

REGION II

Behavioral Health Board

Region II Behavioral Health Board
Health and Welfare / Behavioral Health
1118 F Street, PO Drawer B, Attn: Christina Gaines
Lewiston, ID 83501

Dear Behavioral Health Stakeholder:

Thank you for your interest in requesting funds from the Region II Behavioral Health Board. Attached is the BHB Funds request form you may submit for funding consideration. Funding requests will be considered by the Board and evaluated for appropriate expenditure of funds. The Board establishes its budget each fiscal year in June.

Please follow these directions in filling out your funds request:

- Limit your response to the space allowed.
- Provide detail regarding outcome measurements and proposed budget itemization.
- Requests must meet the scope of the Boards Mission and Vision Statement
- This Funds Request form is a Word fillable document.
- Receipts will be required before funds are disbursed.
- Return requests via email to [Amber Hoodman uylcrecovery@gmail.com](mailto:Amber.Hoodman.uylcrecovery@gmail.com) and Jim [Rehder—jsrehder@gmail.com](mailto:Rehder-jsrehder@gmail.com) and [Shari Kuther- shari.kuther@kh.org](mailto:Shari.Kuther-shari.kuther@kh.org)
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Your requests will be considered in a timely manner. We will contact you of the Board decision.

Should you have any questions, please do not hesitate to contact me, any member of our Board, or our Administrative Assistant.

Sincerely,

Jim Rehder – Chair, Region II Behavioral Health Board

MISSION & VISION

“The Mission of the Region II Behavioral Health Board is to Promote the development of an integrated network of preventative and responsive behavioral health care which is accessible and affordable to all Region 2 communities and individuals.”

“Region II Behavioral Health Board envisions a community where physical, mental, social and emotional needs are met..”

*Upon approval, the requestor will provide a W-9, Receipts, and Finalized Budget

*Above Services are Authorized by Idaho Statute 39.31.35.

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BHB Funds Request Form
(fillable form click on grey box to enter information)

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

Table with 2 columns: DATE OF REQUEST, AMOUNT OF FUNDS REQUESTED: - SEE ITEMIZED BUDGET. Includes a dollar sign (\$) in the second row.

PLEASE DESCRIBE YOUR AGENCY'S MISSION AND EXPERIENCE: (Large text area)

PLEASE DESCRIBE WHAT COMMUNITY HEALTH NEEDS YOU ARE ADDRESSING: (Large text area)

PLEASE DESCRIBE THE SPECIFIC SERVICES/ACTIVITIES TO SUPPORT YOUR EVENT: (Large text area)

PLEASE IDENTIFY THE POPULATION THE SERVICES/ACTIVITIES WILL BE TARGETED: (Large text area)

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Funding Availability

Per ID Code 39.31.35

- Community consultation and education

Examples of Acceptable Funding Opportunities

- Printing of educational and/or advertising materials
- Costs associated with a speaker for community education.
- Costs associated with room rentals for education events.
- Purchase or rental of equipment or items, such as a movie, for education events
- Sponsorship for groups (must be payable to a 501 (c)(3)) who are promoting behavioral health or recovery events and support; the RIIBHB will receive recognition for the sponsorship.
- Banners for events RIIBHB is involved in or which will be a co-group event with RIIBHB.

Examples of Unacceptable Funding Opportunities

- Food
- Decorations
- Items to auctioned or raffled off.
- Item which requires payment be made to an individual
 - We may pay for speaker fees, travel reimbursements, and to companies in an individual's name for work we have contracted.
- Prize winnings

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