Kendall County 708 Community Mental Health Board
Grant Application for FY26

APPLICATION SUMMARY

Agency Name:	
Agency Mailing Address:	
Executive Director Name:	
Phone:	
Email:	
Contact Person:	
Phone:	
Email:	
Website:	
Is Agency a 501(c3) or other 501 Not-for-Profit?	
Which category will funds be used for? Mental Health, Developmental Delays, or Substance Abuse	
Amount Received for FY2025	
Amount of Funds Requested FY2026	
Amount of Matching Funds that relate to this request.	
Your request represents what percentage of your total budget?	
Do you need additional time to present your programs?	

AGENCY OVERVIEW

1. Do you have any written and/or working (oral) agreements with other agencies serving Kendall County residents? If so, please provide the name of the agency and nature of agreement.

2. Please provide a quick (3-5 sentence) vision for the future of your agency. This can be an official statement or your view of the future.

3. Does the agency have a board of directors?

4. Is the board of directors involved in the decision-making process for the program(s) to be funded? If yes, please explain.

5. Summarize the strengths of your services.

6. Briefly describe any DEI (Diversity, Equity and Inclusion) initiatives for your agency.

7. Please attach a copy of your current budget to your application.

	Current FY25	Projected FY26
Total Budget		
Total Grants Received (not from State or Federal Govt)		
Total State Funding Received		
Total Federal Funding Received		
Fundraising		
Other Income		
Total Expenses		
Total Salary and Benefits		
Total Program Expenses		
Other Expenses		

8. Grants—Please provide details of the grants you applied for and/or were awarded. Add lines as necessary.

Source	Grant Program	Amount Requested	Amount Received

9. Fundraising—Please provide details of your fundraising efforts. Add lines as necessary.

Fundraiser	Budgeted Goal	Amount Received

10. Please note the specific budgetary issues that concern you most.

11. If you received funds for the current fiscal year, summarize how the funds provided by the Kendall County 708 Board were used by your organization to provide services to Kendall County residents specifically addressing needs related to mental health, substance abuse or developmental disabilities.

CLIENT DEMOGRAPHICS

12. Please list all locations that serve Kendall County residents.

13. Please provide information about your clients.

	Current Year (FY25)		Projected (FY26)	
AGE	AGENCY TOTAL	KENDALL COUNTY	AGENCY TOTAL	KENDALL COUNTY
Total Number of Clients				
Total Number of Clients on Waitlist				
Total Number of Service Hours Provided				

14. Demographics—Please provide demographics about your clients.

	Current Year (FY25)		Projected (FY26)	
AGE	AGENCY TOTAL	KENDALL COUNTY	AGENCY TOTAL	KENDALL COUNTY
0-3				
4-12				
13-17				
18-29				
30-64				
65+				
GENDER	AGENCY TOTAL	KENDALL COUNTY	AGENCY TOTAL	KENDALL COUNTY
Male				
Female				
Non-Binary/Other				
ETHNICITY	AGENCY TOTAL	KENDALL COUNTY	AGENCY TOTAL	KENDALL COUNTY
Hispanic/Latinx				
Non-Hispanic/Latinx				
RACE	AGENCY TOTAL	KENDALL COUNTY	AGENCY TOTAL	KENDALL COUNTY
American Indian or Alaskan Native				
Asian or Pacific Islander				
Black or African American				
White/Caucasian				

Other				
EMPLOYMENT STATUS	**AGENCY TOTAL**	**KENDALL COUNTY**	**AGENCY TOTAL**	**KENDALL COUNTY**
Employed				
Unemployed				
Retired				
Student				
If the agency only track Income or poverty levels, leave the other lines blank.				
INCOME LEVEL (Complete either income	**AGENCY**	**KENDALL COUNTY**	**AGENCY TOTAL**	**KENDALL COUNTY**
$0 to $10,000				
$10,001 to $20,000				
$20,001 to $30,000				
$30,001 to $50,000				
$50,001+				
INCOME LEVEL (Complete either income	**AGENCY**	**KENDALL COUNTY**	**AGENCY TOTAL**	**KENDALL COUNTY**
At or below official poverty level				
101% to 150% of poverty level				
151% and above of poverty level				

PROGRAM 1

Program Name and Description—Please describe the program for which funding is being requested. Identify objectives, personnel needed, and expected outcomes.

Need for Program—Justify the funding request by providing evidence that Kendall County residents show a need for this program. This can be illustrated through needs surveys, requests for service, waiting lists, referrals, or lack of support in the area.

Wait List—Is there a waiting list for the program? If so, how many are on it and how long is the average wait time?

Location and Times—At which of your locations is this program offered? When is the program offered (days and times)?

Capacity—Based on current staffing levels, what is the capacity of the program? How many clients can be served?

Staffing—Please provide professional accreditations/licensure and/or experience of program leaders.

Staffing—Please provide function the program leader serves.

Program Demographics—Please provide information about the participants in the program.

	Previous Year FY24	Current FY25	Projected FY26
Total Number of participants			
Number from Kendall County			

Program Process—Briefly explain the process that a new client goes through from their initial intake to their release.

Measurement Tools—Please explain how your agency evaluates the effectiveness of this program. How do you determine if the program is successful in meeting one of three objectives of the 708 Act? Please provide an example of the evaluation used if available.

Program Funding—Please provide details about the funding for this project. Please add any lines necessary to explain other costs associated with this Program. I.e., marketing, supplies, training, etc.

	Previous Year FY24	Current FY25	Projected FY26
Grant Amount Requested			
Other Funding Sources			
Fees Paid by Clients (if applicable)			
Total Cost of Program			
Personnel Costs of Program			

Program Funding—Do you charge a fee for this program? If yes, please indicate how the fee is determined and the dollar amount charged.

Sustainability—Explain how this program will sustain services if funding is lowered or not provided.

Direct Services—Please explain what direct service these funds will be used for.

Program Evolution—Please explain any significant changes to this program in the past year as well as any anticipated changes in the upcoming year.

PROGRAM 2

Program Name and Description—Please describe the program for which funding is being requested. Identify objectives, personnel needed, and expected outcomes.

Need for Program—Justify the funding request by providing evidence that Kendall County residents show a need for this program. This can be illustrated through needs surveys, requests for service, waiting lists, referrals, or lack of support in the area.

Wait List—Is there a waiting list for the program? If so, how many are on it and how long is the average wait time?

Location and Times—At which of your locations is this program offered? When is the program offered (days and times)?

Capacity—Based on current staffing levels, what is the capacity of the program? How many clients can be served?

Staffing—Please provide professional accreditations/licensure and/or experience of program leaders.

Staffing—Please provide function the program leader serves.

Program Demographics—Please provide information about the participants in the program.

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RECOGNITION OF REQUIREMENTS

	Initial Your Agreement (Electronic or physical signature permitted.)
Agency is required to attend the Grant Hearing on July 23 to present the program(s) and answer questions from the 708 Board.	
Agency is required to turn in a Mid-Year Report in December. *Exact date will be determined by the 708 Board*.	
Agency is required to notify the 708 Board if funds are not expended as described in their application.	
Agency agrees to return funds on request of the 708 Board if they were not spent as described in their application.	
Agency has included a copy of the board of directors as an attachment.	
Agency has included a copy of its current budget as an attachment.	
Everything in the above application is correct to the best of my knowledge.	

Authorized Signature (Electronic or physical signature permitted.)	
Printed Name	
Date	