**St. Charles 708 Mental Health Board**

**Initial Application for Funding**

**2019-2020**

**Application Due: January 16, 2019**

**Instructions:** ***Beginning in January 2018, all applicants who are requesting initial funding from the City of St. Charles 708 Board will be required to complete******an Initial Application for Funding (even if your organization received funding in previous years).***  *If your organization received funding in the 2018 funding cycle, a Continuation**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; 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 January 8, 2019.***

**SECTION 1: CONTACT INFORMATION**

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| --- | --- |
| 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.**

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| 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 | Initial Application |
|  | 🞏 Full🞏 Partial | 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 | Initial Application |
| 1. | 🞏 Full🞏 Partial | Amount requested for 2019: |
| 2. | 🞏 Full🞏 Partial | Amount requested for 2019: |
| 3. | 🞏 Full🞏 Partial | Amount requested for 2019: |
| 4. | 🞏 Full🞏 Partial | Amount requested for 2019: |
| 5. | 🞏 Full🞏 Partial | 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.)

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| Priority #\_\_\_ or Designated Program**Amount requested:** |
| 1. ***Describe the general purpose of the priority or program.***
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| 1. ***Describe the need of the priority or program and the type of individuals to be served.***
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| 1. ***Describe the specific activities of the priority or program.***
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| 1. ***Describe the timeline or schedule activities of the priority or program. Include a begin and end date for each priority or program.***
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| 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.***
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| 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).***
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| 1. ***Include information about the number of staff assigned and training or credentials relative to the program or priority.***
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**Funding for the program or priority above:**

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| 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.***
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| 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.***
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| 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.***
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| 1. ***Describe any other funding issues that you would like the Board to consider regarding this request for this priority or designated program.***
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**SECTION 5: CREDENTIALS: Initial Application**

For your organization, include the following:

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| 1. A copy of current 501 c (3) or tax-exempt certification.
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| 1. A copy of the letter from the Attorney General indicating that your organization is in good standing, if applicable (within the application year).
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| 1. A list of current Board of Directors for your agency.
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| 1. 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 this information is available in these documents.
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