

Hanover Township Mental Health Board Grant Application Form
 (Please complete for each program for which funding is requested)

Agency Contact Information

Agency/Organization Name:	
Agency Address:	
Agency Telephone Number:	
Agency Fax Number:	
E-mail Address:	
Name & Title of Contact Person: (name): (title):	
First Time Applicant?	
Please Select Grant Type:	<input type="checkbox"/> FY10 HTMHB Mental Health Grant <input type="checkbox"/> HTMHB Capital Grant <input type="checkbox"/> HTMHB Challenge Grant <input type="checkbox"/> Staff Development Grant
Program Name:	

Program Contact Information (if different from agency)

Address:	
Telephone Number:	
Fax Number:	
E-mail Address:	
Name & Title of Contact Person (name): (title):	

Please check type of program:

<input type="checkbox"/> Intervention <input type="checkbox"/> Adult <input type="checkbox"/> Youth <i>(counseling, case management, shelter, developmental training, etc.)</i> <input type="checkbox"/> Mental Health <input type="checkbox"/> Developmental Disabilities <input type="checkbox"/> Addictions Other (please define):
<input type="checkbox"/> Prevention <input type="checkbox"/> Adult <input type="checkbox"/> Youth <input type="checkbox"/> Mental Health <input type="checkbox"/> Developmental Disabilities <input type="checkbox"/> Addictions Other (please define):
<input type="checkbox"/> Outreach <input type="checkbox"/> Adult <input type="checkbox"/> Youth <input type="checkbox"/> Mental Health <input type="checkbox"/> Developmental Disabilities <input type="checkbox"/> Addictions Other (please define):
<input type="checkbox"/> Community Education <input type="checkbox"/> Adult <input type="checkbox"/> Youth <input type="checkbox"/> Mental Health <input type="checkbox"/> Developmental Disabilities <input type="checkbox"/> Addictions Other (please describe):

NARRATIVE SECTION

Describe program/project for which funds are being requested.

*For prevention/outreach/community education programs-provide detailed outline of timetable, locations, partnering agencies (if applicable), marketing to residents of Hanover Township and expected measurable outcomes.

Use only the space allotted.

Program name:

Amount Requested:

** List name of Township/708 and amount of funds per program & agency budget per year on separate attachment*

Revenue	FY07 Budget: Actual		FY08 Budget: Projected		FY08 Budget: Actual		FY09 Budget: Projected	
	Program	Total Agency	Program	Total Agency	Program	Total Agency	Program	Total Agency
HT Mental Health Board								
Federal								
State								
Village/City								
Townships/708 Boards*								
United Way								
Foundation/Grants								
Special Events								
Other								
In-Kind								
Total	0	0	0	0	0	0	0	0

Expense	FY07 Budget: Actual		FY08 Budget: Projected		FY08 Budget: Actual		FY09 Budget: Projected	
	Program	Total Agency	Program	Total Agency	Program	Total Agency	Program	Total Agency
Personnel								
Direct Service								
Administrative/Support								
Sub-total Personnel Expense	0	0	0	0	0	0	0	0
Non-personnel Expense								
Total Expense	0	0	0	0	0	0	0	0

Program/Project Name:

*(*Not applicable for Capital Grant or Staff Development Requests)*

Staffing	FY07 Staff		FY08 Staff		FY09 Projected Staff	
	Program	Total Agency	Program	Total Agency	Program	Total Agency
Direct Service FTE's						
Admin/Support FTE's						
Total FTE's	0	0	0	0	0	0

Service Capacity	FY07 Service Levels		FY08 Service Levels		FY09 Projected Service Levels	
	Hanover Township	Total Program	Hanover Township	Total Program	Hanover Township	Total Program
Total Clients-New (unduplicated)						
Total Units of Service						
Other (Specify)						

Define Unit of Service:

Program Cost per unit of Service:

Attachment Check List

- Most recent Annual Report (1 copy)
- Most recent Audit or Financial Statement (1 copy)
- List of current members from Board of Directors (1 copy)
(include name, address, phone number and occupation)
- Copy of 501 ©(3) Letter (1st Time Applicants Only) (1 copy only)
- Articles of Incorporation (1st Time Applicants Only) (1 copy only)

For FY10 Hanover Township Mental Health Grant requests, COMPLETE APPLICATIONS ARE DUE AT THE HANOVER TOWNSHIP MENTAL HEALTH BOARD OFFICE (250 S. Route 59, Bartlett, IL 60103) BY **4: 00 PM Friday, July 25, 2008**. Forms may be mailed or emailed to dhabun@hanover-township.org. Capital, Challenge, and Staff Development Grant Applications may be emailed or mailed submitted at anytime.

If you have any questions, please call Danise @ (630) 837-0301 or send to the above email address. FY10 HTMHB Mental Health Grant applications received after 4:00 PM July 25th will be returned.

Definitions

Mental Health Grants

These grants are the Hanover Township Mental Health Board “regular” grants that are available for mental health services, including services related to developmental disabilities and substance abuse/addictions, provided to Township residents.

Who may apply? Any government, school, faith based, 501 ©(3) Not for Profit or private incorporated entity, with an established board of directors, that demonstrates mental health service provision to the residents of Hanover Township and that have operated for one fiscal year and have audited financial statements

Application Time Line

Grant applications generally are available during the month of June with a return deadline at the end of July. Agency proposal hearings are held in September. Formal allocations decisions occur in January with award notification occurring in February or March. Funds are allocated beginning in the new fiscal year. The fiscal year runs from April 1-March 31.

Capital Grants

These grants will be available for capital projects on a one time basis. Capital grants may be requested for building projects, accessibility projects, equipment, marketing materials, website development and software.

Who may apply?

Any government, school, faith based, 501 ©(3) Not for Profit or private incorporated entity, with an established board of directors, that demonstrates mental health service provision to the residents of Hanover Township and that have operated for one fiscal year and have audited financial statements

Application Time Line

Applications may be submitted at anytime throughout the fiscal year. Consideration of the application proposal will occur during a regularly scheduled meeting of the Hanover Township Mental Health Board. Awards would become available upon authorization by the members of the Hanover Township Mental Health Board. The fiscal year runs from April 1-March 31.

Challenge Grants

These grants will be available for new program development in the areas of community education, prevention and substance abuse/addictions for youth (ages 6-18 years). Applicants must demonstrate other supporting funds for the program or project. These grants are one-time only.

Who may apply?

Any government, school, faith based, 501 ©(3) Not for Profit or private incorporated entity, with an established board of directors, that demonstrates mental health service provision to the residents of Hanover Township and that have operated for one fiscal year and have audited financial statements.

Application Time Line

Applications may be submitted at anytime throughout the fiscal year. Consideration of the application proposal will occur during a regularly scheduled meeting of the Hanover Township Mental Health Board. Awards would become available upon authorization by the members of the Hanover Township Mental Health Board. The fiscal year runs from April 1-March 31.

Staff Development Grants

These grants are available 1) to help “build capacity” for mental health services delivery to the Non-English speaking residents of Hanover Township and/or 2) to increase the professional growth of agency staff who provide mental health services to the residents of Hanover Township. “Professional Growth” opportunities include education, workshops, training and materials to support those activities.

Who may apply?

Who may apply? Any government, school, faith based, 501 ©(3) Not for Profit or private incorporated entity, with an established board of directors, that demonstrates mental health service provision to the residents of Hanover Township and that has operated for one fiscal year and have audited financial statements

Application Time Line

Applications for staff development may be submitted at anytime throughout the fiscal year. Consideration of the application proposal will occur during a regularly scheduled meeting of the Hanover Township Mental Health Board. Awards would become available upon authorization by the members of the Hanover Township Mental Health Board and, when appropriate, along with documentation of attendance at the professional development event. The fiscal year runs from April 1-March 31.

How to apply

Applications may be obtained on line by accessing the Hanover Township Mental Health Board webpage of the Hanover Township Web Site www.hanover-township.org For more information, please contact the offices of the Hanover Township Mental Health Board at (630) 837-0301.

Hanover Township Mental Health Board
Grant Application Instructions

1. Page 1
 - a. Complete for each program for which funds are requested.
 - b. List out the Agency Name, address, phone, fax and email address.
 - c. List the name, title and telephone number of the contact person. This may or may not be the Executive Director for the organization. If there are questions pertaining to the grant application, this is person who will be called.
 - d. If this is a first time request for funds through the Hanover Township Mental Health Board, check yes.
 - e. Check the type of grant (see Definitions attachment)
 - f. List out the name of the program or project for which funds are being requested, along with pertinent contact information if this information is different from the agency contact information.
2. Page 2
 - a. Indicate the type of program
 1. Intervention is defined as a service that is offered in response to an issue or event
 - a. indicate if this service is related to mental health, developmental disabilities, or addictions. If the service falls into a different category, check other and describe.
 - b. indicate the target population-youth or adult
 2. Prevention is defined as a service that if offered to preclude or avoid the need for an intervention service.
 - a. Indicate if this program is related to mental health, developmental disabilities, or substance abuse/addictions. If the service falls into a different category, check other and describe
 - b. Indicate the target population-youth or adult

3. Outreach is defined as an activity or action that is used to promote and offer the service to specific groups or populations of people.
 - a. Indicate if this program is related to mental health, developmental disabilities, or substance abuse/addictions. If the service falls into a different category, check other and describe
 - b. indicate the target population-youth or adult
 4. Community education is defined as an activity or action that brings information about the specific mental health issue to professionals or the general public.
 - a. Indicate if this program is related to mental health, developmental disabilities, or substance abuse/addictions. If the service falls into a different category, check other and describe
 - b. indicate the target population-youth or adult
- b. Application Deadlines
1. **Completed FY10 HTMHB mental health grant applications are due no later than 4:00 PM Friday, July 25, 2008. Incomplete applications will not be accepted.**
 2. Completed application forms for Capital, Challenge and Staff Development grant may be submitted at any time.
3. Page 3-Narrative Section
- a. **Each program requires its own complete narrative, budget and service pages.**
 - b. Briefly describe the program or project for which funds are being requested. Include a short description of the overall mission and history of the agency
 1. Intervention Programs
 - a. Define the program
 - b. Define how the program is delivered
 - c. Describe how Hanover Township Residents avail themselves of the Program
 - d. Describe the measurement of program effectiveness

2. Prevention/Outreach/Community Education Programs
 - a. Define the program
 - b. Define how the program is delivered
 - c. Provide a detailed outline of timetable, locations, partnering agencies (if applicable), marketing to residents of Hanover Township and expected measurable outcomes.
3. Capital Projects/Staff Development Projects-
 - a. Describe the overall project in detail
 - b. Describe the impact of the project
 - c. Use only the allotted space
4. Page 4-Budget Page (Use agency fiscal year)
 - a. The Budget Page is separated into Revenue and Expense Sections.
 - b. 1st time applicants will put 0 in the Hanover Township Mental Health Board space for FY07 and FY08.
 - c. If receiving other township or 708 funding, list the amount information for program and agency as a separate attachment.
5. Page 5-Staffing
 - a. This section requires the number of direct service staff and administrative staff by program and overall agency.
 - b. Use agency fiscal year
6. Page 5-Service Levels
 - a. “Total Clients New” refers to the unduplicated number of clients seen in a given time period. Hanover Township clients are compared to the number of clients served within the individual program for which funds are requested.
 - b. Units of service refer to amount of service “delivered” to Hanover Township clients and clients within the individual program.
 - c. Use agency fiscal year
 - d. “Other” refers to services provided through prevention or education programs.
 - e. Define Unit of Service-For example a unit of service could be a night of shelter, a client hour of service, a staff hour of providing service.
 - f. List out what a “unit of service” within the program costs.

g. Do not complete page 5 for Capital Grant and Staff Development Grant Requests.

7. Page 6-Please check that the requested documents are included with the grant application
 - a. Most recent annual report (1 copy)
 - b. Most recent audit and financial statement (1 copy)
 - c. List of current Board members including name, address, phone and occupation (1 copy)
 - d. Copy of 501 ©(3) Letter-1st time applicants only (1 copy)
 - e. Articles of Incorporation (1st time applicants only (1 copy)
8. Final notes
 - a. Submit original grant application proposal to the Hanover Township Mental Health Board
 - b. Use **agency** fiscal year information.
 - c. It's ok to submit the FY10 mental health grant applications earlier than the deadline for review and comments.
 - d. Completed FY10 mental health grant applications are due at the Hanover Township Mental Health Board office @ 250 S. Route 59 in Bartlett by 4:00 PM on July 25, 2008. **Late applications and incomplete applications will not be accepted.**
 - e. Call or email Danise with any questions. Telephone –(630) 837-0301 or dhabun@hanover-township.org.