



LEGAL NOTICE and GRANT APPLICATION FORM

CITY OF GENEVA, ILLINOIS

708 MENTAL HEALTH BOARD

FUNDING FOR 2025

Oct. 1, 2025

The City of Geneva Community 708 Mental Health Board (GMHB) is now in the process of accepting grant requests for November 2025 from 501(c)(3) exempt organizations that provide services to City of Geneva residents who live within the corporate limits of the City of Geneva (please reference [City map online](#)) with intellectual or developmental disabilities, mental illness, and substance abuse could be eligible to receive funding.

The Mental Health Board recognizes it is familiar with many of the applicants; therefore, your presence is not required at the Tuesday, Nov. 11, 2025, meeting at which funding decisions will be made. However, should you so choose, the Mental Health Board is offering the option of presenting a summary statement in support of your application. Applicants who wish to be heard should send an email with this request to Geneva708MHB@geneva.il.us. A reply will be sent with a specific time for you to speak/share. **The Nov. 11 meeting will be held at City Hall, 22 S. First St., Geneva, IL 60134.** Please use the entrance at the top of the stairs off James Street.

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 grants are to cover other costs as identified in the application submitted to the Geneva Mental Health Board.

***If you have any questions, please contact Eleanor Hamilton, Chairperson,
Geneva708MHB@geneva.il.us.***

GRANT APPLICATION FORM - 2025

The Geneva, Illinois
Community 708 Mental Health Board
Due Date: Friday, Oct. 31, 2025

Applications must be completed by Friday, Oct. 31, 2025 in order to be eligible for funding consideration. The [application](#) can be found on the City of Geneva's website. **It will be necessary for you to save the blank application to your computer in order for it to become fillable. Once completed, please email the application with the additional requested documents as attachments to: Geneva708MHB@geneva.il.us.**

Please note the following grant application compliance requirement:

After submitting your application, by Friday Oct. 31, 2025, providers have a grace period ending at 5 p.m. Friday, Nov. 8, 2025, to provide any additional forms, documents, or clarifications requested by the Mental Health Board. Incomplete applications or failure to fulfill additional requests within this period will result in the disqualification of your grant application.

If you have any questions regarding the application form, please email GMHB.
Geneva708MHB@geneva.il.us

1.

DATE OF APPLICATION	ORGANIZATION NAME
ORGANIZATION ADDRESS	ORGANIZATION PHONE
EXECUTIVE DIRECTOR/RESPONSIBLE ADMINISTRATOR	EXECUTIVE DIRECTOR EMAIL ADDRESS AND PHONE NUMBER
SIGNATURE OF EXECUTIVE DIRECTOR/ RESPONSIBLE ADMINISTRATOR	TOTAL AMOUNT OF REQUEST

#2 through #5 – Information regarding diagnosed individuals.

2. Number of Geneva residents, or their legal guardians, served during the current year. Clients 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		
Family members, friends, and caregivers.		

Is Housing Included? Yes No

3. Revenue from or for Geneva Residents in #2

Public Reimbursements (Medicaid or Medicare)	
Insurance	
Fee for Service	
Related Grants and Donations	
Total	

4.

Costs for those Geneva Residents in #2	
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5.

Difference - #3 less # 4	
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#6 through #9 – Information regarding non-diagnosed individuals (i.e., At-risk individuals).

6. Number of Geneva residents, or their legal guardians, served during the 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

Public Reimbursements (Medicaid or Medicare)	
Insurance	
Fee for Service	
Related Grants and Donations	
Total	

8.

Costs for those Geneva Residents in #6	
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9.

Difference - #7 less # 8	
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10. Non-Treatment costs (i.e., facility costs, overhead expenditures) related to City of Geneva residents?

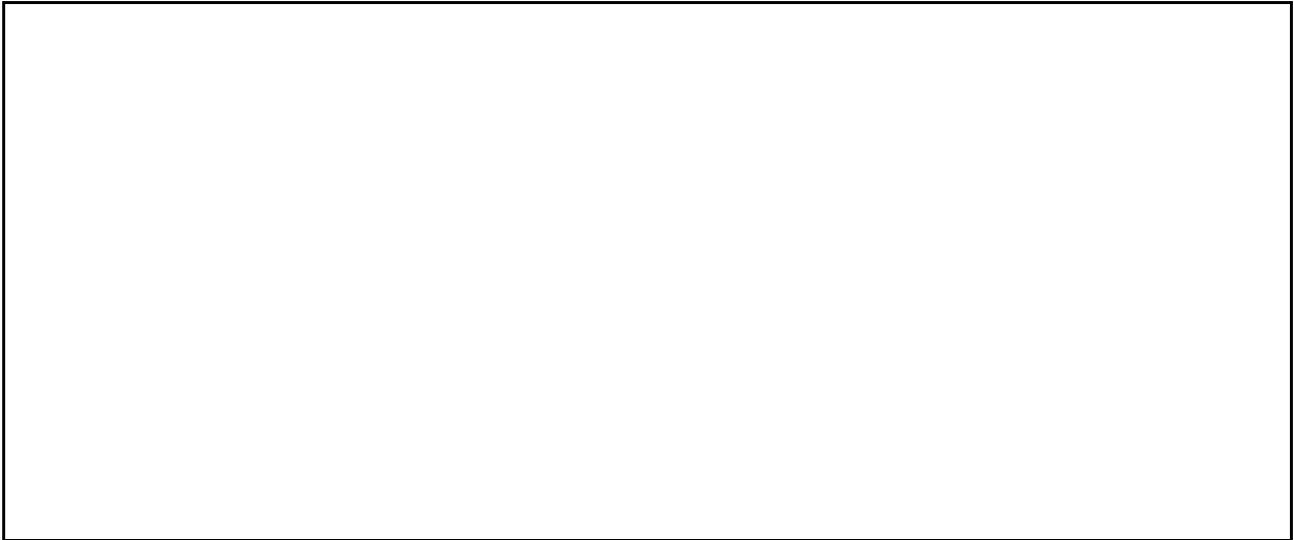
Cost Center	Cost for Geneva Residents

11. What do you want to petition the Board for (initiative, program, activity, materials, overhead costs, etc.) regarding funding? What is the purpose of this request? Please describe the need. What type of individuals will be served? Is this your only source of funding or revenue for this request?

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12. Please speak to/share regarding client satisfaction.

The Board wants to understand how your clients perceive their services. How do you evaluate the effectiveness of your services? Please share a summary of your most recent evaluation(s). Did you make any changes in your services as a result of the evaluations? Please elaborate on an additional page if needed.



13. GMHB requires the following documentation in order to evaluate all grant applications.

If requested information is NOT provided, the grant application will not be considered.

- A. Please provide a copy of your most recently filed 990, or 990EZ
- B. Please provide a copy of your most recent year-end financial statements including Statement of Activities and a statement of financial position (balance sheet).
- C. Please provide a copy of your AG 990IL.
- D. If your organization’s revenue was greater than \$300,000, please provide a copy of your most recent audit.
- E. If you are attaching a 990EZ, please answer the following questions:

Please answer the following questions if you are attaching a 990EZ:

How many Members make up your Board of Directors? How many are independent?	
Does your organization have a written Conflict of Interest Policy?	
Does your organization have a written Whistleblower Policy?	
What percentage of your budget is spent on Programming/Services?	
What percentage of your budget is spent on Administration?	
Does your organization have a written document retention and destruction policy?	
Is compensation for your organization’s CEO, Executive Director, and other senior employees reviewed by independent persons and comparable to like organizations?	

All organizations must include the following:

- 1. Please attach a copy of your 501(c)(3) Determination Letter.
- 2. Please attach a copy of your Mission Statement, Strategic Plan (if available), Organization's Objective(s) and Population(s) served.
- 3. Please attach a list of your Board of Directors and Senior Management and indicate if any are employed by your organization.
- 4. Please check the box to indicate your organization’s status is in good standing with the Illinois Secretary of State.