

INVITATION TO SUBMIT FUNDING REQUEST APPLICATION

- A. **Due Date:** Applications must be submitted no later than 4:00pm on Friday, May 1, 2020. Late applications will not be accepted.
- B. **Mailing Procedures:** All applications must be sent by email to: Board President, Kendall County 708 Community Mental Health Board at 708BoardChair@co.kendall.il.us
- C. **Application Format:** All funding request forms must be completed in full. Incomplete applications will not be accepted. Assistance in completing the 708 Grant is available at a workshop on April 1, 2020 from 9:30 - 11:00 at the Kendall County Health Department.
- 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.
- F. **Interviews/Hearings:** Hearings will be conducted on **Wednesday, June 3, 2020** 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/708-2/>
- The hearings will be held in the **2nd Floor Conference Room of the Kendall County Health Department.** 811 W. John St., Yorkville, IL, 60560.
- Representatives from the 708 Board will be present during the presentations.
 - Length: Agencies will have ten minutes to make their presentation. Additional time will be provided for board members to ask questions.
 - 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 FY21 budget.
- H. Please attach a list of Agency Board of Directors and officers with the day, time and place of Board meetings.

I. All funded grants will be required to submit a mid year status report (December) regarding the utilization of Kendall County 708 Mental Health Board grant funding. A form will be included at the end of this grant form for your use and will also be available on the website.

Complete one (1) copy for the entire agency

1. AGENCY INFORMATION

Name of Agency _____

Mailing Address _____

Phone _____ Ext. _____

Fax _____

Executive Director's Name _____

Phone _____ Ext. _____ Email _____

Grant Contact Name _____

Phone _____ Ext. _____ Email _____

Grant Amount Requested _____ Amount Received Previous Year _____

Counties Served: _____

2. CLIENT INFORMATION

	Current Year	Projected Next Fiscal Year
Total Number of Clients Served:	_____	_____
Total Number Clients from Kendall County	_____	_____
Total % Clients from Kendall County	_____	_____
Number Service Hours in Kendall County	_____	_____
Number Months Service to Kendall Residents	_____	_____
Number of clients on waiting list	_____	_____

3. CLIENT DEMOGRAPHICS	2017/18	2018/19	2019/20 Projection
Zip code 60447	_____	_____	_____
Zip code 60512	_____	_____	_____
Zip code 60536	_____	_____	_____
Zip code 60537	_____	_____	_____
Zip code 60538	_____	_____	_____
Zip code 60541	_____	_____	_____
Zip code 60543	_____	_____	_____
Zip code 60545	_____	_____	_____
Zip code 60548	_____	_____	_____
Zip code 60560	_____	_____	_____
Zip code 60503	_____	_____	_____
Zip code 60431	_____	_____	_____
4. AGE GROUP			
Infants (0-3)	_____	_____	_____
Youth (4-13)	_____	_____	_____
Teen (14-18)	_____	_____	_____
Adults (19-59)	_____	_____	_____
Seniors (60-above)	_____	_____	_____
5. Gender			
Male	_____	_____	_____
Female	_____	_____	_____
Other	_____	_____	_____
6. ETHNIC BACKGROUND			
Asian	_____	_____	_____
Black	_____	_____	_____
Hispanic	_____	_____	_____
White	_____	_____	_____
Other	_____	_____	_____
7. INCOME LEVEL (Complete either 7 or 8)			
\$0 to 10,000	_____	_____	_____
\$10,001 to 20,000	_____	_____	_____
\$20,001 to 30,000	_____	_____	_____
\$30,001 to 50,000	_____	_____	_____
\$50,001 and above	_____	_____	_____
8. Poverty Level			
At or below official poverty level	_____	_____	_____
101% to 150% of poverty level	_____	_____	_____
Above 150% of poverty level	_____	_____	_____

9. PROGRAM SERVICE INFORMATION

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

10. BUDGET INFORMATION

Attach a copy of the agency's most recent Fiscal Budget.

11. FUNDRAISING

Type of Activity Last Year	Budgeted Goal	Amount Raised
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____

12. GRANTS

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

If yes, please indicate:

Source:	Grant Program	Amount Requested	Amt. Awarded
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____

13. Please summarize state and other budget changes and how it has impacted your agency.

(If possible, give a concrete description such as percentage of change over the last year.)

14. Please note the specific budgetary issues that concern you most:

15. Does your agency duplicate the services of another agency for Kendall County and its residents? If so, explain why this duplication effort is occurring and remains justifiable.

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.

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

Agency _____ Program _____

___ Current Program

___ New Program

A. Brief program description

B. Management of program (staff/organization)

C. Does this agency collaborate with other Kendall County agencies?

If so, please specify:

D. How will you evaluate:

Attainment of Program Goals

Client Outcomes

Community Needs

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

F. Significant changes in this program, either in the past year or anticipated.

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

H. Summarize how this program intends to use the funds provided by the Kendall County 708 Board to provide services to Kendall County residents specifically addressing needs related to mental health, substance abuse or developmental disabilities. (Note: Only direct services can be funded. Supplies or capital expenses will not be funded).

708 Community Mental Health Board Grant FY20
MID-YEAR STATUS REPORT

As stated in the grant application, the 708 Community Mental Health Board requires that all successful grant applicants submit a midyear report of FY20 expenditures. If there are any questions, please contact the Board President at 708BoardChair@co.kendall.il.us.

Please complete this form below and submit by **DECEMBER 4, 2021** to:

Board President
708BoardPresident@co.kendall.il.us (preferred)

or to:

Kendall County 708 Board
111 West Fox Street
Yorkville, Illinois 60560

Name of Organization:

Person completing this form:

Phone/email contact information:

Total Amount of 708 Grant FY21:

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

If 708 Grant Funds FY21 remain, please indicate what direct services will be provided and estimated cost.