



ST. CHARLES 708 MENTAL HEALTH BOARD
APPLICATION FOR FUNDING 2026-2027

DUE DATE: MARCH 09, 2026

1. Please complete **all** portions of the application.
2. Applications will only be accepted electronically to cao@stcharlesil.gov (630-377-4422).
3. The application is in Word format. Text can be entered where indicated.
4. This application must be submitted by the end of the business day, **5:00 PM**, on **March 9, 2026**.
5. **Applications received past the deadline will not be accepted.**
6. **Applications must be signed.**
7. There is a \$10,000 funding limit for all first-time applicants.
8. If you have questions about the content of the application, please contact the City Administration Office at the email address above and they will direct your question to Board Chair Richard Rivard.

Note: On April 15, 2026, at 5:30 PM, the 708 Mental Health Board will hold a session to review all applications. During the session, Board members will have the opportunity to ask questions or seek clarification about your application. As the **ATTENDANCE AT THIS SESSION IS MANDATORY** please ensure that an alternate presenter is available in the event of emergency. Failure to meet the above requirements may impact your agency's funding.

SECTION 1: CONTACT INFORMATION

ORGANIZATION NAME	EXECUTIVE DIRECTOR/RESPONSIBLE ADMINISTRATOR
DESIGNATED CONTACT NAME	CONTACT PHONE AND EMAIL ADDRESS
NAME OF DOCUMENT AUTHOR	AUTHOR PHONE AND EMAIL ADDRESS
ORGANIZATION ADDRESS	ORGANIZATION PHONE AND WEBSITE
TOTAL AMOUNT OF REQUEST (INCLUDE TOTAL FOR UP TO 2 DESIGNATED PROGRAMS/ACTIVITIES/PRIORITIES)	DATE OF APPLICATION
SIGNATURE OF RESPONSIBLE ADMINISTRATOR	SIGNATURE OF APPLICATION AUTHOR
<p style="text-align: center;">X</p> <hr/> <p>Administrator</p>	<p style="text-align: center;">X</p> <hr/> <p>Application Author</p>

**SECTION 2: DESIGNATED PROGRAM/PRIORITY # 1 REQUEST
INFORMATION AND BUDGET DESCRIPTION**

An organization may request either full or partial funding for a designated program/activity/priority. Funding requests are not intended to offset overall program operations or administrative costs for the organization but should be requested for a designated program/activity/priority within the organization.

If your organization is requesting an increase in funding that is more than 10% from last year, explain why in #13. This year, an organization may not request funding for more than two programs/activities/priorities.

*The **Vision of the St. Charles Mental Health 708 Board** is: The residents of St. Charles shall have access to high-quality programs and services to support their mental health, assist with their developmental disabilities, and prevent and reduce substance abuse.*

*The **Mission of St. Charles 708 Mental Health Board** is: To service residents of St. Charles by supporting and funding local, community-based, high-quality programs and services for citizens with mental health needs, substance abuse needs, and developmental disabilities.*

Priority Program 1	Funding	Amount Requested for Priority 1
	<input type="checkbox"/> FULL <input type="checkbox"/> PARTIAL	

1. BRIEFLY DESCRIBE HOW THE DESIGNATED PROGRAM/PRIORITY/ACTIVITY #1 IN THIS PROPOSAL ALIGNS WITH THE VISION AND MISSION OF THE CITY OF ST. CHARLES 708 MENTAL HEALTH BOARD AND THE RESIDENTS OF THE CITY OF ST. CHARLES. PLEASE DO NOT SIMPLY COPY/PASTE YOUR ORGANIZATION’S VISION AND MISSION STATEMENTS.
2. DESCRIBE THE GENERAL PURPOSE OF THE PRIORITY OR PROGRAM.
3. DESCRIBE THE NEED FOR THE PRIORITY OR PROGRAM AND THE TYPE OF INDIVIDUALS TO BE SERVED.
4. DESCRIBE THE SPECIFIC ACTIVITIES OF THE PRIORITY OR PROGRAM.
5. DESCRIBE THE TIMELINE OR SCHEDULED ACTIVITIES OF THE PRIORITY OR PROGRAM. INCLUDE A BEGINNING AND END DATE FOR EACH PRIORITY OR PROGRAM.
6. DESCRIBE THE <u>GOAL(S)</u> WITH A DESCRIPTION OF THE ANTICIPATED MAJOR <u>OUTCOMES</u> .
7. HOW MANY INDIVIDUALS DOES THE ORGANIZATION SERVE IN TOTAL ANNUALLY, FROM ALL TOWNS/CITIES?

**8. OF THE INDIVIDUALS THAT YOUR ORGANIZATION SERVES ANNUALLY HOW MANY ARE ST. CHARLES RESIDENTS?
NOTE: PLEASE INCLUDE ALL ST. CHARLES RESIDENTS SERVED, NOT JUST THE NUMBER OF PRIORITIES FOR WHICH YOU ARE APPLYING FOR FUNDING.**

9. HOW MANY ST. CHARLES RESIDENTS ARE SERVED ANNUALLY BY THIS PRIORITY?

10. DO YOU EXPECT A SUBSTANTIAL INCREASE IN PROJECTED ST. CHARLES RESIDENTS SERVED BY THIS PRIORITY IN THE NEW FUNDING YEAR? (IF NO, SIMPLY WRITE "NO". IF YES, PLEASE PROVIDE THE PROJECTED NUMBER TO BE SERVED AND THE REASON AN INCREASE IS PROJECTED.)

11. DESCRIBE THE PROJECTED NUMBER OF UNITS OF SERVICE (OR SERVICE HOURS) DEDICATED TO THIS PRIORITY/PROGRAM (INCLUDE THE FORMULA OR RATIONALE).

12. INCLUDE INFORMATION ABOUT THE NUMBER OF STAFF MEMBERS ASSIGNED AND TRAINING OR CREDENTIALS RELATIVE TO THE PROGRAM OR PRIORITY.

13. DESCRIBE HOW THE 708 BOARD FUNDS WILL BE USED FOR THIS DESIGNATED PROGRAM OR PRIORITY 1.

Include a brief budget of anticipated expenditures for this priority/program in the space below. Include revenues from other sources to support this program or priority (if requesting partial funding).

14. FOR THIS PRIORITY OR DESIGNATED PROGRAM, WHAT PERCENTAGE IS THIS REQUEST COMPARED TO YOUR ORGANIZATION'S OVERALL BUDGET? FUNDING REQUEST/DIVIDED BY OVERALL TOTAL BUDGET = PERCENTAGE.

15. FOR THIS PRIORITY OR DESIGNATED PROGRAM, WHAT PERCENTAGE IS THIS REQUEST COMPARED TO THIS SPECIFIC PRIORITY OR DESIGNATED PROGRAM? AMOUNT REQUESTED IS DIVIDED BY THE AMOUNT REQUIRED FOR THE ENTIRE PROGRAM OR PRIORITY YIELDING A PERCENTAGE.

16. IS THIS YOUR ONLY SOURCE OF FUNDING FOR THIS PRIORITY OR DESIGNATED PROGRAM (LIST ANY OTHER REVENUE SOURCE)? DESCRIBE ANY OTHER FUNDING ISSUES REGARDING THIS PRIORITY OR DESIGNATED PROGRAM.

Priority Program 2	Funding	Amount Requested for Priority 2
	<input type="checkbox"/> FULL <input type="checkbox"/> PARTIAL	

<p>1. BRIEFLY DESCRIBE HOW THE DESIGNATED PROGRAM/PRIORITY/ACTIVITY #2 IN THIS PROPOSAL ALIGNS WITH THE VISION AND MISSION OF THE CITY OF ST. CHARLES 708 MENTAL HEALTH BOARD AND THE RESIDENTS OF THE CITY OF ST. CHARLES. PLEASE DO NOT SIMPLY COPY/PASTE YOUR ORGANIZATION’S VISION AND MISSION STATEMENTS.</p>
<p>2. DESCRIBE THE GENERAL PURPOSE OF THE PRIORITY OR PROGRAM.</p>
<p>3. DESCRIBE THE NEED FOR THE PRIORITY OR PROGRAM AND THE TYPE OF INDIVIDUALS TO BE SERVED.</p>
<p>4. DESCRIBE THE SPECIFIC ACTIVITIES OF THE PRIORITY OR PROGRAM.</p>
<p>5. DESCRIBE THE TIMELINE OR SCHEDULED ACTIVITIES OF THE PRIORITY OR PROGRAM. INCLUDE A BEGINNING AND END DATE FOR EACH PRIORITY OR PROGRAM.</p>
<p>6. DESCRIBE THE <u>GOAL(S)</u> WITH A DESCRIPTION OF THE ANTICIPATED MAJOR <u>OUTCOMES</u>.</p>
<p>7. HOW MANY INDIVIDUALS DOES THE ORGANIZATION SERVE IN TOTAL ANNUALLY, FROM ALL TOWNS/CITIES?</p>
<p>8. OF THE INDIVIDUALS THAT YOUR ORGANIZATION SERVES ANNUALLY HOW MANY ARE ST. CHARLES RESIDENTS? <i>NOTE: PLEASE INCLUDE <u>ALL</u> ST. CHARLES RESIDENTS SERVED, NOT JUST THE NUMBER OF PRIORITIES FOR WHICH YOU ARE APPLYING FOR FUNDING.</i></p>
<p>9. HOW MANY ST. CHARLES RESIDENTS ARE SERVED ANNUALLY BY THIS PRIORITY?</p>
<p>10. DO YOU EXPECT A SUBSTANTIAL INCREASE IN PROJECTED ST. CHARLES RESIDENTS SERVED BY THIS PRIORITY IN THE NEW FUNDING YEAR? (IF NO, SIMPLY WRITE “NO”. IF YES, PLEASE PROVIDE THE PROJECTED NUMBER TO BE SERVED AND THE REASON AN INCREASE IS PROJECTED.)</p>
<p>11. DESCRIBE THE PROJECTED NUMBER OF UNITS OF SERVICE (OR SERVICE HOURS) DEDICATED TO THIS PRIORITY/PROGRAM (INCLUDE THE FORMULA OR RATIONALE).</p>
<p>12. INCLUDE INFORMATION ABOUT THE NUMBER OF STAFF MEMBERS ASSIGNED AND TRAINING OR CREDENTIALS RELATIVE TO THE PROGRAM OR PRIORITY.</p>

13. DESCRIBE HOW THE 708 BOARD FUNDS WILL BE USED FOR THIS DESIGNATED PROGRAM OR PRIORITY 1.
Include a brief budget of anticipated expenditures for each priority/program in the space below. Include revenues from other sources to support this program or priority (if requesting partial funding).
14. FOR THIS PRIORITY OR DESIGNATED PROGRAM, WHAT PERCENTAGE IS THIS REQUEST COMPARED TO YOUR ORGANIZATION'S OVERALL BUDGET? FUNDING REQUEST/DIVIDED BY OVERALL TOTAL BUDGET = PERCENTAGE.
15. FOR THIS PRIORITY OR DESIGNATED PROGRAM, WHAT PERCENTAGE IS THIS REQUEST COMPARED TO THIS SPECIFIC PRIORITY OR DESIGNATED PROGRAM? AMOUNT REQUESTED IS DIVIDED BY THE AMOUNT REQUIRED FOR THE ENTIRE PROGRAM OR PRIORITY YIELDING A PERCENTAGE.
16. IS THIS YOUR ONLY SOURCE OF FUNDING FOR THIS PRIORITY OR DESIGNATED PROGRAM (LIST ANY OTHER REVENUE SOURCE)? DESCRIBE ANY OTHER FUNDING ISSUES REGARDING THIS PRIORITY OR DESIGNATED PROGRAM.

SECTION 3: CREDENTIALS

Please include the following information with your application:

1. A copy of your current 501c (3) or tax-exempt certification.
2. A copy of the letter from the Attorney General indicating that your organization is in good standing, if applicable (within the application year).
3. A list of current Board of Directors for your agency.
4. An abbreviated version of the previous annual budget and/or report. If your organization has received 708 Board funding in the past, make sure that information is available in these documents.

SECTION 4: ALLOCATION EXPENDITURE SUMMARY

Provide a summary report of actual funding received this past year documenting how your organization spent funds on the designated program or priorities listed in the previous year's application. If you did not apply for funding from the St Charles 708 board last year, please type 'N/A'.

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