



## JACKSON COUNTY MENTAL HEALTH (708) BOARD

1001 Walnut Street Murphysboro, Illinois 62966 618-687-7240

To whom it may concern:

The Jackson County 708 Mental Health Board has decided to extend mini-grant funding opportunities to all eligible Jackson county agencies. The requirements to be eligible are listed below (NOTE: *you do not have to be a currently funded agency to receive a mini-grant from the 708 Mental Health board*).

Requirements for funding:

- A. Must have non-profit status
- B. Primary services which diagnose and treat mental illness, developmental disabilities, and/or substance abuse (drugs and alcohol)
- C. Secondary services which are designed to provide prevention activities to one or more of the primary targeted groups, i.e. the mentally ill, developmentally disabled, or the substance abuser.

For these mini-grants, we can offer up to \$10,000 in funding for this fiscal year. With this, we are hoping to fund *multiple* agencies, instead of granting a large portion of the available funding to one singular organization. Please keep this in mind when calculating your financial need for your upcoming project.

The application for the mini-grant funding is due on **September 7<sup>th</sup>, 2018** and can be found at: <https://www.jacksoncounty-il.gov/government/departments-a-z/mental-health-708-board/applying-for-funding>. If you have any questions regarding whether you are eligible for funding or about how to fill out the application, please contact the Jackson County board office at 618-687-7240.

**JACKSON COUNTY MENTAL HEALTH 708 BOARD  
MINI- GRANT FUNDING APPLICATION FOR FY 2018**

**All applications are due by September 7<sup>th</sup>, 2018**

Please use this form to apply for 708 Board Mini-Grant Funding. Other computer-generated forms will **not** be accepted. Please forward completed applications to: Jennifer Huson, Committee Coordinator; Jackson County Board; 1001 Walnut Street; Murphysboro, IL 62966; [jhuson@jacksoncounty-il.gov](mailto:jhuson@jacksoncounty-il.gov)

Name of Agency: \_\_\_\_\_ Date: \_\_\_\_\_

Applicant Mailing Address: \_\_\_\_\_

Agency Contact Person: \_\_\_\_\_ Phone: \_\_\_\_\_

Email: \_\_\_\_\_ Webpage: \_\_\_\_\_

<b>Total Amount of funds requested:      \$ _____</b>
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- 1. Describe, in full detail, the project that you would like to fund if given the mini-grant funding from the 708 Board. Elaborate further by stating what kind of impact your agency expects when this project is put into place.**
  
  
  
  
  
  
  
  
  
  
- 2. Explain how your agency would fund this project if the money is not given. Alternatively, explain how you would continually fund this project once the money is no longer available.**
  
  
  
  
  
  
  
  
  
  
- 3. Please provide any additional information that you feel the board should know, either with regard to your agency's operations or the project in particular.**