

**BEHAVIORAL
HEALTHCARE
COMMUNITY
ENDOWMENT
FUND**

APPLICATION FOR GRANT

This application is made by a duly authorized Applicant's representative. **The filing of this Application does not create any right, claim or benefit inuring to Applicant. Grants are paid at BHCEF's sole and sovereign discretion. Grants are paid based on representations herein and supporting documentation provided by Applicant** to establish eligibility for a grant pursuant to grants apportionment and payment rules established by Behavioral Healthcare Community Endowment Fund Board of Directors dated 07/31/2018 reviewed 08/20/20 and updated from time to time by said Board. Eligibility criteria are published on <https://www.bhcef.org>

1: APPLICANT IDENTIFICATION

Organization legal name _____
Trade name _____ Type: LLC Corp Sole proprietorship
Address _____ State _____ Zip code _____
Name (First, Last) of authorized person executing the application: _____
Federal Tax ID # _____ State ID # _____ NPI # _____
Phone (____) ____ - ____ Facsimile (____) ____ - ____ Website address _____
Authorized signatory phone (____) ____ - ____ Email address _____

2: OPERATIONS

Type of facility: Residential w/detox Residential without detox PHP IOP OP
Starting date: __/__/__ **Maximum capacity:** ____ **Provider in network:** Yes No
Address _____ State _____ Zip code _____
Billing: In house Outsourced **Accreditation:** JC CARF Ref _____
Treatment plans: Alcohol Chemical dependency Trauma Eating disorders Gambling
Sex Addiction Dual Diagnosis Compulsory spending Other _____ _____
Staff structure: (for each category: how many) Management ____ Clinicians ____ Support ____ Admin ____

3: MODALITIES

Modalities offered to patients: Group therapy (generic) DBT CBT ACT EMDR
Psycho Analysis Psycho Drama Therapy (individual) Neurofeedback Family Therapy
Mindfulness Therapy Art Therapy Dog Therapy Equine Therapy Acupuncture
Yoga Meditation Nutrition Program & Education Wall Climbing Ropes Climbing
Detox Relaxation—Massage _____ _____ _____

4: DATA

1. Efficacy Measurement system:

Do you currently have an efficacy measurement system? Yes No
Please describe the efficacy measurement system you currently use: _____

Does the efficacy measurement system cover clients while in treatment? Yes No
Does the efficacy measurement system cover clients AFTER treatment? Yes No
Does the efficacy measurement system provide progress report for each client ? Yes No **AND**
For all clients? Yes No

4: DATA

1. After care programs:

Describe how you maintain contact with clients after they leave treatment: _____
_____ Alumni? Yes No

Describe how you keep track of clients' successes AFTER treatment _____

2. What concrete steps do you take to improve the care provided to clients?

3. Census Data:

Please indicate the cycle of reference: From ___/___ to ___/___ *(cycles of reference are from 02/01 through 07/31 and 08/01 through 01/31 bringing the total number of aggregated days for the period to 183 for residential settings, 130 days for outpatient settings, and 156 days for Medi-Cal settings)*

Please indicate:

- The facility total capacity *(maximum occupancy)* _____
- The total number of clients for the period _____

Please provide a census report with intake and discharge dates for each client for the cycle of reference

Have you ever benefited from a grant from BHCEF ? Yes No if Yes, when ? ___/___

Have you benefited from a grant from BHCEF for a period *(month)* covered by the period subject matter of this application? Yes No

5: CERTAIN TERMS

After having received one or more grants from BHCEF, You authorize BHCEF to audit the data you provided in your application by requesting additional supporting data, from you, and requesting statistical data from third parties, namely insurance carriers, billing companies to substantiate the data contained herein.

Upon request from BHCEF, you will cooperate with BHCEF to obtain from third parties the additional data requested by BHCEF. Such cooperation may include and is not limited to introduce BHCEF to the third party and provide the third party with any authorization it may require to release the data to BHCEF.

Data contained herein and data gathered thru third parties requests will be deemed CONFIDENTIAL and cannot be used by BHCEF for any other purpose than assessing your eligibility for the program developed by BHCEF and scientific purpose.

This application and its appendices must be submitted electronically at <https://www.bhcef.org/grants.html>

6: AUTHENTICATION - CERTIFICATION

I, _____, a duly authorized representative of _____
(Applicant) hereby declare that the answers and data provided in this application are complete, truthful and correct.

(signature)

Name: _____

Enclosures: _____

Capacity: _____

Date: ___/___/_____