



## Request for Funds: Behavioral Health Internship Support

Opportunity Overview: The purpose of this funding is to provide flexible financial support to organizations in the Better Health Together region (six counties and three reservations in Eastern Washington) that are training the behavioral health workforce through formal practicum and internship programs. This funding is intended to support supervisors, administrators, clinicians, and clinicians-in-training to better train and retain members of the Medicaid-serving behavioral health workforce.

Read full details at this link:

<https://www.betterhealthtogether.org/bold-solutions-content/funding-opportunity-behavioral-health-internship-support-funds>

Name

Contact Name \*

Contact Email Address \*

Contact Phone Number \*

Narrative: Please detail how the requested funds will be used to support behavioral health internship programming at your organization. This should include a timeline of activities.\* \*

Please be specific. This should be a plan, not just general intent.

\*Requested funds can be used over a timeline of two years. Funding will be dispersed in two cycles: 50% upon contract signing and 50% tied to six-month reporting.

Budget: Please complete the budget template below (click to download, fill out, and then attach). Include dollar amounts with descriptions that show how you will use the \$10,000 award. \*

<https://www.betterhealthtogether.org/s/Internship-Support-Budget-Template-Application.xlsx>

⬇ Drop files here

Funding attestation: These funds will not be used for the following: \*

- Reimbursement for services provided and internships prior to the start date of the contract
- Payment for services billable under Medicaid, Medicare, or other insurance
- Lobbying or other legislative activity
- Activities/projects that do not fit with the purpose and guiding principles of this funding

I attest to the above statement

Attestation for organizations: My organization is a current BHT partner organization and provides behavioral health services to Medicaid clients in the BHT region. \*

I attest to the above statement

Additional Information: Please note that organizations who are awarded funding will be asked to provide the following documentation as part of the contracting process:

- W9
- IRS Determination Letter (applicable for nonprofit organizations)
- Copy of current Certificate of Insurance (BHT does NOT need to be named as an additional insured entity)
- Consent to Public Statements (this document is signed alongside the contract and is consent for both parties to name each other when talking about the funding opportunity)

Contact Information: If you have questions or need assistance, contact Hannah Klaassen, Better Health Together Program Manager (Hannah@BetterHealthTogether.org)

**Submit**

Never submit passwords through this form. [Report malicious form](#)