**Pike County 708 Board FY 2025 Funding Application**

**All applications are due by 3 p.m., June 3, 2024**

Please use this application form to apply for Pike County 708 Board Funding for FY 2025. Other computer-generated forms will not be accepted. Submit the completed application form, all other supporting and required documents, and SEVEN copies to:

Pike County Clerk

121 E Washington Street

Pittsfield, IL 62363

If you need additional space to answer a question, please include the extra page directly after the page that contains the question. Label each additional sheet accordingly with the coordinating question number.

Date: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Name of Agency: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Mailing Address: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Contact Person(s): \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Phone Number: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Email: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Agency Website: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

What type of services are you requesting 708 Board funds: (check all that apply)

\_\_\_\_\_\_ Mental Health \_\_\_\_\_\_ Development/Intellectual Disabilities \_\_\_\_\_\_ Substance Abuse

Total Amount of Funds Requested: $\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ (not to exceed $150,000)

Is your agency accredited and/or licensed? Yes\_\_\_\_ No \_\_\_\_

If yes, list licensing/accrediting agency: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Have you applied for accreditation?

\_\_\_ I have applied and am awaiting results from \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

\_\_\_ I have applied and have been denied licensing/accreditation from \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

\_\_\_ I have not applied for licensing or accreditation.

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

*(Reminder, if more space is necessary, please attach the list behind Page 1 of the application.)*

\_\_\_\_\_ Yes (list agencies in space provided) \_\_\_\_ No

Background: Agency mission statement, purpose of the organization, geographic area served, and brief history of the agency.

General Agency Services: List all services provided by the agency with a brief description of each service/individual program, their relationship to each other, as well as their relationship to the purpose/mission of the agency.

If the agency is a subsidiary of a parent organization or is a satellite office, please provide:

* Name of the parent organization, and/or
* The correlation your agency has in relation to the parent organization’s services.

Program Structure: Briefly describe all program activities, house of operation, frequency of services, location of services, duration of services, the average wait time to receive services, the capacity of the program based on current staffing, and the total number of Pike County residents served each year.

Community Need: Describe the need for your services in Pike County along with any available program indicators. Program Indicators may include your perception as a service provider, a needs survey, requests for services, changes in the service delivery system, number served, referrals made, waiting lists, etc. Also, document your plan for continuity of services by describing follow-up services your agency provides, as well as interagency and outside referrals you make.

Staffing: List all professional staff that provide direct services to MI/DD/SA clients in Pike County. Include their name and job title, as well as professional qualifications such as degree(s)/certification(s)/licensure(s), etc. Provide a brief description of their duties within the agency.

Request for Funds:

* Describe the specific program for which you are requesting funding assistance.
* The types of support you will provide.
* The number of Pike County residents you expect to serve.
* Any changes in the services currently provided.
* The expected goals, objectives, and benchmarks of the service, and,
* The results you expect to achieve by June 30, 2025, and,
* How you plan to measure the effectiveness of the program.

If you are requesting funding for an existing program, please provide a summary of your outcome measurements for your most recent (completed) fiscal year, using the criteria listed.

Funding and Budget:

Agency Budget for this funding cycle: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

\*If you are a subsidiary or satellite office, please provide the organization’s budget: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Total budget for the program for which you are requesting funds: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Amount you are requesting from the 708 Board: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Amount of funding received from the 708 Board in FY 23 \_\_\_\_\_\_\_\_\_\_\_ FY 24 \_\_\_\_\_\_\_\_\_\_\_\_\_ (if applicable)

In the space below, indicate the funds requested, the percentage of the budget, listing specific line-item categories.

|  |  |  |
| --- | --- | --- |
|  | Amount | Percentage |
|  |  |  |
| Salaries & Benefits |  |  |
| Consultants |  |  |
| Maintenance & Repairs |  |  |
| Telecommunications |  |  |
| Insurance |  |  |
| Utilities |  |  |
| Supplies |  |  |
| Transportation |  |  |
| Training |  |  |
| Miscellaneous |  |  |
|  |  |  |
|  |  |  |
| TOTALS |  | 100% |

Indicate the percentage of salary increases for your agency:

Current fiscal year: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Next fiscal year: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Indicate agency cost of services and method used to determine cost-effectiveness:

Describe any budget reduction/increases for both revenues and expenses. Explain the effect these changes have had on services and what changes your agency has made to offset these changes.

Describe the minimum amount of funding necessary to sustain the program and maintain the services. Please include data only for the population served/to be served with Pike County 708 Board Funding. If funding is used for multiple programs, indicate data for each program separately.

By signing this application, I certify the statements contained are true, complete, and accurate to the best of my knowledge. I have provided the required documentation and I agree to adhere to the services as presented in the application. I will comply with any resulting terms when an award is accepted. I am aware that any false, fictitious, or fraudulent statements of claims may subject me to criminal, civil, or administrative penalties. I understand that the funding disbursement is contingent on the availability of tax revenues collected by Pike County. I understand that to receive further installments of funding, I am required to submit a Progress Report no later than October 15, 2024, to be reviewed by the 708 Board.

Signature: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Date: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Printed Name and Title: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_