

FUNDING APPLICATION  
DUNDEE TOWNSHIP MENTAL HEALTH BOARD  
Fiscal Year 2023/2024

Agency/Company Name: \_\_\_\_\_

on Date: \_\_\_\_\_

acknowledges receiving the “REQUIREMENTS AND GUIDELINES FOR FUNDING, DUNDEE TOWNSHIP MENTAL HEALTH BOARD, FISCAL YEAR 2023/2024”.

Agency Name:

Program Name:

Amount Requested:

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**Organizational Information:**

Address, City, State, Zip:

Telephone:

Fax:

Executive Director:

Executive Director Telephone:

Executive Director Email:

Name/Title of Contact Person:

Contact Telephone:

Contact Email:

Fiscal Year Dates:

Total Organizational Budget for the current fiscal year: \$

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**Primary Service Category of the program for which you are seeking funding:**

- Program Serves Youth
- Program Serves Adult
- Program Serves Seniors
- Developmental Disabilities
- Mental Health
- Substance Abuse
- Intervention
- Prevention
- Outreach
- Community Education
- Other (*Please Specify*):

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**Please summarize the purpose of your request (2 -3 sentences):**

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**Please list other private and public funding sources for this funding application:**

Current Funding Sources (excluding any specific 708 board funding):

<i>Funding source - current</i>	<i>Amount</i>	<i>Date Received</i>

Pending Funding Sources (excluding any specific 708 board funding):

<i>Funding source - pending</i>	<i>Amount</i>	<i>Anticipated receipt Date</i>

Please list any 708 or township funds by program, and amount by fiscal year:

<i>708 Board/Township</i>	<i>Program</i>	<i>Amount</i>	<i>Year</i>

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### **Section A: Background**

- 1. Please summarize the organization's mission statement:**
  
- 2. Please provide a brief description of the current program activities. Please include a definition of the services provided with an emphasis on major achievements of the past two years.**

### **Section B: Purpose of Program and Funding Request**

- 1. Please describe the community needs or problems that program activities will address including the population to be served.**
  
- 2. What is the required staffing for the program?**
  
- 3. What physical space is required for the program?**
  
- 4. What is the cost to offer the program?**

## Section C: Service Capacity

1. In the following chart below, please indicate how many Dundee Township clients your program has served for the last two fiscal years and the projected numbers for the FY2023/2024 funding year:

Fiscal Year	Total Number of Dundee Township Clients	Total Number of Program Clients	Percentage of Clients that were from Dundee Township
7/1/2021-6/30/2022			
7/1/2022-6/30/2023 (projected)			
7/1/2023- 6/30/2024(projected)			

2. Please define the program's unit of service (*for example, a client hour of service, a staff hour of service, etc.*).

3. What is the cost of the unit of service?

4. What is the average length of time individuals participate in the program?

## **Section D: Evaluation**

- 1. Briefly describe the goals and objectives of the program.**
- 2. Explain how you will measure the effectiveness of the program for which you are requesting funds?**
- 3. Please provide a summary of your outcome measurements for your most recently completed fiscal year using the criteria that are outlined in response to Section D, item 2 for how you measure your effectiveness.**
- 4. Please describe the results you expect the program to have achieved by the end of the funding period (June 30, 2024).**

## **Section E: Addition Information**

- 1. If the Mental Health Board can only fund part of your request, how do you fund the remainder of the program?**
  - 2. Describe any collaboration with outside agencies as it relates to the proposed program.**
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**Required attachments** *(please provide in the following order):*

**A. Finances**

1. Audited financial statements for the last fiscal year.
2. Current fiscal year's operating budget including projected expenses and revenues.
3. Program budget (with narrative, if applicable).

**B. Other supporting materials**

1. Articles of incorporation.
2. Verification of organizations tax-exempt status under Section 501(c)(3) of the IRS code (if applicable).
3. List of current board members including name, address, phone number and occupation.
4. A copy of their HIPPA policy and any additional documents, if any, they provide to clients.
5. A copy of their Personally Identifiable Information (PII) and any additional documents, if any, they provide clients.
6. Proof of liability insurance.