**St. Charles 708 Mental Health Board**

**Continuation Application for Funding**

**2019-2020**

**Application Due: January 16, 2019**

**Instructions:** ***Beginning in January 2019, all applicants who received funding from the City of St. Charles 708 Board in the previous year will be required to complete******a Continuation Application for Funding****. Should your organization request funding for the first time, an Initial**Application for Funding will be required.* *If you have questions regarding the instructions for the Initial Application, please contact Tracey Conti (tconti@stcharlesil.gov).*

Please complete all portions of the application. We will be accepting the applications electronically. The application is in Word format; all required fields are in an extended format. The form must be submitted electronically at the end of business day on January 16, 2019 to Tracey Conti ([tconti@stcharlesil.gov](mailto:tconti@stcharlesil.gov); 630-377-4422). If you have a technical question, please contact Tracey. **Applications received past this deadline will not be accepted**. If you have questions about content of the application, please contact Ron Weddell via Tracey.

*On February 28, 2019, 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****. It is highly recommended that someone attend who can answer questions regarding this document. Attendance at the scheduled presentation is mandatory. Please contact Tracey Conti for your spot on the agenda starting on January 8, 2019.***

**SECTION 1: CONTACT INFORMATION**

|  |  |
| --- | --- |
| Organization Name: | Executive Director/Responsible Administrator: |
| Printed Designated Contact Name: | Contact Phone and Email Address: |
| Printed Name of Document Author: | Author Phone and Email Address: |
| Organization Address: | Organization Phone and Website: |
| Number of Individuals Served Annually by the Organization: | Number of St. Charles Residents Served Annually by the Organization: |
| TotalAmount of Request: | Date of Application: |
| Signature of Responsible Administrator: | Signature of Application Author: |

**SECTION 2: ALIGNMENT WITH THE CITY OF ST. CHARLES 708 BOARD**

***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, to assist with their developmental disabilities,***

***and to prevent and reduce substance abuse.***

**The Mission of the 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.**

|  |
| --- |
| **Instructions:** Please briefly describe how the activities in this proposal align with the vision and mission of the City of St. Charles Mental Health 708 Board and the residents of the City of St. Charles. Please do not simply copy/paste your organization’s vision and mission statements. |

**SECTION 3: SELECTION OF DESIGNATED PROGRAM SUPPORT OR PRIORITY FUNDING SUPPORT**

Instructions: From the two categories below, select one that best describes your organization’s application for funding **for the continuation application**. **The priorities may be the same or different from the previous year’s funding application. Definitions:**

* **Designated, specific program support**. Select this option if your organization is requesting funding for a single initiative, activity or program. **If the proposed activity is part of a larger organization or set of activities, describe priorities in the Priority Funding Support (next section).** Your organization may request either full or partial funding for the designated program support. This option is not intended to offset overall program operations or administrative costs.

This designated program information will be used throughout the application.

|  |  |  |
| --- | --- | --- |
| Designated Program | Funding | Continuation Application |
|  | 🞏 Full  🞏 Partial | 🞏 Same as previous year  🞏 Modified from previous year  🞏 New priority  If similar to previous year, previous amount requested:  Amount requested for 2019: |

* **Priority Funding Support**. Select this option if your organization has multiple programs or activities where the requested funding will be used to fund one or more initiatives/activities. Your organization may request either full or partial funding for the priorities defined.

If priority funding support is selected, indicate up to five priorities (below) for which funding will be allocated.

These numbered priorities will be used throughout the application.

|  |  |  |
| --- | --- | --- |
| Priority | Funding | Continuation Application |
| 1. | 🞏 Full  🞏 Partial | 🞏 Same as previous year  🞏 Modified from previous year  🞏 New priority  If similar to previous year, previous amount requested:  Amount requested for 2019: |
| 2. | 🞏 Full  🞏 Partial | 🞏 Same as previous year  🞏 Modified from previous year  🞏 New priority  If similar to previous year, previous amount requested:  Amount requested for 2019: |
| 3. | 🞏 Full  🞏 Partial | 🞏 Same as previous year  🞏 Modified from previous year  🞏 New priority  If similar to previous year, previous amount requested:  Amount requested for 2019: |
| 4. | 🞏 Full  🞏 Partial | 🞏 Same as previous year  🞏 Modified from previous year  🞏 New priority  If similar to previous year, previous amount requested:  Amount requested for 2019: |
| 5. | 🞏 Full  🞏 Partial | 🞏 Same as previous year  🞏 Modified from previous year  🞏 New priority  If similar to previous year, previous amount requested:  Amount requested for 2019: |

**SECTION 4: PROGRAM AND BUDGET DESCRIPTION:**

For each of the priorities identified or for the designated program, briefly describe the following:

(Repeat this table for each of the identified priorities or designated program.)

**For new priorities, complete Section 5 as if this were an Initial Application.**

|  |
| --- |
| **Priority #\_\_**  **Amount Requested:** |
| 1A. *Previous application*: The general purpose of the priority or program (Copy/paste from previous year.) |
| 1B. Did the purpose change or remain the same? If there were changes, describe the rationale. (If there were no changes, leave this section blank.) |
| 1C. *Continuing Application*: Check the appropriate box and complete sections for the selection.  🞏 Same as previous year (copy/paste)  🞏 Modifications from previous year (create section with appropriate changes)  ***For the same or modified, describe the general purpose of the priority or program:***  ***(Copy/paste/modify from the previous year.)***  🞏 Discontinue program or priority from previous year  🞏 New priority (Complete Section 5.) |
| 2A. *Previous Application*: The need that is to be addressed; the type of individuals to be served. (Copy/paste from previous year.) |
| 2B. Did the need change or remain the same? Did the type of individuals to be served change or remain the same? If there were changes, describe the rationale. (If there were no changes, leave this section blank.) |
| 2C. *Continuation Applications*: Check the appropriate box and complete sections for the selection.  🞏 Same as previous year (copy/paste)  🞏 Modifications from previous year (create section with changes)  ***For the same or modified, describe the need of the priority or program and the type of individuals to be served. (Copy/paste/modify from the previous year.)***  🞏 Discontinued from previous year  🞏 New priority (Complete Section 5.) |

|  |
| --- |
| 3A. *Previous Application*: Specific activities (Copy/paste from previous year.) |
| 3B. Did the activities change or remain the same? If they changed, describe the rationale. (If there were no changes, leave this section blank.) |
| 3C. *Continuing Application*: Check the appropriate box and complete sections for the selection.  🞏 Same as previous year (copy/paste)  🞏 Modifications from previous year (create section with changes)  ***For the same or modified, describe the specific activities of the priority or program.***  ***(Copy/paste/modify from the previous year.)***  🞏 Discontinued from previous year  🞏 New priority (Complete Section 5.) |
| 4A. *Previous Application*: The implementation timeline or schedule of activities (Copy/paste from previous year.) |
| 4B. Did the timeline or schedule of activities change or were they implemented as planned? If there were changes, describe the rationale. (If there were no changes, leave this section blank.) |
| 4C. *Continuing Application*: Check the appropriate box and complete sections for the selection.  🞏 Same as previous year (copy/paste)  🞏 Modifications from previous year (create section with changes)  ***For the same or modified, describe the timeline or schedule activities of the priority or program. Include a begin and end date for each priority or program. (Copy/paste/modify from the previous year.)***  🞏 Discontinued from previous year  🞏 New priority (Complete Section 5.) |

|  |
| --- |
| 5A. *Previous Application*: The goal(s) with a description of the anticipated major outcomes (Copy/paste from previous year.) |
| 5B. Was the goal met? Were the major outcomes met? Please include data and a brief summary. |
| 5C. *Continuing Application*: Check the appropriate box and complete sections for the selection.  🞏 Same as previous year (copy/paste)  🞏 Modifications from previous year (create section with changes)  ***For the same or modified, describe the goal(s) with a description of the anticipated major outcomes. (Copy/paste/modify from the previous year.)***  🞏 Discontinued from previous year (may select only this option or this and option below)  🞏 New priority (Complete Section 5.) |
| 6A. *Previous Application:* The projected number of individuals to be served in this priority or designated program; compared to the overall percentage of served population in the entire organization. (Copy/paste from previous year.) |
| 6B. The actual number of individuals served in this priority during the project’s timeline; compared to overall percentage of the entire organization. Please describe any variation from projected to actual. (If there were no changes, leave this section blank.) |
| 6C. *Continuing Application*: Check the appropriate box and complete sections for the selection.  🞏 Same as previous year (copy/paste)  🞏 Modifications from previous year (create section with changes)  ***For the same or modified, describe the projected number of individuals to be served in this priority or designated program; compared to the overall number of served population in the entire organization, yielding a percentage. (Copy/paste/modify from the previous year.)***  🞏 Discontinued from previous year (may select only this option or this and option below)  🞏 New priority (Complete Section 5.) |

|  |
| --- |
| 7A: *Previous Application:* The projected number of St. Charles residents to be served in this priority or designated program; compared to the overall percentage of the priority/program (Copy/paste from previous year.) |
| 7B. The actual number of St. Charles residents served in this priority during the service year; compared to overall percentage of the overall percentage of the priority/program. Please describe any variation from projected to actual. (If there were no changes, leave this section blank.) |
| 7C. *Continuing Application*: Check the appropriate box and complete sections for the selection.  🞏 Same as previous year (copy/paste)  🞏 Modifications from previous year (create section with changes)  ***For the same or modified, describe the projected number of St. Charles residents to be served in this priority or designated program; compared to the overall number of served population in the priority or program, yielding a percentage. (Copy/paste/modify from the previous year.)***  🞏 Discontinued from previous year (may select only this option or this and option below)  🞏 New priority (Complete Section 5.) |
| 8A. *Previous Application:*  Anticipated number of units of service (or service hours) dedicated to this priority/program (include the formula or rationale) (Copy/paste from previous year.) |
| 8B. Actual number of units of service or service hours dedicated to this priority/program. Please describe any variation from projected to actual. (If there were no changes, leave this section blank.) |
| 8C. *Continuing Application*: Check the appropriate box and complete sections for the selection.  🞏 Same as previous year (copy/paste)  🞏 Modifications from previous year (create section with changes)  ***For the same or modified, describe*** ***the projected number of units of service (or service hours) dedicated to this priority/program (include the formula or rationale).*** ***(Copy/paste/modify from the previous year.)***  🞏 Discontinued from previous year (may select only this option or this and option below)  🞏 New priority (Complete Section 5.) |

|  |
| --- |
| 9A. *Previous Application:*  Include information about the number of staff assigned and training or credentials relative to the program or priority (Copy/paste from previous year.) |
| 9B. Actual number of staff; if there were changes or issues, please describe. (If there were no changes, leave this section blank.) |
| 9C. *Continuing Application*: Check the appropriate box and complete sections for the selection.  🞏 Same as previous year (copy/paste)  🞏 Modifications from previous year (create section with changes)  ***For the same or modified, include information about the number of staff assigned and training or credentials relative to the program or priority.***  ***(Copy/paste/modify from the previous year.)***  🞏 Discontinued from previous year (may select only this option or this and option below)  🞏 New priority (Complete Section 5.) |

***Below: Funding information for this same priority/program***

|  |
| --- |
| 10A. *Previous Application:*  Describe how the 708 Board funds will be used **for this priority or designated program**. (Copy/paste from previous year.) |
| 10B. Were the funds used as intended? If not highlight the changes and rationale. (If there were no changes, leave this section blank.) |
| 10C. *Continuing Application*: Check the appropriate box and complete sections for the selection.  🞏 Same as previous year (copy/paste)  🞏 Modifications from previous year (create section with changes)  ***For the same or modified, describe how the 708 Board funds will be used for this priority or designated program. (Copy/paste/modify from the previous year.)***  Include a brief budget of anticipated expenditures for each priority or designated program. Include revenues from other sources to support this program or priority.  🞏 Discontinued from previous year (may select only this option or this and option below)  🞏 New priority (Complete Section 5.) |

|  |
| --- |
| 11A. *Previous Application:* For each priority or designated program, what percentage of this request is compared to your organization’s overall, total budget? (Copy/paste from previous year.) |
| 11B. Describe the actual percentage compared to the overall, total budget. Provide rationale for substantial changes. (If there were no changes, leave this section blank.) |
| 11C. *Continuing Application*: Check the appropriate box and complete sections for the selection.  🞏 Same as previous year (copy/paste)  🞏 Modifications from previous year (create section with changes)  ***For the same or modified, for this priority or designated program, what percentage of this request is compared to your organization’s overall, total budget? Funding request/divided by overall total budget = Percentage.*** ***(Copy/paste/modify from the previous year.)***  🞏 Discontinued from previous year (may select only this option or this and option below)  🞏 New priority (Complete Section 5.) |
| 12A. *Previous Application:* For each priority or designated program, what percentage of this request is compared to this specific priority or designated program? (Copy/paste from previous year.) |
| 12B. Describe the actual percentage compared to the overall, total budget. (If there were no changes, leave this section blank.) |
| 12C. *Continuing Application*: Check the appropriate box and complete sections for the selection.  🞏 Same as previous year (copy/paste)  🞏 Modifications from previous year (create section with changes)  ***For the same or modified, what percentage of this request is compared to this specific priority or designated program? Amount requested divided by the amount required for the entire program or priority yielding a percentage.*** ***(Copy/paste/modify from the previous year.)***  🞏 Discontinued from previous year (may select only this option or this and option below)  🞏 New priority (Complete Section 5.) |

|  |
| --- |
| 13A. *Previous Application:* Is this your only source of funding? If no, list any other sources of revenue to offset program or priority budgets. (Copy/paste from previous year.) |
| 13B. If sources were different than initially described, please discuss. (If there were no changes, leave this section blank.) |
| 13C. *Continuing Application*: Check the appropriate box and complete sections for the selection.  🞏 Same as previous year (copy/paste)  🞏 Modifications from previous year (create section with changes)  ***For the same or modified, is this your only source of funding for this priority or designated program? If no, list any other sources of revenue to offset program or priority budgets.*** ***(Copy/paste/modify from the previous year.)***  Discontinued from previous year (may select only this option or this and option below)  New priority (Complete Section 5.) |
| 14A. *Previous Application:* Describe any other funding issues that you would like the Board to consider regarding this request. (Copy/paste from previous year.) |
| 14B. Any unanticipated changes in funding **or the use of these funds** this time period **for this priority or designated program?** (If there were no changes, leave this section blank.) |
| 14C. *Continuing Application*: Check the appropriate box and complete sections for the selection.  🞏 Same as previous year (copy/paste)  🞏 Modifications from previous year (create section with changes)  ***For the same or modified, describe any other funding issues that you would like the Board to consider regarding this request for this priority or designated program.*** ***(Copy/paste/modify from the previous year.)***  🞏 Discontinued from previous year (may select only this option or this and option below)  🞏 New priority (Complete Section 5.) |

**SECTION 5: NEW PRIORITIES OR DESIGNATED PROGRAMS; PROGRAM/BUDGET DESCRIPTION**

For each of the **NEW** priorities identified or for the designated program, briefly describe the following:

(Repeat this table for each of the **NEW** identified priorities.)

|  |
| --- |
| Priority #\_\_\_ or Designated Program  **Amount requested:** |
| 1. ***Describe the general purpose of the priority or program.*** |
| 1. ***Describe the need of the priority or program and the type of individuals to be served.*** |
| 1. ***Describe the specific activities of the priority or program.*** |
| 1. ***Describe the timeline or schedule activities of the priority or program. Include a begin and end date for each priority or program.*** |
| 1. ***Describe the goal(s) with a description of the anticipated major outcomes.*** |
| 1. ***Describe the projected number of individuals to be served in this priority or designated program; compared to the overall number of served population in the entire organization, yielding a percentage.*** |
| 1. ***Describe the projected number of St. Charles residents to be served in this priority or designated program; compared to the overall number of served population in the priority or program, yielding a percentage.*** |
| 1. ***Describe*** ***the projected number of units of service (or service hours) dedicated to this priority/program (include the formula or rationale).*** |
| 1. ***Include information about the number of staff assigned and training or credentials relative to the program or priority.*** |

**Funding for the program or priority above:**

|  |
| --- |
| 1. ***Describe how the 708 Board funds will be used for this priority or designated program.***   ***Include a brief budget of anticipated expenditures for each priority or designated program. Include revenues from other sources to support this program or priority (if requesting partial funding).*** |
| 1. ***For this priority or designated program, what percentage of this request is compared to your organization’s overall, total budget? Funding request/divided by overall total budget = Percentage.*** |
| 1. ***For this priority or designated program, what percentage of this request is compared to this specific priority or designated program? Amount requested divided by the amount required for the entire program or priority yielding a percentage.*** |
| 1. ***is this your only source of funding for this priority or designated program? If no, list any other sources of revenue to offset program or priority budgets.*** |
| 1. ***Describe any other funding issues that you would like the Board to consider regarding this request for this priority or designated program.*** |

**SECTION 6: CREDENTIALS: Continuing Application**

For your organization, include the following:

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