

# KENDALL COUNTY 708 COMMUNITY MENTAL HEALTH BOARD INVITATION TO SUBMIT FUNDING REQUEST APPLICATION FOR FISCAL YEAR 2024 (FY24)

- A. **Due Date:** Applications must be submitted no later than 4:00 pm on Friday, July 1, 2023. Late applications will not be accepted.
- B. **Mailing Procedures:** Applications may be sent by email to: Liz Holmberg, Board President, Kendall County 708 Community Mental Health Board at [lizholmberg@gmail.com](mailto:lizholmberg@gmail.com). Applications may also be dropped off at the Kendall County Health Department and addressed to Liz Holmberg.
- C. **Application Format:** All funding request forms should be completed in full for grant consideration. Assistance in completing the 708 Grant is available at the Grant Writing workshop on May 10, 2023 from 9:30 - 11:00 via a ZOOM meeting. Please register with Board Member Robyn Vickers at [robynv@gmail.com](mailto:robynv@gmail.com) to obtain the meeting link.
- D. **Philosophy of the Board:** The Kendall County 708 Community Mental Health Board values the services provided to our constituents and the positive contributions these services make in our community. Collaborative efforts by community agencies are looked upon favorably by the 708 Board and will be given special consideration.
- E. **Eligible funding Activities:** Agencies eligible to request Kendall County 708 Community Mental Health Board funds are not-for-profit organizations which provide currently existing programs and services for Kendall County residents in the areas of mental health, developmental disabilities and/or substance abuse in accordance with the mission, goals, and objectives of Kendall County 708 Community Mental Health Board. Grant funding is to be used for direct services only. Supplies or capital expenses will not be funded. Funding request is for Fiscal Year 2024, which is from December 1, 2023 to November 30, 2024.
- F. **Interviews/Hearings:** Hearings will be conducted on **Wednesday, August 23, 2023** beginning at 8:15 a.m. The time of your presentation will be posted on the Kendall County website: <http://www.co.kendall.il.us/708/>.

The hearings will be held in the 2nd Floor Conference Room of the Kendall County Health Department. 811 W. John St., Yorkville, IL 60560.

1. Representatives from the 708 Board will be present during the presentations.
2. Length: Agency representatives have ten minutes to make their presentation, with additional time allotted for Board Members to ask questions.
3. Format of Presentation: Agency representatives are to provide an overview of their proposal as well as address the four points listed below during their presentations.
  - What is the documented need?
  - How do your services specifically address needs related to mental health, substance abuse or developmental disabilities?
  - Explain any significant changes to your agency's budget and how those changes have impacted direct services.

- If received: How were 708 Board grant monies used this past year?

G. **Notification of Funding:** Funding award letters will be sent by the 708 Board following Kendall County Board approval of the FY24 budget.

- 1. BOARD OF DIRECTORS.** Please attach a list of Agency Board of Directors and officers with the day, time and place of Board meetings.
- 2. MID-YEAR REPORT.** All funded agencies receiving grants are required to submit a Mid-Year Status report regarding the utilization of Kendall County 708 Mental Health Board grant funding. A form is included at the end of this grant form for your use and is also be available on the website. Complete one (1) copy for the entire agency. The Mid Year Report for FY23 will be due on January 20, 2024.

**3. AGENCY INFORMATION**

**Name of Agency**

**Mailing Address**

**Phone**

**Fax**

**Executive Director**

**Phone**

**Email**

**Grant Contact**

**Phone**

**Email**

**Grant Amount Requested for  
FY24**

**Amount Received in  
FY23**

**Counties served**

**Number of Employees**

**Full-Time**

**Part-Time**

**Volunteers**

**4. CLIENT INFORMATION**

	<b>FY2023</b>	<b>FY2024 Projection</b>
<b>Total Number of Clients Served</b>		

<b>Total Number Clients from Kendall County</b>		
<b>Total % Clients from Kendall County</b>		
<b>Number Service Hours in Kendall County</b>		
<b>Number of clients on waiting list</b>		

**5. AGE GROUP**

	<b>FY2022</b>	<b>FY2023</b>	<b>FY2024 Projection</b>
<b>Infants 0-3</b>			
<b>Youth 4-13</b>			
<b>Teen 14-18</b>			
<b>Adults 19-59</b>			
<b>Seniors 60+</b>			

**6. GENDER**

	<b>FY2022</b>	<b>FY2023</b>	<b>FY2024 Projection</b>
<b>Male</b>			
<b>Female</b>			
<b>Unreported/Other</b>			

**7. ETHNIC BACKGROUND**

	<b>FY2022</b>	<b>FY2023</b>	<b>FY2024 Projection</b>
<b>Asian</b>			
<b>Black</b>			
<b>Hispanic</b>			
<b>White</b>			
<b>Other</b>			

**8. PROGRAM SERVICE INFORMATION**

Individual Programs/Services Offered	Number of Kendall Residents	% of Total Clients

**9. BUDGET INFORMATION**

Please attach a copy of your Agency’s most recent Fiscal Budget.

**10. FUNDRAISING**

Type of Activity Last Year	Budgeted Goal	Amount Raised

**11. GRANTS**

Has your agency pursued other grant money in the last two years? Yes \_\_\_\_\_ No \_\_\_\_\_

If yes, please indicate:

Source	Grant Program	Amount Requested	Amount Awarded


**12. Please summarize state and other budget changes and how they have impacted your agency.**

**13. Describe the community need for the services your agency provides, and how that need has changed in the past year.**

**14. PROGRAM SERVICES FUNDED BY 708 GRANT MONIES**

<b>Individual Programs/Services Offered</b>	<b>Number of Kendall Residents</b>	<b>% of Total Clients</b>

**15. What are new programs and/or approaches your agency is planning for the future?**

**16. Summarize the strengths of your services.**

**17. If you received funds for the last fiscal year, summarize how the funds provided by the Kendall County 708 Board during the last fiscal year were used by your organization to provide services to Kendall County residents specifically addressing needs related to mental health, substance abuse or developmental disabilities.**

**18. Fill out for each program for which you are requesting funding.**

**1. Brief program description. Is this program current or new?**

**2. Management of program (staff/organization).**

**3. Does this agency collaborate with other Kendall County agencies? Is there a duplication of services? If so, please specify.**

**4. How do you evaluate:**

**• Attainment of Program Goals**

**• Client Outcomes**

**• Community Needs**

**5. Hours of program operation and the capacity of the program, based on current staffing.**

**6. Significant changes in this program, either in the past year or planned for the current year. Why are these changes being made?**

**7. Does your program charge a fee? If yes, please indicate how the fee is determined and the dollar amount charged.**

**8. List the direct services the agency grant would fund. Direct recipient services are defined by the Illinois Community Mental Health Act as: “..only those services required to carry out a completed individualized treatment plan that is signed by a service recipient or legal guardian.” Direct services include salaries, but do not include supplies or capital expenses.**

## **708 Community Mental Health Board Grant FY23 MID-YEAR STATUS REPORT**

As stated in the Grant Application, the 708 Community Mental Health Board requires that all successful grant recipients submit a Mid-Year report of FY23 expenditures.

Please complete this form below and submit by **JANUARY 20, 2024** to:

Liz Holmberg, Board Chair @ lizholmberg@gmail.com

**Or to:**

**Kendall County 708 Community Mental Health Board  
111 West Fox Street  
Yorkville, Illinois 60560**

Name of Organization:

Person completing this form: Include title and contact information

Total Amount of 708 Grant FY23:

Please describe each **direct service** provided and the approximate amount spent for each direct service.

If 708 Grant Funds FY23 remain, please indicate what direct services will be provided. What is the estimated cost?