



*Addison Township Mental Health Board*

*401 N. Addison Rd.*

*Addison, IL 60101*

*Addison Township Mental Health Board  
Funding Application for Fiscal Year Ending May 31,  
2025*

## ***Addison Township Mental Health Board Funding Guidelines***

*The Addison Township Mental Health Board is pleased to accept applications funding for FY2025.*

*The purpose of the Board is to aid support the Board's mission of serving those with mental illness, a developmental disability, substance use disorder and other issues as determined by the Board to be addressed in our community.*

*The scope of the funding will cover the following areas.*

- 1) Mental Illness*
- 2) Services for individuals with Developmental Disabilities*
- 3) Services for Senior and Veteran programs*
- 4) Substance Use Prevention, Treatment or Recovery*

***Award Details: Currently awards are capped at \$100,000 per recipient per year. This cap is subject to change upon board approval.***

*For the 2025 funding cycle,*

- The board expects to have approximately \$1.5 million in funding available to award based on submissions. This board may also elect to provide additional funding opportunities later in the year, while holding some of the funds in reserve for that purpose.*
- 100% of funds distributed must be used to serve Addison Township residents only. Applicants may be asked to submit documentation to prove township residency is confirmed.***
- Award recipients will be required to agree and sign a funding contract. Funding will be distributed periodically as determined by the Board following receipt of satisfactory documentation of services provided. Final reports will be due at the end of December 2025.*
- Must be a verified not-for-profit organization 501(c)(3) or governmental agency.*
- Applicants may be asked to give a formal presentation to the ATMHB prior to grant decision.*

## ***Application Process:***

- *Applications available not later than September 20, 2024*
- *Application deadline October 17, 2024*
- *Please submit a complete and signed application, via mail or internet to:*

*Email: [TeresaC@addisontownship.com](mailto:TeresaC@addisontownship.com)*

*Mail: Addison Township Mental Health Board  
401 N. Addison Rd.  
Addison, IL 60101  
Attn: Teresa Carroll*

- *The ATMHB expects review applications for funding in October 2024.*
- *The Board will make funding decisions and notify applicants within seven days of award decisions.*
- *Questions on the application process may be emailed to*

*[TeresaC@addisontownship.com](mailto:TeresaC@addisontownship.com)*

## ***Organizational Information:***

*Agency Name:*

*Program Name:*

*Amount Requested:*

*Address, City, State Zip:*

*Telephone:*

*Executive Director:*

*Telephone:*

*Email:*

*Name and title of Contact Person:*

*Contact Telephone:*

*Contact email:*

***Primary Service category of the program for which you are seeking funding (check all that apply)***

*Substance Abuse*

*Senior or Veteran Program Services*

*Mental Health*

*Developmental Disabilities*

***Please summarize the purpose of your request (500 words or less)***

***Services for which you are requesting funds.***

*Who is the target group or persons serviced by the request, and how are clients screened for eligibility?*

*If the program is currently operating, how many years has the program been in existence?*

*What are the target populations for your program/services?*

*If the Mental Health Board can only fund part of your request, how do you fund the remainder of the program?*

*Does your organization engage in community education or outreach programs? Support groups? If yes, please describe.*

*All clients/participants funded with this award must be Addison Township residents. Please explain or include your residency check policy.*

*Do you charge a fee for your program/service? If yes, please indicate how the fee is determined and the dollar amount charged.*

*Is there any other relevant information you would like to add to this application?*

## ***Budgeting and Funding***

*What was the total budgeted cost for your agency for the past fiscal year?*

*What was the actual cost?*

## ***Attachments Required***

*Please include the following supporting documentation, if available*

- Prior Year's Budget*
- Audit of past fiscal year*
- Proposed budget for upcoming year*
- Most recent Annual Report*
- Copy of IRS 501c(3)*

### *For Providers*

*By signing this application, I certify the statements contained in the list of certifications, and that the statements herein are true, complete, and accurate to the best of my knowledge. I have provided the required documentation and agree to adhere to the services as presented on the application, and I will comply with any resulting terms and conditions when the award is accepted. I am aware that any false, fictitious, or fraudulent statements of claims may subject me to criminal, civil or administrative penalties. I understand that the funding disbursement is contingent on the availability of tax revenues collected by Addison Township. This application has been reviewed and approved by:*

*Signature of Provider:* \_\_\_\_\_

*Date:* \_\_\_\_\_

*Printed Name and Title of Provider:* \_\_\_\_\_