

REGION VI BEHAVIORAL HEALTH BOARD— FUNDING REQUEST

Serving Bannock, Bear Lake, Caribou, Franklin, Oneida and Power Counties

GRANT REQUEST GUIDELINES

BOARD MEMBERS

Shantal Laulu, Chair
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Jason Byrd
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Tim Thompson
Lynda Shiflet Weber
Randy Waldron
Tonya Wilkes
Steve Young

Thank you for your interest in securing funds from the Region VI Behavioral Health Board (R6BHB).

Please follow these directions in filling out your grant proposal:

- Requests must meet the scope of Region VI Behavioral Health Board’s Mission and Vision.
- 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 Effie Jones at ejones@siph.idaho.gov or the address below.

Funding requests are reviewed by the board on a quarterly basis throughout the year. Please allow up to 12 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, Effie Jones.

If your grant request is approved by the Region VI Behavioral Health Board, you will be required to submit a follow-up report to the Board within 30 days following the completion of your event, activity, or project. If you are requesting funds for a long-term project (e.g., up to one year), please provide quarterly reports on project progress.

OUR MISSION

We help provide increased and sustained supportive services to individuals in their journey towards stability and ongoing maintenance in our communities.

OUR VISION

An integrated health system accessible to everyone.

Region VI Behavioral Health Board – Attn: Effie Jones
Southeastern Idaho Public Health
1901 Alvin Ricken Dr., Pocatello, ID 83201
Phone: 208.239.5212 / E-Mail: ejones@siph.idaho.gov

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

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

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 HOW YOUR REQUEST SUPPORTS THE MISSION AND VISION OF THE R6BHB

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

PLEASE DESCRIBE HOW YOUR OUTCOMES WILL BE MEASURED:

PLEASE STATE HOW THE REGION 6 BEHAVIORAL HEALTH BOARD WILL BE RECOGNIZED:

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Funding requests must be necessary and reasonable to meet the mission and vision of the Region VI Behavioral Health Board, and it must also meet the guidelines/policies of the Region VI Behavioral Health Board and Southeastern Idaho Public Health.

If request is approved, the requestor will provide a W-9 and Finalized Budget.

Receipts and invoices will be required to be submitted along with quarterly and end of project reports.

REQUESTOR NAME	ORGANIZATION
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ITEMIZED BUDGET PROPOSAL

PROPOSED PURCHASE DATE	AMOUNT	DESCRIPTON OF PURCHASE	PROPOSED PURCHASE FROM	PAYMENT OPTIONS	
				Check Card	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"/>

IN-KIND SUPPORT FOR THE PROJECT

DONOR	DESCRIPTION OF DONATION	VALUE OF DONATION	OTHER COMMENTS

REPORTING REQUIREMENTS

1. For long-term projects (e.g., 6 months or more), applicants must submit quarterly activity/outcome reports that detail strategies/activities completed, dates, locations, numbers of people reached, and any outcomes. Reports must be submitted on the following schedule:
 - a. January-March, due by April 30
 - b. April-June, due by July 30
 - c. July 1-September, due by October 30
 - d. October 1-December, due by January 30
2. For event funding or short-term projects (e.g., less than 6 months), applicants must submit an evaluation report of the event, activity, or project that was funded by the R6BHB grant funds as well as any receipts or invoices requested by SIPH within 30 days of completing the event. *Requests for reimbursement received 60 days after the date of the event may be denied.*
3. Applicants must agree to present on their funded project/outcomes to the R6BHB in person if requested.
4. Reports/documentation may be submitted electronically to Effie Jones, ejones@siph.idaho.gov.

SIGNATURE OF GRANT REQUESTOR: _____