



Jefferson County Mental  
Health (708) Board

FUNDING APPLICATION

VICKIE SCHULTE, CHAIRMAN

618-237-9205

## FUNDING APPLICATION

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**THIS APPLICATION IS FOR FUNDING REQUESTS FOR FISCAL YEAR PAYMENT IN 2021-2022.**

### NOTE OF EXPLANATION

County Board approves tax amounts at the end of this year for 2021 taxes. Taxes will be collected in 2021. Distribution of tax payment to the Mental Health Board occurs in 2021-2022. The Mental Health Board's fiscal year is 6 months behind the County Board. Therefore, the Mental Health Board distributions go the agencies are given out in 2022-2023.

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### APPLICATIONS

The application should reflect how your program/agency provides services in regard to *mental health, the developmentally disabled, and/or substance abuse.*

### APPLICATION COPIES

Please provide 7 printed copies of your completed application

### SUBMISSION ADDRESS

Vickie Schulte, Chairman  
Jefferson County Mental Health Board  
9041 E. Strawbridge Road  
Mt. Vernon, IL 62864

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### APPLICATION DEADLINE

Mail application/copies by 6/1/2021

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### CONTACT INFORMATION

Vickie Schulte, Chairman  
9041 E. Strawbridge Road  
Mt. Vernon, IL 62864  
618-237-9205

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**APPLICANT AGENCY**

**NAME OF APPLICANT AGENCY**

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**APPLICANT MAILING ADDRESS**

Street Address \_\_\_\_\_

City \_\_\_\_\_ ST \_\_\_\_\_ ZIP \_\_\_\_\_

**CONTACT PERSON**

Applicant Contact \_\_\_\_\_

Title \_\_\_\_\_ Phone Number \_\_\_\_\_

Email Address \_\_\_\_\_

**CLIENT INFORMATION**

	Current Year	Est Next Fiscal Year
Total Number of Clients Served	_____	_____
Total Number of Clients from Jeff Co	_____	_____
Total % of Clients from Jeff Co	_____	_____
Number of Service Hours in Jeff Co	_____	_____
Number of clients on waiting list	_____	_____

**PROGRAM SERVICE INFORMATION**

Program/Services Offered	Number of Jeff Co Residents served	% of Total Clients served
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____

Questions on the following application correspond to 708 Board Criteria. Please respond to them according to what is most appropriate to your particular agency, fiscal year, and services you wish to have funded. The term "service" is used throughout the application to indicate whatever items, including full service components (programs) that are relative to your particular requests. If requested information is not relevant or available, please provide the necessary explanations.

Please note, that should your agency be awarded funding from the 708 Board, you could be asked to provide a progress report at a later date, outlining some details of your projects, and how your projects assisted in meeting the needs of the community. We may also ask if you could provide pictures of your events (when appropriate) so we may share with the community your services, and most importantly, your successes.

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**FUND REQUEST INFORMATION**

Type of services for which 708 Board funds are requested: (Check all that apply)

\_\_\_\_\_ Mental Health \_\_\_\_\_ Developmental Disabilities \_\_\_\_\_ Substance Abuse

**Total Amount of funds requested: \$ \_\_\_\_\_**

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**GENERAL AGENCY SERVICES**

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

**1. SPECIFIC SERVICES**

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

**PROGRAM STRUCTURE**

Briefly describe program activities, including times, frequencies, locations, wait time, etc.

**PROGRAM OUTCOMES**

Briefly describe the program's effectiveness, as well as measurement tools used to assess progress toward outcomes and benchmarks.

**PREVIOUS ALLOCATION RESULTS**

Explain how funds allocated from previous year were expended and purposes of those expenditures in relation to the residents of Jefferson County.

**Direct Service:** Number of individual clients/consumers served: \_\_\_\_\_

## 2. TARGET POPULATION

Please include data *only* for population served/to be served with 708 Board funding. Use a separate table for each 708 funded program.

Service: \_\_\_\_\_

	FY 2020	FY 2019	FY 2018
<b>TARGET POPULATION</b>			
Geographic area			
Total # clients served			
0-5 years old			
6-13 years old			
14-18 years old			
19-59 years old			
60+ years old			
Multi-racial			
White			
Black			
Asian			
Native American			
Other			
# of client visits			
# requests for service			
# client referrals in			
# client referrals out			
# clients unable to serve			
# clients on waiting list			
<b>REVENUES</b>			
Client charges			
Uncompensated client charges			
Grants from other sources			
708 Board funds			
Total Revenues			
<b>EXPENSES</b>			
Salaries			
Fringe benefits			
Contractual			
Other			
Total expenses			

**3. SERVICE NEED**

Describe the need for each service to be provided, and briefly justify the need relative to the issue/problem being addressed for residents of Jefferson County.

**4. IDENTIFICATION OF NEED**

Describe how the need for the service was identified? (i.e. requests for service, surveys, lack of available services, etc.)

**5. LACK OF FUNDING EFFECTS**

Describe the effects on the target population, the applicant agency, and mental health services in Jefferson County if the requested funds are not received.

**6. CLIENT SATISFACTION**

How is client satisfaction measured, and how is progress toward goals determined?

**7. ALTERNATIVE RESOURCES**

Identify and describe other services and resources available to your target population:



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**BUDGET INFORMATION**

**BUDGET INFORMATION**

- Attach a copy of the agency's most recent Fiscal Budget
- Please note specific issues about which you are most concerned

Cite the Issue or budget items(s) of concern and comment in the space provided below:

**FUNDRAISING**

<u>Type of Activity</u>	<u>Budgeted Goal</u>	<u>Amount Raised</u>
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____

**GRANTS**

Has your agency pursued other grant money in the last two years? \_\_\_ Yes \_\_\_ No

If yes, please describe:

<u>Source/Grant Program</u>	<u>Amt Requested</u>	<u>Amount Awarded</u>
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____

Signature of person submitting application:

\_\_\_\_\_  
Printed Name

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Date

\_\_\_\_\_  
Title

\_\_\_\_\_  
Contact Phone Number

\_\_\_\_\_  
Email Address

Please be advised: Should the purpose of your funding change, the event you are planning does not happen, or any other significant details of the awarded funding change, the board reserves the right to modify, or withhold any or all funds awarded.