

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). (www.SCBHBidaho.org)

- Requests must meet the scope of SCBHB's Mission and Vision, SCBHB's Strategic Planning priorities, and SCBHB's Gaps and Needs Assessment posted on the BHB website.
- Applicants must be a public or nonprofit entity.
- All requests must be received and approved *prior* to the event occurrence.
- Grant requests will be accepted January 01 - March 31 and July 01 – September 30. Funding is limited to \$10,000. Awards may not be for the full amount requested. Applications received after the end dates of March 31 and September 30 will not be considered.
- Requests will be reviewed by the Executive Committee (EC), then sent on to the full board for approval. Applicants will be invited 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.
- Return requests to EJ Poston at 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 (dated) 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 every 30 days to summarize the progress of the project and detail 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

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 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

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
	\$	\$		\$

DESCRIBE YOUR REQUEST, EVENT, OR ACTIVITY, INCLUDING PURPOSE AND DESIRED OUTCOMES *(please be brief)*

DESCRIBE HOW YOUR REQUEST SUPPORTS THE SCBHB's MISSION and VISION and STRATEGIC PLANNING PRIORITIES: *(please be brief)*

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

DESCRIBE HOW YOUR OUTCOMES WILL BE MEASURED:

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

APPROVED: YES NO If no list reason why: _____

SCBHB Board Representative	Date

SOUTH CENTRAL BEHAVIORAL HEALTH BOARD - GRANT REQUEST

Funding requests must be necessary and reasonable to meet the mission of the SCBHB, as well as the guidelines/policies of the SCBHB and the South Central Public Health District. If request is approved, the requestor will provide a W-9 and a finalized budget. Receipts, invoices, and documentation of services provided will be required to document expenditures.

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
		\$	
		\$	
		\$	
		\$	

SIGNATURE OF GRANT REQUESTOR

DATE