

Jackson County Mental Health 708 Board Funding Application for FY 2025

Please use this form to apply for 708 Board Funding. Other forms will **not** be accepted.

Please forward completed forms to:

708.Board@jacksoncounty-il.gov

OR by mail to:

Committee Coordinator; Jackson County Board; 1001 Walnut Street; Murphysboro, IL 62966

DUE TO COUNTY BOARD OFFICE: FRIDAY, MAY 17, 2024 BY 2PM

Name of Agency *	
Date of Application Completion*	
Contact Person *	
Mailing Address *	
Phone Number *	
Email *	
Webpage *	

Is your agency a 501(c)3? **If the answer is NO, you will not be eligible for 708 funding. ***

YES, our agency is a 501(c)3
 NO

Types of services for which 708 Board funds are requested (check all that apply). *

Mental Health
 Developmental Disabilities
 Substance Abuse

Amount of funds requested*

\$

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Please fill out the table below to the best of your ability. You may extend the boxes to fit all text you would like to include.

<p>Do you have any written and/or working agreements or linkages with other Jackson County agencies? Please list in the text box, separating each item with a semicolon (;). *</p>	
<p>Vision * Please provide us with a quick (3-5 sentence) vision for the future of your agency. This could be a generic statement established by the organization or personal views/beliefs.</p>	
<p>Leadership * Does the agency have a board of directors that is involved in the decision-making process for the program to be funded?</p>	<p><input type="checkbox"/> YES, our board is involved <input type="checkbox"/> NO, our board is not involved</p>
<p>Program * Please describe the specific program(s) for which funding is being requested. Identify objectives, personnel needed, and expected outcomes. Feel free to include any additional information you may want the board to consider.</p>	
<p>Need for Program * Justify the funding request by providing evidence that Jackson County residents show a need for this program. This can be illustrated through needs surveys, requests for services, waiting lists, referrals, or lack of support in the area.</p>	
<p>Program Process * Briefly explain the process that a new client goes through, from their initial intake to their release.</p>	
<p>Program Deviations * As a result of COVID-19, or other circumstances, have you used 708 Mental Health Board Funds for anything other than what was reported on your 2024 application? If so, what was it used for and how much of the funds were used?</p>	

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Measurement Tools * Briefly explain how your agency evaluates the effectiveness of the program(s) that you are requesting funding for.	
Sustainability * Explain how this program will sustain services if funding is lowered or not provided.	
Demographics * Briefly describe the demographics of those clients your agency serves.	
Age * 18-24 25-34 35-44 45-54 55+	<input type="checkbox"/> Not Applicable
Gender * Male Female Non-binary/third gender	<input type="checkbox"/> Not Applicable
Ethnicity * Hispanic / Latinx Not Hispanic/ Not Latinx	<input type="checkbox"/> Not Applicable
Race * White/Caucasian Black or African American American Indian or Alaskan Native Asian Native Hawaiian or Pacific Islander Other	<input type="checkbox"/> Not Applicable
Employment Status * Employed Unemployed Student	<input type="checkbox"/> Not Applicable

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Education *	<input type="checkbox"/> Not Applicable
High School	
Some College	
Associate degree	
Bachelor's Degree	
Master's Degree	
Doctorate	
Personnel Information	
Personnel * Please list any personnel to be directly funded by 708 funds. Please include name, title, degree(s), and license(s).	
Will all funding go toward salaries and fringe benefits for personnel? *	<input type="checkbox"/> YES, funding is only for personnel <input type="checkbox"/> NO, funding will go to personnel & elsewhere <input type="checkbox"/> NO, funding does not go to personnel at all
Briefly describe where funding will go, if not provided to personnel. *	
Budget Data	
What is your organization's fiscal year? Example December 1 to November 30 *	
Total request from 708 Board *	
Amount received in FY 2024 (if applicable) *	
What percent of the organizations funding does this represent?	
What other funding do you receive? i.e., grants	
Percent increase/decrease from previous year (If applicable) *	
Briefly describe why you have requested an increase or decrease (if applicable) *	
Number of Jackson County residents served with 708 Funds in 2024 (if applicable) *	

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Recognition of the requirements to be in “good standing” with the 708 Board

Each agency is required to attend 4 meetings during the 708 Board’s fiscal year (December 1 st to November 30 th). This DOES NOT include the public hearing held in June. *	<input type="checkbox"/> I understand
Each agency is required to attend the Public Hearing held in June to answer any questions that the board may have about this application. *	<input type="checkbox"/> I understand
Each agency is required to turn in a quarterly expense report AND a quarterly status report. <i>Due dates to be determined by the board.</i> *	<input type="checkbox"/> I understand
Each agency is required to file an audit to the 708 Board 30 days after the audit is complete. *	<input type="checkbox"/> I understand
Each agency is required to notify the 708 Board of any meeting dates/times and must send copies of minutes. If these items include confidential information, the agency is required to file a letter with the 708 Board staff stating that they will not be providing minutes and why. *	<input type="checkbox"/> I understand
Each agency is required to notify the 708 Board if funds are not expended by the end of the designated time period and return said funds if requested. *	<input type="checkbox"/> I understand
Everything in the above application is correct to the best of my knowledge and I have filled it out to the best of my ability. *	<input type="checkbox"/> I agree

Signature: * _____ Print Name: _____
(Can be an electronic signature or a physical signature)

Title: _____

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