

All applications are due by 3pm June 4, 2018.

Please use this form to apply for 708 Board Funding. Other computer-generated forms will not be accepted. Attach additional sheets if necessary. Please submit completed applications to Pike County Clerk, 121 E. Washington Street, Pittsfield, IL 62363.

Date: _____

Name of Agency: _____

Applicant Mailing Address: _____

Agency Contact Person: _____

Phone: _____

Email: _____

Webpage: _____

Type of services for which 708 Board funds are requested: (check all that apply)

_____ Mental Health _____ Developmental Disabilities _____ Substance Abuse

Total Amount of funds requested: \$ _____

Is accreditation and/or licensing required for your agency?

_____ Yes, from _____

_____ No

_____ Optional If optional, have you applied for or received accreditation?

_____ Received accreditation/license from _____

_____ Applied & awaiting results from _____

_____ Applied & denied from _____

_____ Have not applied

Do you have written linkage and/or working agreements with other Pike County agencies?

_____ Yes (please list below)

_____ No

1. GENERAL AGENCY SERVICES: Briefly describe all services provided by the agency, identifying individual programs and their relationship to each other and the objectives of the agency. If the agency is a subsidiary of a parent organization, give the name of the organization and the relationship of your agency in the total picture of organizational services.

SPECIFIC SERVICES TO BE PROVIDED WITH REQUESTED FUNDS: Describe the specific program for which funds are being requested. Identify program objectives, any changes in provision of services (other than financial), and types of support provided (i.e. transportation, special staffing requirements, etc.).

PROGRAM STRUCTURE: Briefly describe program activities, including times, frequencies, locations, wait time, etc..

PROGRAM OUTCOMES: Briefly describe the program's effectiveness, as well as measurement tools used to assess progress towards outcomes and benchmarks.

2. **NEED FOR SERVICES:** Briefly justify the need for each service or program relative to the issue/problem being addressed for residents of Pike County. This need may be substantiated by any of the available indicators: perception as a service provider, needs surveys, requests for services, changes in the service delivery system, utilization of service by individuals, agencies, referrals, and/or waiting lists. Document a continuity of service by describing follow-up services provided, and intra and interagency referrals.

3. STAFFING

List all professional staff providing direct services to MI/DD/SA clients. Indicate name, professional qualifications, including degree(s), license, title and any other pertinent information.

4. FUNDING AND COST OF SERVICES: Briefly describe the connection between service/program goals and the funding request.

5. BUDGET DATA

Total amount of request from 708 Board: _____

Amount of 708 Board funds received in previous year: _____

Total agency budget for year of funding: _____

Total program budget for which funds are requested: _____

If agency and organization differ, give total organization budget for year of Funding:

Indicate fund request and percent of budget by categories below (list specific line item expense of requested funds within each corresponding category):

Indicate the percent of salary increase for your agency:

Current fiscal year: _____

Fiscal year of this funding request: _____

Indicate cost of service and method of measurement as used by your agency in determining cost effectiveness:

GENERAL BUDGET INFORMATION:

Operational Year: _____ Calendar Year _____ Fiscal Year (specify): _____

Describe budget reductions/increase for both revenues and expenses. Indicate any special situations relative to funding that will significantly affect the agency or any individual programs. Relate effects of changes on specific services and explain what is being done to offset these changes.

Describe the minimum amount of funding request necessary to sustain the program and maintain the service at a viable level. Please include data only for population served/to be served with 708 Board funding. Use a separate table for each 708 funded program.