

Elgin Township Community Mental Health Board

FY 25 Annual Funding Application

Instructions: To apply for annual funding through the Elgin Township Community Mental Health Board, please fill out the application and return to mhb@elgintownship.org. Include copies of the budget for the program the application is for and the agency budget. Also include proof of 501c3 status and a list of Board of Directors.

Section I. Contact Information

Organization Name:

Organization Address:

Organization Phone Number:

Executive Director:

Executive Director's Email:

Preferred Contact Name:

Preferred Contact Email:

Preferred Contact Phone:

Section II. Organization Background Information

Provide organization's Statement of Purpose:

Please list services provided:

Legal status of organization:

Geographic area served:

Section III. Program Request Information

Amount Requested:

Briefly describe the program:

How was the need for the program in Elgin Township identified?

Describe Evidence Based Treatment practices used:

Provide the timeline of scheduled activities of the program:

How long is a client in your care on average?

Describe the goals and anticipated outcomes of the program:

How are outcomes measured?

Define the number and types of resources (staff, space, etc.) assigned to this program:

Fiscal Year	Total Elgin Township Program Clients	Total Agency Clients	Percentage of Elgin Township Clients
FY 23. April 1, 2022-March 31 2023			
FY 24 April 1, 2023-March 31, 2024			
Anticipated FY 25 April 1, 2024-March 31, 2025			

Define a Unit of Service:

What is the cost for a unit of service?

Section IV. Budget and Funding Description

Please describe the need for new funding for this program:

Please detail other funding sources, private and public used to support this program: