

Williamson County Mental Health 708 Board Funding Application for FY 2025

Please use this form to apply for 708 Board Funding. Other forms will **not** be accepted.
Please forward completed forms to:

708board@williamsoncountyil.gov

OR by mail to:

Attn: Receptionist, Board of Commissioners, 407 N. Monroe St. Suite 220, Marion, IL 62959

Name of Agency *	
Date of Application Completion*	
Contact Person *	
Mailing Address *	
Phone Number *	
Email *	
Webpage *	

Is your agency a 501(c)3, Public School, or Not for Profit Organization? YES NO

Types of services for which 708 Board funds are requested (check all that apply). * Mental Health Developmental Disabilities Substance Abuse

Amount of funds requested*

\$

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Please fill out the table below to the best of your ability. You may extend the boxes to fit all text you would like to include.

<p>Do you have any written and/or working agreements or linkages with other Williamson County agencies? Please list in the text box, separating each item with a semicolon (;). *</p>	
<p style="text-align: center;">Vision *</p> <p>Please provide us with a quick (3-5 sentence) vision for the future of your agency. This could be a generic statement established by the organization or personal views/beliefs.</p>	
<p style="text-align: center;">Leadership *</p> <p>Does the agency have a board of directors that is involved in the decision-making process for the program to be funded?</p>	<p style="text-align: center;"> <input type="checkbox"/> YES, our board is involved <input type="checkbox"/> NO, our board is not involved </p>
<p style="text-align: center;">Program *</p> <p>Please describe the specific program(s) for which funding is being requested. Identify objectives, personnel needed, and expected outcomes. Feel free to include any additional information you may want the board to consider.</p>	
<p style="text-align: center;">Need for Program *</p> <p>Justify the funding request by providing evidence that Williamson County residents show a need for this program. This can be illustrated through needs surveys, requests for services, waiting lists, referrals, or lack of support in the area.</p>	
<p style="text-align: center;">Program Process *</p> <p>Briefly explain the process that a new client goes through, from their initial intake to their release.</p>	
<p style="text-align: center;">Measurement Tools *</p> <p>Briefly explain how your agency evaluates the effectiveness of the program(s) that you are requesting funding for.</p>	

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<p style="text-align: center;">Sustainability *</p> <p>Explain how this program will sustain services if funding is lowered or not provided.</p>	
<p>Demographics *</p> <p>Briefly describe the demographics of those clients your agency serves.</p>	
Age *	<input type="checkbox"/> Not Applicable
Birth to 17	
18-29	
30-44	
45-54	
55+	
Gender *	<input type="checkbox"/> Not Applicable
Male	
Female	
Non-binary/third gender	
Ethnicity *	<input type="checkbox"/> Not Applicable
Hispanic / Latinx	
Not Hispanic/ Not Latinx	
Race *	<input type="checkbox"/> Not Applicable
White/Caucasian	
Black or African American	
American Indian or Alaskan Native	
Asian	
Native Hawaiian or Pacific Islander	
Other	
Employment Status *	<input type="checkbox"/> Not Applicable
Employed	
Unemployed	
Student	
Education *	<input type="checkbox"/> Not Applicable
High School	
Some College	
Associate degree	
Bachelor's Degree	
Master's Degree	
Doctorate	

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Personnel Information	
<p style="text-align: center;">Personnel *</p> <p>Please list any personnel to be directly funded by 708 funds. Please include name, title, degree(s), and license(s).</p>	
<p>What percentage of funding will go toward salaries and fringe benefits for personnel? *</p>	<p style="text-align: right;"> <input type="checkbox"/> 100% <input type="checkbox"/> NONE <input type="checkbox"/> Other, please specify _____ </p>
<p>Briefly describe where funding will go, if not provided to personnel. *</p>	
Budget Data	
<p>What is your organization's fiscal year? Example December 1 to November 30 *</p>	
<p>Total request from 708 Board *</p>	
<p>Amount received in FY 2024 (if applicable) *</p>	
<p>What percent of the organizations funding does this represent?</p>	
<p>What other funding do you receive? i.e., grants</p>	
<p>Percent increase/decrease from previous year (If applicable) *</p>	
<p>Briefly describe why you have requested an increase or decrease (if applicable) *</p>	
<p>Number of Williamson County residents served with 708 Funds in 2024 (if applicable) *</p>	

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Recognition of the requirements to be in “good standing” with the 708 Board

Agency's may be asked to attend meetings during the 708 Board's fiscal year (December 1 st to November 30 th).	<input type="checkbox"/> I understand
Each agency is required to turn in a quarterly expense report AND a quarterly status report. <i>Due dates to be determined by the board. *</i>	<input type="checkbox"/> I understand
Each agency is required to file an audit to the 708 Board 30 days after the audit is complete. *	<input type="checkbox"/> I understand
Each agency may be asked to notify the 708 Board of any meeting dates/times and/or send copies of minutes. If these items include confidential information, the agency is required to file a letter with the 708 Board staff stating that they will not be providing minutes and why. *	<input type="checkbox"/> I understand
Each agency is required to notify the 708 Board if funds are not expended by the end of the designated time period and return said funds. *	<input type="checkbox"/> I understand
Everything in the above application is correct to the best of my knowledge and I have filled it out to the best of my ability. *	<input type="checkbox"/> I agree
Funds will be dispersed after Jan. 1 and depend on tax revenue received by the county.	<input type="checkbox"/> I understand
Additional information may be requested or other information concerning the project or business submitting the applications.	<input type="checkbox"/> I understand

Signature: * _____ Print Name: _____
(Can be an electronic signature or a physical signature)

Title: _____