

Knox County Mental Health Board

APPLICATION – APPROVED OR DENIED

Application Number: ____-MHB-_____

Applicant's Name: _____

Funding for provider: Full Funding Approved Partial Funding Approved Not Funded

Total amount of funding approved: \$ _____

On _____, 20__, the KCMHB met to consider the application for ____ General Funding or ____ Special Funding to provide services for the:

- _____ developmentally disabled,
- _____ to aid/treat persons with mental illness,
- _____ to aid/treat persons with substance use/abuse issues

The motion to approve or deny the grant application was made by _____ and seconded by _____. The motion was approved by a vote of _____ to _____ with _____ members abstaining.

This document is attached to the Application which describes the purpose(s) for which the funding has been. Attached also, is a statement setting forth all modifications, if any, required by the Knox County Mental Health Board and agreed to by the Applicant.

President of the Knox County
Mental Health Board

Date: _____

Secretary or designated County Board Member of the Knox County
Mental Health Board

Date: _____

Note: Requests regarding current KCMHB Members, actions taken as well as all other questions regarding KCMHB operations may be sent to:

Knox County Mental Health Board
Attn: Knox County Clerk, Scott Erickson
200 South Cherry Street
Galesburg, IL 61401