Bloomingdale Township Mental Health Board
Application for 708 Funding
Fiscal Year 2022 / 2023

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APPLICATION PROCESS

- **Applications available 6/13/2022**
- **Contact Bloomingdale Township to request an application.**
- **Application deadline 7/29/2022**
- **Please submit a completed & signed original application, via courier, post, or internet (note internet is preferred) to:**

  Internet: MHB@bloomingdaletownship.com

  Post or Courier:
  BTMH Board
  Attn: Dominick Lanzito
  123 N. Rosedale Ave., Suite 200
  Bloomingdale, Illinois, 60108

- **The BTMHB will review the applications for funding in September, 2022.**
- **Applicants are encouraged to attend this meeting to answer questions.**
- **The Board will make funding decisions and notify applicants within 10 days of awards decisions.**
- **Questions on the application process may be emailed to:**

  MHB@bloomingdaletownship.com

1. INDIVIDUAL/ORGANIZATION CONTACT INFORMATION

Name of Organization:

Mailing Address:

Phone:

Contact Person:

Contact's Phone Number/Extension:

2. DESCRIPTION OF INDIVIDUAL/ORGANIZATION SERVICES

1. Briefly describe the primary purposes and services provided by your organization/practice.

2. Is your organization licensed or registered in the State of Illinois?

3. Is your agency accredited? If yes by which accrediting body(ies)?

4. Do you have a Board? If so, please includes names and contact information and identify officers by title.

5. Please list names and contact information for Management with their titles.

3. SPECIFIC PROGRAM FOR WHICH YOU ARE REQUESTING FUNDS
If requesting funds for more than one program, copy and complete Section 3 for each program.

1. Please indicate the service categories with an overall description of the programs and services for which you are seeking funding.

2. Summarize the purpose of your request and the services /activities or staff positions to be supported with BTMHB funds.

3. What are the target populations for your program/services?

4. What are the main ways you measure the impact (outcome) of your program/services? Please include the name of the assessment tools you use if applicable.

5. Are the services/activities/other funding request modeled after evidenced based practices in the field or other measurable outcomes? Explain.

6. What is the anticipated capacity of the program? If the program is existing, how many people are currently being served? How many Bloomingdale Township residents could be served annually? How many Bloomingdale Township residents (if any) are currently being served?

7. What days and hours will the program operate?

8. If the program is currently operating, how many years has the program been in existence?

9. Will you accept partial funding? What will be the impact on the program if only partial funding is awarded?

10. Do you charge a fee for your program/service? If yes, please indicate how the fee is determined and the dollar amount charged*. **Please attach a sliding fee schedule if applicable and indicate how the sliding fees are determined.**

11. Describe the follow-up services, if any which will be required. If intra or inter-agency referral will be necessary, please describe.

12. Do you anticipate a need for this program for more than one year? If yes, what are your three-year goals and objectives for this program?

13. If this is a new program or service, list the start-up timeline for the funding request. Attach a complete program plan with goals, objectives, timelines, and measurements.

14. Does this request address the BTMHB strategic plan and/or One/Three Year Goals? (These are included with the application)

15. All clients/participants funded with this award **must** be Bloomingdale Township residents. Please explain or include your residency check policy.

16. Does your organization engage in community education or outreach programs? Support groups? If yes, please describe.

17. Is there any other relevant information you would like to add to this application?

3. **BUDGET DATA**

1. What is the total amount of your request from the BTMHB? Please include a short budget indicating how the request will be used.

2. What is the total budget for your service/organization?

3. Do you have an independent financial audit for the most recent completed fiscal year? If so, please submit a copy of the auditor's Letter of Governance and Internal Control Letter. The BTMHB reserves the right to request and receive a complete copy of the most recent audit prior to or during any funding period. If not, please submit other documents indicating your total revenue for the year.

4. What is your fiscal year? (Ex: July-June, October-September, Calendar Year).

5. Are there other sources of funding for this program (i.e. insurance, Medicaid, Medicare, Grants)?

6. Describe efforts and results of fund-raising your organization has done this past year.

7. What plans for fund-raising do you have for your next fiscal year?

4. **ADMINISTRATIVE PROCEDURES**

1. If your request funds a specific service/activity, what will be your frequency of billing to the BTMHB?

2. What back-up materials will you include to verify compliance with the Funding Guidelines?

For Providers	
By signing this application, I certify to the statements contained in the list of certifications, and that the statements herein are true, complete, and accurate to the best of my knowledge. I have provided the required documentation and agree to adhere to the services as presented in the application, and I will comply with any resulting terms when an award is accepted. I am aware that any false, fictitious, or fraudulent statements of claims may subject me to criminal, civil or administrative penalties. I understand that the funding disbursement is contingent on the availability of tax revenues collected by Bloomingdale Township. This application has been reviewed and approved by:	
Signature of Provider Authority:	
Date:	
Printed Name and Title of Provider Authority:	