**RIVER FOREST TOWNSHIP MENTAL HEALTH COMMITTEE**

# FY 2024-2025 FUNDING APPLICATION

**TO BE COMPLETED FOR EACH PROGRAM FUNDING REQUEST**

**FOR NEW PROGRAMS: PLEASE CONTACT OFFICE FOR REQUIREMENTS**

**708-366-2029 x14 sschwarting.rftownship@gmail.com**

**708-366-2029 cbsloan.rftownship@gmail.com**

**AGENCY NAME**

**ADMINISTRATIVE ADDRESS**

**AGENCY TELEPHONE, EMAIL, WEBSITE**

**COMPLETE ONE APPLICATION FOR EACH FUNDING REQUEST**

**PROGRAM NAME**

**YEAR PROGRAM BEGAN**

**ADDRESS WHERE THESE PROGRAM SERVICES ARE PROVIDED**

**DESCRIPTION OF PROGRAM SERVICES**

**TOTAL CURRENT BUDGET FOR PROGRAM**

**PLEASE ATTACH A COPY OF THE CURRENT BUDGET FOR THIS PROGRAM.**

**AVERAGE NUMBER OF RF RESIDENTS EXPECTED IN THE PROGRAM FOR FY 24-25**

**FY 24-25 RFMHC FUNDING REQUEST**

DETAIL MAJOR ACTIVIES OF THE PROGRAM

**DETAIL AGES OF PROGRAM PARTICIPANTS**

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

**HOW MANY UNDUPLICATED RF RESIDENTS ARE PROJECTED TO BE SERVED EACH MONTH IN THIS PROGRAM?**

|  |  |  |  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
| **4/23** | **5/23** | **6/23** | **7/23** | **8/23** | **9/23** | **10/23** | **11/23** | **12/23** | **1/24** | **2/24** | **3/24** |
|  |  |  |  |  |  |  |  | **x** | **x** | **x** | **x** |

|  |
| --- |
| **Type of program:** *(check all that apply***):****\_\_\_\_\_\_ Mental Health \_\_\_\_\_Developmental Disabilities \_\_\_\_\_\_Substance Abuse****\_\_\_\_\_\_ Treatment \_\_\_\_\_\_ Prevention \_\_\_\_\_ Recovery \_\_\_\_\_\_ Resilience \_\_\_\_\_\_Outreach****\_\_\_\_\_\_ Education \_\_\_\_\_\_ Support Services \_\_\_\_\_\_ Other (please specify) \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_** |

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| **SERVICE STATISTICS** |  | **Last Completed** **FY 22-23** | **Current** **FY 23-24** | **Projected FY 24-25** |
| **A. AVERAGE** | **River Forest** |  |  |  |
| **NUMBER OF** |  **All Others** |  |  |  |
| **CLIENTS SERVED****PER****MONTH** |  **PROGRAM** **TOTAL** |  |  |  |

|  |
| --- |
| **Check One:** **Client Hours Other (specify)** |
|  **AVERAGE #**  |  **River Forest** |  |  |  |
|  **OF UNITS OF** |  **All Others** |  |  |  |
|  **SERVICE PER** **MONTH** |  **PROGRAM** **TOTAL** |  |  |  |

**COMPLETE FOR ALL PROGRAMS NOT CURRENTLY FUNDED BY RFT**

WHAT OTHER PROGRAMS OFFERED (EXCLUDING CURRENT REQUESTS FOR FUNDING) ARE CURRENTLY BEING USED BY RIVER FOREST RESIDENTS?

**HOW MANY UNDUPLICATED RF RESIDENTS ARE BEING SERVED DURING THE YEAR IN ALL PROGRAMS (EXCLUDING CURRENT REQUESTS)?**

**HOW DOES YOUR AGENCY MAKE PROGRAMS KNOWN TO RF RESIDENTS?**

**PREPARED BY: NAME:**

**PHONE NUMBER: EMAIL ADDRESS:**

**Please return by email no later than December 20th, 2023, to Supervisor Carla Sloan,** **cbsloan.rftownship@gmail.com** **and Mental Health Administrator Sarah Schwarting, sschwarting.rftownship@gmail.com Thank you.**