

KNOX COUNTY MENTAL HEALTH BOARD (KCMHB)

Knox County Use Only:

Funding Number: _____-MHB-_____

APPLICATION FOR FUNDING

I. APPLICATION SUMMARY:

(Directions: The Application Summary allows the applicant/organization to submit a brief overview of the program(s) for which KCMHB funding has been requested. Specific details regarding the proposed program should be answered/completed or attached as directed within subsequent sections of the application. The shaded "directions" sections may be removed when the completed Application Form is submitted.)

Date: (Directions: Insert the date of the application.)

Fm: (Directions: Insert the name, address and contact information of the organization, the authorizing representative and person completing the application.)

Total amount of Funding requested:

(Directions: Ensure the amount correlates to the amount specified in Part IV. Section B. Question #1.)

Total amount of Matching Funds that relate to this funding request:

(Directions: Ensure the amount correlates to the amount specified in Part IV. Section B. Question #2.)

Program Selection:

(Directions: The applicant should identify which of the Eligible Programs, as specified within Part III. Section A. B. and C. of the Application Guidelines, have been selected for funding.)

Program Summary:

(Directions: Provide a brief description and overview of the program.)

II. DESCRIPTION OF ORGANIZATION

A. STATEMENT OF PURPOSE:

(Directions: In a brief, introductory statement, describe the organization's general mission/purpose.)

Statement:

B. SERVICES PROVIDED:

(Directions: In the narrative below, describe the general services provided by the organization. Identify individual programs, their relationship to each other and the objectives of the organization. If the applicant is a subsidiary of a "parent organization," provide the name of that organization and the relationship between the two as it relates to the "parent organization's" service objectives.)

Narrative:

C. LEGAL STATUS:

(Directions: Is the organization a government entity or registered as a for-profit or not-for-profit organization in the State of Illinois.)

Response:

D. GEOGRAPHIC AREA SERVED:

Response:

E. ACCREDITATION:

(Directions: Is the organization accredited? If so, by which accrediting body.)

Response:

F. BOARD MEMBERS:

(Directions: Attach a copy listing Board Members and their contact information. The attachment should be clearly labeled as "Attachment A. Board Members".)

G. ORAL AGREEMENTS:

Directions: Does an oral agreement with any other organization(s) exist regarding the proposed program. If so, please describe the agreement(s) in the response below.)

Response:

H. WRITTEN AGREEMENTS:

(Directions: Does a written agreement with any other organization(s) exist regarding the proposed program. If so, please attach a copy(ies) of the agreements. The attachment should be clearly labeled as "Attachment B. Written Agreement(s)."

Response:

III. PROGRAM DETAILS

A. PROGRAM SELECTION:

(Directions: The applicant should identify which Program(s), as specified within Part III. Eligible Programs Sections A. B. and C. of the Application Guidelines, have been selected for funding assistance.)

Response:

B. PROGRAM DESCRIPTION:

(Directions: This is a critical section. It provides the applicant an opportunity to clearly describe the program/project proposed for funding. It should contain a detailed narrative describing the need for the program relative to the seriousness of the problem for Knox County residents who would be served by the program. The need may be substantiated by surveys; requests for service; changes in delivery system(s); current utilization of the service(s) by individuals, agencies, referrals, waiting lists and any other data or facts identified by the applicant.

The applicant should ensure the narrative includes the Key Points of: What, When, Where, How and Who, as it relates to the program. The narrative should explain the program's Goals and Objectives, the existence and amount of any fee structure and the manner any structure was determined. The need for follow-up services and/or referrals, the capacity of the program and the estimated number of persons served annually, the hour and days of operation and the number of years the program has been in existence.

- Note: The information requested in this section is not necessarily required for Capital Projects/Staff Development in the event they have been selected for funding.)

Narrative:

C. SERVICE POPULATION:

(Directions: The applicant should respond to the following two questions. The response may include a brief explanation of the answers as deemed appropriate.

- (Note: The information requested in this section is not necessarily required for Capital Projects/Staff Development. In those case(s) the response may be answered with a brief relevant response or “Not Applicable” at the applicant's discretion.)

Question #1: What was the total number of individuals served by the organization during the previous calendar year.

Response:

Question #2: What was the total number of services provided to each of those individuals during the previous calendar year by the organization.

Response:

D. LONGEVITY:

Will the need for the program exceed one year? If so, the response should include the estimated time of need and future goals of the program.

- (Note: The estimates requested in this section are not necessarily required for Capital Projects/Staff Development. In those case(s) the response may be answered with a brief relevant response or “Not Applicable” at the applicant's discretion.)

Response:

IV. BUDGET INFORMATION:

A. PROGRAM BUDGET:

(Directions: The applicant should attach a copy of the projected budget for the program. The budget document should include specific amounts requested for Personnel and Benefits, Contractual Services, Commodities/Supplies and/or Capital Expenses as well as any other anticipated expenses. The attachment should be clearly labeled as “Attachment C. Program Budget.”)

Response:

B. ADDITIONAL BUDGETING INFORMATION:

(Directions: Identify the organization's fiscal year, any additional sources of funding and respond to the 5 budget questions listed.)

Response:

Question #1: The total amount of funds requested from the KCMHB:

Response:

Question #2: The total amount of Matching Funds that relate to this funding request:

Response:

Question #3: The total budget for the program for which funds have been requested:

Response:

Question #4: The total annual budget for the applying organization:

Response:

Question #5: The total "Parent Organization" annual budget for Knox County:

Response:

C. PARTIAL FUNDING:

(Directions: Will the organization accept partial funding?)

Response:

D. FUNDING HISTORY:

(Directions: Has the organization previously received funding from the KCMHB which was not expended in the manner and time frame originally proposed and approved. Explain the action(s) taken and disposition of the funds in the following response.)

Response:

V. FUND RAISING:

A. PAST FUND RAISING:

(Directions: Describe the type and amount of Fund Raising activities which have taken place during the previous year. A lack of activity may be answered with "none.")

Response:

B. FUTURE FUND RAISING:

(Directions: Describe the Fund Raising efforts which are anticipated for the next year.)

Response:

SIGNATURE:

By signing this application, I certify the statements herein are true, complete and accurate to the best of my knowledge. I have provided the required documentation and agree to deliver the programs/projects as presented in the application. I will comply with any contract terms if an award is granted. I am aware that any false, fictitious or fraudulent statements or claims may subject me to criminal, civil or administrative penalties. I understand any funding disbursement is contingent on the availability of tax revenues collected by Knox County.

This application has been reviewed and approved by:

Signature of Provider Authority: _____

Date:

Printed name of Provider Authority: _____

Last Revised: 08-12-2024

Last Reviewed: 08-12-2024