APPLICATION FOR NEW FUNDING/INSTRUCTIONS
River Forest Township Mental Health Committee

INTRODUCTION

For FY 2018, the River Forest Township Mental Health Committee will be using the enclosed application forms for the funding process for new agencies and/or new programs.

AGENCY OVERVIEW FORMS

Regardless of the number of programs for which funding is being requested, **all applicants must submit one copy of each of the following documents and/or forms:**

- **Cover and Authorization Sheet (one page)**
- **Attachments (one page)**
- **Individual Program Form (three pages)**
- **Individual Program Narrative Form (three pages)**
- **Agency Organizational Chart**
- **Agency Board of Directors List**

Instructions for completing these required documents are outlined below:

COVER & AUTHORIZATION (1 PAGE)

Section I.
Complete identifying information as requested.

Section II.
Column (a) Provide the name of **each program** for which funds are being requested.

Section III.
This section is intended to indicate the fiscal "size" of the overall agency. For both the current and projected fiscal year, please insert the following:

Total Agency Revenue - all revenue to all programs except for capital funds.

RFMHC Revenue - the combined amount of RFMHC funding to the overall agency.

River Forest as % of Total - compute per formula: $\frac{\text{MHC Revenues}}{\text{Total Agency Revenues}} \times 100$

Section IV.
Submit an original signature, title of person signing and date sent to funder

Section V.
Check appropriate column for each item.

INDIVIDUAL PROGRAM FORMS (3 pages)

One set of forms must be submitted **FOR EACH PROGRAM** for which funds are being requested.

Multiple copies of the Individual Program Forms must be submitted, 14 copies

INDIVIDUAL PROGRAM FORM (page one)

Identifying information - check the appropriate box or boxes and identify agency and program name.

I. Service Statistics

Time Periods: This section is to be used to provide "current" and "projected" fiscal year statistics for an individual program. For the current application:

Last Completed Fiscal Year	April 1, 2016 - March 31, 2017
Current Fiscal Year	April 1, 2017 - March 31, 2018
Projected Next Fiscal Year	April 1, 2018 - March 31, 2019

Community Areas: Service statistics (<u>except</u> for average number of contacts per-client-per-month) should be stated separately for each of two community areas (Oak Park & River Forest). If a program serves clients from communities other than Oak Park & River Forest, enter the service statistics in the "All Others" line. The "Program Total" line should be the sum of the 3 lines above it.

Section A.   Average # of Clients Served Per Month:

In each cell enter the average number of registered clients served each month (i.e. - received one or more units of service during the month). Non-registered clients served in the program should not be included in the count. Please **note the row and column headings** for each cell to assure accuracy.

Section B.   Average # of Units of Service per Month:

Check the applicable service unit for the program making application. In each cell enter the average number of staff hours (for event mode programs) or client days (for day mode programs) or other service units that are provided to registered clients, collaterals, and non-registered clients each month. Service units should include only those hours expended in direct service (i.e. - **individual or group service only**) to registered or non-registered clients or collaterals. Direct Service is generally defined as "face-to-face" or direct telephone contact with clients/collaterals. If you believe that your program warrants an exception to this definition, **please contact the administrative office for consideration of alternative direct service units definition. Again, please note row and column headings for each cell to assure accuracy.**

Section C.   Average # of Contacts per Client/Per Month:

The average number of times (events or days) each registered client will be served each month. Express to one decimal place.

Section D.   Cost per Unit:

This section is to be used to specify the cost of providing a unit of direct service to a client.

The "Total Cost Per Unit" is to be computed from other information already included in other parts of the Individual Program Form per the following formula:

Total Cost/Unit = $\dfrac{\text{Grand Total Program Operating Budget}}{\text{Average No. of Units of Service Per Month X 12}}$

The Grand Total Program Operating Budget should be taken from Page 2, Section II, Program Operating Fund Budget - last line.

The *Average Number of Units of Service Per Month* should be taken from *Page 1, Section I, Part B - Program Total* and then multiplied by 12 (to get the annual number of service units).

EXAMPLE: The Grand Total Program Operating Budget is $150,000; the Average Number of Service Units per Month is 250.

Total Cost/Unit = $\dfrac{\$150,000}{250 \text{ x } 12}$ = $\dfrac{\$150,000}{3,000}$ = $50

(**NOTE: the computed unit cost can be rounded to nearest dollar**)

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"RFTMHC Subsidy per Unit" - to be computed from the following formula:

$\dfrac{\text{RFTMHC Funds \textbf{(From: Page 2, Section III, Line c1)}}}{\text{River Forest Units of Service Per Month X 12 \textbf{(From: Page 1, Part B-Oak Park)}}}$

EXAMPLE: The grant from the RFTMHC was $15,000. During the last completed fiscal year an average of 200 staff hours were provided to River Forest residents.

RFTMHC Subsidy per Unit = $\dfrac{\$15,000}{200 \text{ X } 12}$ = $\dfrac{\$15,000}{2,400}$ = $6.25

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II. Program Operating Fund Budget (page two)

PURPOSE: This section is used to specify the current and projected program expenses by line item.

TIME PERIODS: Same as those specified for *Service Statistics.*

DIRECTIONS: For each line item enter the program expenses for each of the three specified fiscal years.

A. Personnel Services:

- *Staff Salary* refers to the salary cost of permanent and part-time personnel. The calculated costs of in-kind personnel should be included.

- *Staff Fringe Benefits* are costs including items such as employer's share of Social Security; health, accident and life insurance; retirement programs; and unemployment compensation.

B. Contractual Services: Include consultant services and costs for such items as postage, surety bond, premiums, publications, office conveniences and services exclusive of commodities. Also included are expenditures for rental of property or equipment, repair or maintenance of property or equipment, utility services, and any delivery charges. In addition, the costs of contracting with firms that provide services (i.e. - secretarial, rubbish removal, or janitorial) are included.

C. Other: Total of expenses not included in above sections.

GRAND TOTAL: Program Total *(Line A-C)* **(NOTE: These "Grand Totals" are used for the *Unit Cost* computation)**

III. Sources of Income

PURPOSE: This section is used to specify current and projected income for each program by source of income.

TIME PERIODS: The current and projected time periods are the same as those specified for *Service Statistics.*

DIRECTIONS: Specify income from each applicable source. For "other" line items such as *(a4)* or *(b5)*, type in the name(s) of the source(s) on the line or on an additional sheet of paper. There are six separate sections (Fundraising Support*, Fees/Contracts, Local Funds, Federal Funds, Non-DHS State Funds and OMH Funds*) each with its own line. The *Grand Total* should be computed and entered into the bottom line.

Detailed Sources of Funding (Page three)

If you receive other private and/or public funds for this program please detail source, amount and if funding is pending or received for your current fiscal year.

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IV. Detailed Program Description and Rationale (three pages)

All programs requesting funding must submit a (typed) "detailed program description and rationale". The rationale is intended to provide additional supportive information about the need for and nature of the program. For this section, attachment of a program's logic model is appropriate, if one is available. Refer to the forms provided for the specific areas to be addressed in this narrative.

The description should be written so that a layperson unfamiliar with the program will be able to understand the nature of the program. It should be clear from the program rationale why the program goals/objectives are appropriate.

Also, in this section, qualifications are equivalent to what is sometimes referred to as "inputs" into the program. It includes not only the quality and credentials of personnel, but also fiscal, informational, physical and organizational resources need to accomplish the program goals. goals are the broad aims of the program and are long-term, and not measurable. It should be clear from the description of the agency's qualifications/inputs how these are related to the program objectives.

Quality assurance, for the purpose of this application, is the process by which compliance with the scope of service provided is measured and reviewed. Quality assurance is typically a retrospective review confirming that program components have been implemented in a timely, accurate and safe manner.

The description of the quality assurance program should:
- identify the key services, activities, outputs or interventions that are assessed
- identify a timeline for collection of data
- review of findings by an appropriate decision making body or person with description of how findings will be examined.
- briefly describe how data from the quality assurance program will be used to initiate corrective actions.

Questions that request additional supporting documentation should be attached (8 1/2 x 11") to the application forms for that program.

Waiting List Rationale - Programs which maintain a waiting list of River Forest clients on a regular or ongoing basis (versus sporadic or intermittent waiting lists which may develop only under special circumstance) are required to respond to the questions listed in the rationale.

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Please attach an organizational chart.

Please attach a Board of Directors list.