

**City of Naperville**

**Mental Health Programs & Services Application**

**CY2024 – Stub Year**

**Mental Health Programs & Services Application – Guidelines**

To further support the mission of the Social Service Grant (SSG) program, the City Council has approved an additional $250,000 specifically for mental health programs and services. Funds awarded must be expended this calendar year. In order to maximize impact on Naperville’s mental health needs, some restrictions of the SSG program have been removed. Please review the guidelines below before beginning your application:

1. Organizations applying **are not required** to be a non-profit 501(c)(3) or recognized by the State of Illinois as a non-profit organization. School districts, medical providers, coalitions and faith communities are welcome to apply, as are non-profit organizations and providers. Entities that have already received 2024 SSG funding are eligible to apply for additional funding.
2. Programs and services must impact **mental health** and **Naperville residents**. This can include individual or group counseling, prevention or early-intervention care, crisis care, treatment for trauma, and suicide prevention. If you are unsure about eligibility, please contact the Community Grants Coordinator.
3. Grants are **reimbursement-based**. Grantees must accrue costs prior to requesting reimbursement from the City of Naperville.
4. Applications are available May 1, 2024 and **due** **May 31, 2024**.
5. Grant funds will be awarded in June 2024 and must be expended, with reimbursements processed, by December 31, 2024. Please tailor your request to ensure funds can be expended within this timeframe. A Final Program & Financial Report must be filed by January 31, 2025.

By submission of this application you are certifying that to the best of your knowledge and belief, data in this application is true and correct, the document has been duly authorized by the governing body of the applicant, and the applicant will comply with all regulations applicable to the City of Naperville Social Services Grant program.

Submit completed grant applications with attachments (Zip file recommended) to:

**Miranda Barfuss**

**Community Grants Coordinator**

**630-305-5315**

[**barfussm@naperville.il.us**](mailto:barfussm@naperville.il.us)

**General Information**

Organization Name: Click or tap here to enter text.

Address: Click or tap here to enter text. Click or tap here to enter text.

City: Click or tap here to enter text.

State: Click or tap here to enter text.

Zip Code: Click or tap here to enter text.

Phone: Click or tap here to enter text.

Web Address: Click or tap here to enter text.

Executive Director/CEO: Click or tap here to enter text.

Tax Status (select one): 501 (c)(3)

Tax ID Number (FEIN): Click or tap here to enter text.

Date of Incorporation: Click or tap here to enter text.

Number of Volunteers: Click or tap here to enter text.

Number of Paid Staff: Click or tap here to enter text.

Organization Primary Contact:

Name: Click or tap here to enter text.

Title: Click or tap here to enter text.

Phone: Click or tap here to enter text.

E-mail: Click or tap here to enter text.

Application Primary Contact

Name: Click or tap here to enter text.

Title: Click or tap here to enter text.

Phone: Click or tap here to enter text.

E-mail: Click or tap here to enter text.

**Section 1: Project Details**

Project Title: Click or tap here to enter text.

Project Location: Click or tap here to enter text.

Project Details: Click or tap here to enter text.

Funding Requested: Click or tap here to enter text.

Total Cost to Complete Project: Click or tap here to enter text.

Other Funds Already Secured for Project: Click or tap here to enter text.

Project Start Date: Click or tap here to enter text.

Project End Date: Click or tap here to enter text.

* 1. **Mission Alignment:** Provide a brief description of your organization’s mission, goals, programs/services and organizational structure. Describe how the proposed project fits the mission, goals and objectives described.

Click or tap here to enter text.

* 1. **Project Objectives:** Describe the proposed project, including (a) location of the project, (b) project goals and objectives, (c) scope of work to be completed, and (d) proposed timeline for completion.

Click or tap here to enter text.

* 1. **Community Benefit:** Explain how the project will benefit the City of Naperville and Naperville residents, including (a) how the project will address the grant objective and (b) how the need for this project was determined.

Click or tap here to enter text.

**Section 2: Target Population and Project Impact**

**2.1 Target Population:** Describe the target population(s) for this project.

Click or tap here to enter text.

**2.2 Project Impact:** Explain (a) how the project will benefit the target population’s mental health and (b) whether this project will result in a new service being provided, expand an existing service or continue a service.

Click or tap here to enter text.

**2.3 Naperville Impact:** Providepercentage (%) of total households served by the project that are Naperville residents. If your project is not located in Naperville, explain how you will provide services to Naperville residents.

Click or tap here to enter text.

**2.4 Community Impact:** Describe (a) how your project is unique and unduplicated by other providers and (b) how your organization collaborates with other organizations to assess and serve community needs.

Click or tap here to enter text.

**Section 3: Organization Capacity**

**3.1 Capacity:** Describe (a) the capacity of your organization to complete this project within the timeframe and (b) what organizational resources will be used in managing and carrying out the proposed project, including staff knowledge and skills and impact on organization workload and budget.

Click or tap here to enter text.

**3.2 Grant History:** Describe your organization’s past performance managing grant funding. List public and private grants you received in the past 3 years.

Click or tap here to enter text.

**3.3 Outcomes:** Describe how your organization will measure and document benefits to the target population(s), including achievement of goals and objectives.

Click or tap here to enter text.

**Section 4: Project Costs**

***(Project Budget Form is required – submit as Attachment A)***

**4.1 Reasonable:** Describe how the organization determined (a) the need for the project and (b) estimated project costs. Explain why you consider the cost of this project to be reasonable. *(You may attach copies of cost estimates, quotes, relevant documentation such as evaluation reports, studies, needs analyses under Attachments)*

Click or tap here to enter text.

**4.2 Other Funding:** List ALL funding sources that will be used to carry out the project you are applying for, including the funds requested in this application. Indicate whether funds are requested or secured. ***(Source of Funds Form is required – submit as Attachment B)***

Click or tap here to enter text.

**4.3. Contingency:** Explain whether your organization will still implement this project if grant funds are not awarded or are awarded partially and how (e.g. scope of work or services will be reduced, use of other funding sources will increase, etc.).

Click or tap here to enter text.

**4.4 Minimum Funding:** Is there a minimum funding amount you require from Naperville to implement this project. If yes, please indicate the amount required, otherwise enter N/A or leave blank.

Click or tap here to enter text.

**4.5 Client Fees:** Will there will be fees or costs to clients for access to the project or services. If yes, how will the fees or costs be assessed and used?

Click or tap here to enter text.

**Section 5: Required Documentation**

All applicants are required to submit the following documentation in addition to the application form. Submissions that are incomplete or missing documentation will be eliminated from consideration.

Attachment A – Project Budget Form

*Project Budget Form*

Attachment B – Source of Funds Form

*Source of Funds Form*

Attachment C - Background

*Overview of programs and services provided by the organization*

Attachment D – Audit and Single Audit Statement

*Most recent Single Audit, Standard Audit or Audited Financial Statements*

*If the organization did not have a Single Audit, attach a letter signed by the Executive Director/CEO stating that the organization was not required to have a Single Audit because it expended less than $750,000 in federal funds during the fiscal year.*

Attachment E – 501(c)(3) if applicable

*Determination of 501(c)(3) or State of Illinois Registered Non-Profit status*

Attachment F – Articles of Incorporation

*Articles of incorporation or current Certificate of Good Standing*

Attachment G – Board of Directors

*List of Board of Directors and their affiliations/employer*

Attachment H – Additional attachments optional

*Any additional documents referenced in Question 4.1*