**DUE DATE: MARCH 9, 2024**

1. Please complete **all** portions of the application.
2. Applications will only be accepted electronically to [cao@stcharlesil.gov](mailto: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, 2024.**
5. **Applications received past the deadline will not be accepted.**
6. **Applications must be signed.**
7. 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 Kaylynne Poremba.

**Note:**On April 17, 2024, sessions regarding this application will be scheduled for the 708 Board. At that time, 708 Board members will have the opportunity to ask questions or seek clarification about the application.

Please have an alternate presenter available in case of emergency. Failure to complete these requirements may affect your agency’s award. **Attendance at the session is mandatory.**

**SECTION 1: CONTACT INFORMATION**

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| **Organization Name** | **Executive Director/Responsible Administrator** |
| Click or tap here to enter text. | Click or tap here to enter text. |
| **Designated Contact Name** | **Contact Phone and Email Address** |
| Click or tap here to enter text. | Click or tap here to enter text. |
| **Name of Document Author** | **Author Phone and Email Address** |
| Click or tap here to enter text. | Click or tap here to enter text. |
| **Organization Address** | **Organization Phone and Website** |
| Click or tap here to enter text. | Click or tap here to enter text. |
| **Total Amount of Request**  **(Include total for up to 2 designated programs/activities/priorities)** | **Date of Application** |
| Click or tap here to enter text. | Click or tap to enter a date. |

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| **signature of responsible administrator** | **signature of application author** |
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**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.*

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| **Priority Program 1** | **Funding** | **Amount Requested for Priority 1** |
| Click or tap here to enter text. | FULL  PARTIAL | Click or tap here to enter text. |

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| 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.** |
| Click or tap here to enter text. |
| 1. **Describe the general purpose of the priority or program.** |
| Click or tap here to enter text. |
| 1. **Describe the need for the priority or program and the type of individuals to be served.** |
| Click or tap here to enter text. |
| 1. **Describe the specific activities of the priority or program.** |
| Click or tap here to enter text. |
| 1. **Describe the timeline or scheduled activities of the priority or program. Include a beginning and end date for each priority or program.** |
| Click or tap here to enter text. |
| 1. **Describe the goal(s) with a description of the anticipated major outcomes.** |
| Click or tap here to enter text. |
| 1. **HOW MANY INDIVIDUALS DOES THE ORGANIZATION SERVE IN TOTAL ANNUALLY, FROM ALL TOWNS/CITIES?** |
| Click or tap here to enter text. |
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| 1. **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.*** |
| Click or tap here to enter text. |
| 1. **HOW MANY sT. CHARLES RESIDENTS ARE SERVED ANNUALLY BY THIS PRIORITY?** |
| Click or tap here to enter text. |
| 1. **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.)** |
| Click or tap here to enter text. |
| 1. **Describe the projected number of units of service (or service hours) dedicated to this priority/program (include the formula or rationale).** |
| Click or tap here to enter text. |
| 1. **Include information about the number of staff members assigned and training or credentials relative to the program or priority.** |
| Click or tap here to enter text. |

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| 1. **Describe how the 708 Board funds will be used for this Designated Program or Priority 1.** |
| Click or tap here to enter text. |
| 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). |
| Click or tap here to enter text. |
| 1. **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.** |
| Click or tap here to enter text. |
| 1. **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.** |
| Click or tap here to enter text. |
| 1. **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.** |
| Click or tap here to enter text. |

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| **Priority Program 2** | **Funding** | **Amount Requested for Priority 2** |
| Click or tap here to enter text. | FULL  PARTIAL | Click or tap here to enter text. |

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| 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.** |
| Click or tap here to enter text. |
| 1. **Describe the general purpose of the priority or program.** |
| Click or tap here to enter text. |
| 1. **Describe the need for the priority or program and the type of individuals to be served.** |
| Click or tap here to enter text. |
| 1. **Describe the specific activities of the priority or program.** |
| Click or tap here to enter text. |
| 1. **Describe the timeline or scheduled activities of the priority or program. Include a beginning and end date for each priority or program.** |
| Click or tap here to enter text. |
| 1. **Describe the goal(s) with a description of the anticipated major outcomes.** |
| Click or tap here to enter text. |
| 1. **HOW MANY INDIVIDUALS DOES THE ORGANIZATION SERVE IN TOTAL ANNUALLY, FROM ALL TOWNS/CITIES?** |
| Click or tap here to enter text. |
| 1. **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.*** |
| Click or tap here to enter text. |
| 1. **HOW MANY sT. CHARLES RESIDENTS ARE SERVED ANNUALLY BY THIS PRIORITY?** |
| Click or tap here to enter text. |
| 1. **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.)** |
| Click or tap here to enter text. |
| 1. **Describe the projected number of units of service (or service hours) dedicated to this priority/program (include the formula or rationale).** |
| Click or tap here to enter text. |
| 1. **Include information about the number of staff members assigned and training or credentials relative to the program or priority.** |
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| 1. **Describe how the 708 Board funds will be used for this Designated Program or Priority 1.** |
| Click or tap here to enter text. |
| 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). |
| Click or tap here to enter text. |
| 1. **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.** |
| Click or tap here to enter text. |
| 1. **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.** |
| Click or tap here to enter text. |
| 1. **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.** |
| Click or tap here to enter text. |

**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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| Click or tap here to enter text. |