# 708 Board Application:

## PART I - Agency Information

Today's Date:

Agency Information:

Agency's Name:

Amount Requesting:

Current Fiscal Year 708 Funding:

Previous Fiscal Year 708 Funding:

Address:

Mailing Address (if different):

Primary Contact's Information:

Primary Contact's First Name:

Primary Contact's Last Name:

Contact email:

Phone number:

Website:

Agency's FEIN Number:

Number of Employees:

Agency Mission Statement:

CEO First Name:

CEO Last Name:

CEO Phone Number:

CEO Email Address:

## Program Information

Program Name:

Need or Issue Statement:

Program/Service Description:

Locations of program:

How the program meets Community Mental Health Act Statute:

Population to be served:

How 708 funding will be used:

Current Total Annual Program Budget:

Upload your Program Budget:

Provide a detailed budget narrative:

Does this program receive matching funds?:

What is the source of the matching funds?:

Is the match expected to continue into 2025/2026?:

Ratio of the match:

Limits on amount received/matched:

List other current funding sources and amounts:

## Part IV - Uploads

Upload your Agency Budget:

Upload your most recent 990:

Upload your 501c3:

Upload your Board of Directors list:

## Unduplicated Numbers

Provide Total unduplicated numbers served in Stephenson County:

Breakdown by locations (Baileyville, Cedarville, Freeport, etc.):

Provide unduplicated numbers served outside Stephenson County:

## Goals and Outcomes

Desired Outcome #1:

Strategies for Outcome #1:

Target Value for Current Year:

Target Value for Past Year:

Achieved Results for Current Year:

Achieved Results for Past Year:

Add a second Outcome?:

Desired Outcome #2:

Strategies for Outcome #2:

Outcome 2 Target Values:

Outcome 2 Achieved Results:

Indicators:

Add a third Outcome?:

Desired Outcome #3:

Strategies for Outcome #3:

Outcome 3 Target Values:

Outcome 3 Achieved Results:

Previously Measured Outcomes:

Influencing Factors:

## Collaborating Partners

Would you like to add a collaborating partner?:

List of Collaborating Partners and Roles:

## Additional Information

What else would you like us to know about your program?: