



LEGAL NOTICE and GRANT APPLICATION FORM

CITY OF GENEVA, ILLINOIS

708 MENTAL HEALTH BOARD

FUNDING FOR 2023

Oct. 2, 2023

The City of Geneva Community 708 Mental Health Board (GMHB) is now in the process of accepting grant requests for November 2023 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 a [City map](#)) with intellectual or developmental disabilities, mental illness, and substance abuse could be eligible to receive funding.

GMHB recognizes it is familiar with many of the applicants; therefore, your presence is not required at the Tuesday, Nov. 14, 2023 meeting at which funding decisions will be made. However, should you so choose, GMHB 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. 14 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.

Please Note: The GMHB Grant applicant will need to submit the provider's most recently filed 990 or 990-EZ. **If a GMHB Grant Application does not include a 990 or 990 EZ, it will not be considered for funding. A 990 N will NOT be accepted.** These documents provide information in review of an applicant's fiduciary duties of care. It is necessary that the Board has available to them information to review activities of governance, management and disclosure, reporting of revenues and expenses, reporting of net assets, reporting of program services, and the general transparency and accountability of an organization's activities.

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. GMHB 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 Suzy Shogren, Chairperson,
Geneva708MHB@geneva.il.us.

GRANT APPLICATION FORM - 2023

THE GENEVA, ILLINOIS COMMUNITY 708 MENTAL HEALTH BOARD

DUE DATE: OCT. 27, 2023

Applications must be completed by Friday, Oct. 27, 2023 in order to be eligible for funding consideration. The application can be found on the City of Geneva's website (www.geneva.il.us). To find the application, click on City Government tab, then Boards & Commissions, then click on Mental Health Board tab. 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. If you have any questions regarding the application form, please email Geneva Mental Health Board.

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?

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.

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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 990 EZ. 990N is NOT ACCEPTED.
- 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?	
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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.