Palatine Township Mental Health Board

Grant Application

Please complete all fields to be considered for funding. Attach all required documents.

SECTION 1 — Organizational Information

Organization Name

Funding Eligibility (check all that apply):

☐ Nonprofit ☐ Government ☐ School ☐ Other:

Address

Executive Director / Senior Leader

Email

Name / Title of Application Contact Person

Contact's Phone Number

Contact's Email Address

Total Operational Budget for Current Year ($)

Organization's Mission Statement

Services Offered (check all that apply):

☐ Mental Health Services ☐ Addiction ☐ Developmental / Intellectual Disabilities

SECTION 2 — Required Attachments

☐ Current year's complete operating budget

☐ Program Budget

☐ Audited financial statements for last fiscal year

☐ Conflict of Interest Disclosure

☐ Verification of tax-exempt status under Section 501(c)(3) of IRS code

☐ Articles of Incorporation

☐ Nondiscrimination Assurance

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SECTION 3 — Grant Request

Program Name

Amount Requested ($)

Funding Category (select one):

- ○ General Operations
- ◉ Capital Improvement / Equipment
- ○ Program Support / Direct Care Award
- ○ Staff Development

SECTION 4 — Program / Service Support

Program / Service Supported

Program Status:

◉ Existing Program ○ Proposed New Program

Goal / Objective of the Program

What data is available from the community demonstrating need for this service?

List current private and public funding sources for this program / service:

List current costs of program / service:

If program covers more than one township, cost for services in Palatine Township ($):

☐ N/A

SECTION 4 — Program / Service Support (continued)

Unit of Service Info: Define unit of service, cost per unit, average length of time in program

Cost per Unit of Service ($)

How are "clients" defined (select all that apply):

☐ Individual ☐ Family ☐ Group / Classroom ☐ Other:

Palatine Township clients served during most recent completed fiscal year:

☐ N/A (new program)

Intended Palatine Township residents to be served during first fiscal year of funding:

Summarize the purpose of request / need statement (500 words max):

Describe the results you expect the program to have achieved by end of funding period:

How will you measure effectiveness?

What are at least 2 measurable outcomes of program success?

Projected success rates:

SECTION 4 — Program / Service Support (continued)

Describe collaboration with outside agencies / organizations / entities as it relates to program (e.g., school or hospital partnerships):

If the Mental Health Board can only fund part of your request, how do you intend to fund the remainder?

SECTION 5 — For Capital / Operational Requests Only

Complete this section only if your funding category is General Operations or Capital Improvement / Equipment.

How will the funding be allocated in the budget?

How will the funding improve service delivery?

How will the funding request impact client outcomes?

SECTION 6 — Staff Development Requests Only

Complete this section only if your funding category is Staff Development.

How will the funding be allocated in the budget?

How will the funding improve service delivery?

How will the funding request impact client outcomes?

SECTION 7 — Certification & Signature

I certify that the information provided in this application is accurate and complete to the best of my knowledge, and that the organization named herein agrees to comply with all terms and conditions of the Palatine Township Mental Health Board grant program.