

RIVER FOREST TOWNSHIP MENTAL HEALTH COMMITTEE
2018 - 19 FUNDING APPLICATION

TO BE COMPLETED FOR EACH PROGRAM FUNDING REQUEST
CURRENT FUNDING ONLY

FOR NEW PROGRAMS: PLEASE CONTACT OFFICE FOR REQUIREMENTS
708-771-6159X270 arudner@riverforesttownship.org

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 2018-19

F/Y 2018-2019 RFMHC FUNDING REQUEST _____

DETAIL MAJOR ACTIVITIES OF THE PROGRAM _____

DETAIL AGES OF PROGRAM PARTICIPANTS _____

HOW MANY UNDUPLICATED RF RESIDENTS ARE SERVED CURRENTLY EACH MONTH IN THIS PROGRAM?

4/17	5/17	6/17	7/17	8/17	9/17	10/17	11/17	12/17	1/18	2/18	3/18
								X	X	X	X

Type of program: *(check all that apply):*

Mental Health
 Developmental Disabilities
 Substance Abuse
 Treatment
 Prevention
 Recovery
 Resilience
 Education
 Support Services
 Other (please specify) _____

SERVICE STATISTICS		Last Compl'd FY '16- '17	Current FY '17-18	Projected FY '18-19
A. AVERAGE NUMBER OF CLIENTS SERVED PER MONTH	River Forest			
	All Others			
	PROGRAM TOTAL			

Check One:

Client Hours
 Other (specify) _____

AVERAGE # OF UNITS OF SERVICE PER MONTH	River Forest			
	All Others			
	PROGRAM TOTAL			

COMPLETE FOR ALL PROGRAMS NOT CURRENTLY FUNDED BY RFT

**WHAT OTHER PROGRAMS OFFERED (EXCLUDING 2019 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: