



LEGAL NOTICE and GRANT APPLICATION FORM

CITY OF GENEVA, ILLINOIS

708 MENTAL HEALTH BOARD

FUNDING FOR 2017

September 20, 2017

The City of Geneva Community 708 Mental Health Board (“Board”) is now in the process of accepting grant requests for November 2017. Not-for-profit organizations that provide services to City of Geneva residents (who live within the corporate limits of the City of Geneva) with intellectual or developmental disabilities, mental illness, and substance abuse could be eligible to receive funding under this statute.

Applications must be completed by Friday, October 27, 2017, in order to be eligible for funding consideration. If you have any questions regarding the Application form, please email the Board: Geneva708MHB@geneva.il.us

The Board anticipates that approximately \$205,000 of funding will be made available. Applicants are requested to orally respond to questions from the Board beginning at 6:00 p.m., Tuesday, November 14, 2017, at City Hall, 22 South First Street, Geneva, IL 60134. The entrance is located off James Street. **You will be contacted to schedule a specific time.**

The Geneva Mental Health Board intends that its grant funding will not be used for altering or substituting for scheduled payment allowances included as a part of stipends under *The Patient Care and Affordable Health Care Act*, or Medicaid, or other public laws. The 708 Mental Health Board grants are to cover other costs as identified in the Application submitted to the Board.

GRANT APPLICATION FORM - 2017
THE GENEVA, ILLINOIS COMMUNITY 708 MENTAL HEALTH BOARD

This three page form is an integral part of application

1. Name of Service Provider: _____

Contact Person: _____ Phone: _____

#2 through #5 – Information regarding diagnosed individuals.

2. Number of Geneva residents, or their legal guardians, served during current year.
 Client must reside within the taxing district of the City of Geneva.

	Number of Individuals	Hours of Service Delivered
with Intellectual / Developmental Disability	_____	_____
with Mental Illness	_____	_____
with Substance Abuse	_____	_____
with combinations of the above	_____	_____
Total	_____	_____
Is Housing Included? <input type="checkbox"/> Yes <input type="checkbox"/> No		
Family Members, Friends, and Caregivers	_____	_____

3. Revenue from or for Geneva Residents in #2

a) Public Reimbursements _____

b) Insurance _____

c) Fee for Service _____

d) Related Grants and Donations _____

Total _____

4. Costs for those Geneva Residents in #2 _____

5. Difference - #3 less # 4 _____

#6 through #9 – Information regarding non-diagnosed individuals.

6. Number of Geneva residents, or their legal guardians, served during current year.
 Client must reside within the taxing district of the City of Geneva.

	Number of Individuals	Hours of Service Delivered
Consulting	_____	_____
Eligibility Screening	_____	_____
Prevention	_____	_____
Early Intervention	_____	_____
Case Management	_____	_____
Transportation	_____	_____
Other _____	_____	_____
Other _____	_____	_____
Total	_____	_____
Family Members, Friends, and Caregivers	_____	_____

7. Revenue from or for Geneva Residents in #6

- a) Public Reimbursements _____
- b) Insurance _____
- c) Fee for Service _____
- d) Related Grants and Donations _____
- Total _____

8. Costs for those Geneva Residents in #6 _____

9. Difference - #7 less # 8 _____

10. Non-Treatment costs related to City of Geneva residents?

Cost Center	Cost for Geneva Residents
_____	_____
_____	_____
_____	_____

11. What item(s) and amount do you want to petition the Geneva Mental Health Board for funding?

**12. How do you propose that the Geneva Mental Health Board measure the outcome(s) in item #11 ?
Please provide quantitative and qualitative data in support of your program.**

13. Attachments:

- A) Copy of the Provider's IRS, 501(c)(3) not-for-profit designation letter
- B) Statements of: Mission, Objectives, Population Served
- C) Copy of most recent fiscal year Income, and P&L statements, and audit letter
- D) List of Board of Directors, and Senior Management

14. Authorized Signature / Title / Date

_____ 2017