

JACKSON COUNTY MENTAL HEALTH (708) BOARD

APPLICATION FOR 708 BOARD FUNDING

Name of Applicant Agency: _____

Applicant Mailing Address: _____

_____ Phone: _____

Agency Contact Person: _____

Contact Person Phone Number / Extension: _____

Email Address: _____

Date of Application: _____ Application Funding Year: FY 2016

Preferred Funds Dispersal Schedule:* _____

DUE: EIGHT (8) COPIES OF THE FY 2016 FUNDING APPLICATION ARE DUE IN THE 708 BOARD OFFICE BEFORE 3:30 P.M., APRIL 24, 2015.

MAILING ADDRESS: Jackson County 708 Board attn. Renee Schwartz, 1001 Walnut Street, Murphysboro IL 62966

If hand-delivering your application, the office is located in the Jackson County Board Office on the main floor of the Courthouse. The Security Desk will be happy to direct you.

Procedures for Completing this Application:

This application is divided into three sections: general agency description, specific program information, and budgeting information. Questions reflect the 708 Board criteria for funding. Please answer all items according to what is most appropriate to your particular agency, fiscal year, and services or line items you wish to have funded. If requested information is not relevant or available, please provide the necessary explanations. Do not leave any questions blank. Use additional pages when necessary.

NOTE: APPLICATION IS COPIED ON BOTH SIDES OF THE PAGE.

* Currently 708 Board funds are dispersed quarterly; however, the Board is considering other schedules. Please note that indicating your preferred schedule does not constitute a guarantee.

DESCRIPTION OF AGENCY SERVICES

1. Briefly describe all services provided by your agency, identifying individual programs and their relationship to each other and the objectives of the agency.

If agency is a subsidiary of a parent organization, give the name of the organization and the relationship of your agency in the total picture of organizational services.

2. Is accreditation and/or licensing required for your agency? Check one.

No

Yes, from _____

Optional

If Optional, have you applied for or received accreditation? Check one.

Received accreditation/license
from _____

Applied and awaiting results for
accreditation/license
from _____

Application denied for accreditation/license
from _____

Have not applied

3. Do you have written linkage and/or working agreements with other Jackson County agencies? Check one.

No

Yes (Please list)

4. List all professional staff providing direct services to MI/DD/SA clients. Indicate name, professional qualifications including degree(s), license, title, and any other pertinent information.

SPECIFIC PROGRAM OF REQUESTED FUNDS

1. Program Description

Describe the specific program of your agency for which funds are requested. Identify program objectives, any changes in provision of services (other than financial), and types of support (i.e., transportation, special staffing requirements, etc.).

2. Need for Service

Briefly describe the need for each service or program relative to the seriousness of the problem being addressed for residents of Jackson County. Need may be substantiated by any of the available indicators: perception as a service provider; needs surveys; requests for service; changes in the service delivery system; utilization of service by individuals, agencies, referrals, and/or waiting lists. Show a continuity of service by describing follow-up services provided, and intra- and interagency referrals.

3. Target Populations

In the grid below, provide comparative data on clients served as specified:

Descriptions	Previous Year	Current	Projected
	Actual	Estimated Actual	
	Date:	Date:	Date:
Sex			
Male:			
Female:			
Age			
Type of Disability			
County Residency			
Jackson:			
Other: (5% or More) Specify:			
(Less than 5%)			

4. Program Evaluation

Briefly describe the evaluation method used to assess the effectiveness of the service offered in relation to the agency objectives. Please include discussion of the following:

- a) Adequacy of program development and planning for each service for which funding is requested
- b) The mechanism for ascertaining client satisfaction and progress

BUDGET DATA

1. Total **amount of request** from 708 Board: _____

2. Amount of 708 Board funds received previously (if any):

Fiscal Year: _____ Amount _____

3. Total **program budget** (program for which funds are requested) for year of funding request: _____

Total **agency budget** for year of funding: _____

If agency and organization differ, give total **organization budget** for year of funding: _____

4. Indicate fund request and percent of budget by categories below:

	Amt. of 708 Funds Requested	% of Total 708 Fund Request	% of Total Program Budget	% of Total Agency Budget	% of Total Organization Budget
Number of Personnel					
Salary:					
Fringe:					
Administrative Costs					
Contractual Services					
Travel					
Equipment , Capital Improvements					
TOTAL					

5. Indicate the percentage of salary increase for your agency:
 - a) Salary increase in current fiscal year: _____
 - b) Salary increase in year of funding request: _____
6. Indicate cost of service and method of measurement as used by your agency in determining cost of effectiveness.

7. General Budget Information

a. Operational Year (check one):

Calendar Year _____

Fiscal Year (specify) _____

b. Describe budget reductions/increases for both revenues and expenses. Indicate any special situations relative to funding that will significantly affect the agency or any individual programs. Relate effects of changes on specific services and explain what is being done to offset these changes.

c. Describe the minimum amount of funding request necessary to sustain the program and maintain the service at a viable level.

8. Comparative Program Budget Data

List budget data as requested below or attach separate budget data sheet using this form. The description should include general categories and specific line item income sources and expenses. Specify period covered.

Description	Previous Actual		Current Estimated Actual	Projected
Revenue	Year:			
Expenditures				