



## LEGAL NOTICE and GRANT APPLICATION FORM

CITY OF GENEVA, ILLINOIS

708 MENTAL HEALTH BOARD

FUNDING FOR 2020

Oct. 1, 2020

The City of Geneva Community 708 Mental Health Board (“Board”) is now in the process of accepting grant requests for November 2020. 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, Oct. 30, 2020 in order to be eligible for funding consideration. The application can be found on the City of Geneva’s website in a fillable format. ([www.geneva.il.us](http://www.geneva.il.us)) Click on City Government tab, and under Boards & Commissions, click on Mental Health Board tab. It will be necessary for you to save the completed application to your computer and then email the application with Question No. 13 requested documents as attachments to: [Geneva708MHB@geneva.il.us](mailto:Geneva708MHB@geneva.il.us). If you have any questions regarding the application form, please email the Board.

**The Board recognizes it is familiar with many of the applicants; therefore, your presence is not required at the Tuesday, Nov. 10, 2020 meeting at which funding decisions will be made. However; should you so choose; the 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](mailto:Geneva708MHB@geneva.il.us). A reply will be sent with a specific time for you to speak/share. All Board meetings are held at Geneva City Hall, 22 S. First St., Geneva, IL 60134. The entrance is located 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 Board grants are to cover other costs as identified in the Application submitted to the Board.

**GRANT APPLICATION FORM - 2020**  
**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  
 (Medicaid or Medicare) \_\_\_\_\_

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 (i.e. At-risk 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  
(Medicaid or Medicare) \_\_\_\_\_
- 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 (i.e. facility costs, overhead expenditures) related to City of Geneva residents?**

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

**11. What expense(s) and amount do you want to petition the Board for funding?**

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

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\_\_\_\_\_

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

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**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 990 Form
- D) Copy of most recent fiscal year Income, and P&L statements, and audit letter
- E) List of Board of Directors, and Senior Management

**14. Authorized Signature / Title / Date**

\_\_\_\_\_ 2020