner Don Hall, Vice Chair  
Kevin Sandau, Secretary  
Debbie Thomas  
Sheriff Eric Snarr

## BOARD MEMBERS

Christina Cernansky  
Alyson Christianson  
Commissioner John Crozier  
Rachel Del Valle  
Helen Edwards  
Honorable Mick Hodges  
John Inman  
Frank Knight  
Commissioner Angenie McCleary  
Dr. Zach Morairty  
Jennette Pimentel  
Scott Rasmussen  
Renee Waite  
Collin Widmier

## 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). ([www.SCBHBidaho.org](http://www.SCBHBidaho.org))

Please follow these directions in filling out your grant proposal:

- Requests must meet the scope of SCBHB's Mission and Vision of the SCBHB, as well as the Strategic Planning priorities set by the BHB and based on the Gaps and Needs Assessment posted on the BHB website.
- All requests must be received and approved prior to the event occurrence.
- Grant requests will be accepted January - March 31 and July - September 30, of the current year. Funding is limited to \$10,000 and awards may be for the full amount or a portion of the amount requested.

*Grants received after the deadlines of March 31 or September 30 of the current year will not be considered.*

- Requests will be reviewed by the Executive Committee (EC) and sent on to the full board for approval. Applicants will be requested to attend the board meeting (May and November) to make a short presentation and answer any questions. Award notifications will be made in June and December.
- Please complete the grant request in its entirety (attach a separate page if more space is needed.)
- Return requests to EJ Poston at [eposton@phd5.idaho.gov](mailto:eposton@phd5.idaho.gov), or to the address below.

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. This should also include a financial accounting of how the award money was spent.

### **Specific Events -**

Within 30 days of the event, you are expected to submit a written, detailed accounting to the SCBHB showing how the award money was spent.

### **Ongoing Activities -**

You are expected to submit an update at 30 days, then quarterly thereafter, detailing how the award money is being spent. This reporting must continue until the full amount has been spent.

Should the event/activity have a future or delayed starting date, all or a portion of the funds may be held until there is action to move forward.

If for any reason, the grant monies awarded are not used for the stated purpose on the grant application, all funds must be returned to the SCBHB.

Questions? Concerns? Do not hesitate to reach out to a board member or the board's administrative support, EJ Poston, at South Central Public Health District. [eposton@phd5.idaho.gov](mailto:eposton@phd5.idaho.gov)

## 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 well-being of people with behavioral health problems.***

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](mailto: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    ZIP CODE
EMAIL ADDRESS OF REQUESTOR		PHONE # OF REQUESTOR		
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 SCBHB's MISSION and VISION and STRATEGIC PLANNING PRIORITIES:

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    If no list reason why: \_\_\_\_\_

<b>SCBHB Board Representative</b>	<b>Date</b>
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# SOUTH CENTRAL BEHAVIORAL HEALTH BOARD - GRANT REQUEST

**\*\* 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 may be required prior to any reimbursement or payment being made\*\***

REQUESTOR NAME	ORGANIZATION

## ITEMIZED BUDGET PROPOSAL

PROPOSED PURCHASE DATE	AMOUNT	DESCRIPTION OF PURCHASE	PROPOSED TO 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"/>

## IN-KIND SUPPORT FOR THE PROJECT

DONOR	DESCRIPTION OF DONATION	VALUE OF DONATION	OTHER COMMENTS
		\$	
		\$	
		\$	
		\$	

### Reporting requirements:

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SIGNATURE OF GRANT REQUESTOR

DATE