

RIVER FOREST TOWNSHIP MENTAL HEALTH COMMITTEE
2017 - 18 FUNDING APPLICATION

TO BE COMPLETED FOR EACH PROGRAM FUNDING REQUEST
CURRENT FUNDING ONLY

FOR NEW PROGRAMS: PLEASE CONTACT OFFICE FOR REQUIREMENTS
708-771-6159X270 arudner@riverforesttownship.org

AGENCY NAME _____

ADMINISTRATIVE ADDRESS _____

AGENCY TELEPHONE, EMAIL, WEBSITE _____

COMPLETE ONE APPLICATION FOR EACH FUNDING REQUEST

PROGRAM NAME _____

YEAR PROGRAM BEGAN _____

ADDRESS WHERE THESE PROGRAM SERVICES ARE PROVIDED _____

DESCRIPTION OF PROGRAM SERVICES _____

TOTAL CURRENT BUDGET FOR PROGRAM _____

PLEASE ATTACH A COPY OF THE CURRENT BUDGET FOR THIS PROGRAM.

AVERAGE NUMBER OF RF RESIDENTS EXPECTED IN THE PROGRAM FOR 2017-18

F/Y 2017-2018 RFMHC FUNDING REQUEST _____

DETAIL MAJOR ACTIVITIES OF THE PROGRAM _____

DETAIL AGES OF PROGRAM PARTICIPANTS _____

HOW MANY UNDUPLICATED RF RESIDENTS ARE SERVED CURRENTLY EACH MONTH IN THIS PROGRAM?

4/16	5/16	6/16	7/16	8/16	9/16	10/16	11/16	12/16	1/16	2/16	3/16
								x	x	x	x

Type of program: *(check all that apply):*

Mental Health
 Developmental Disabilities
 Substance Abuse
 Treatment
 Prevention
 Recovery
 Resilience
 Education
 Support Services
 Other (please specify) _____

SERVICE STATISTICS		Last Compl'd FY '15- '16	Current FY '16-17	Projected FY '17-18
A. AVERAGE NUMBER OF CLIENTS SERVED PER MONTH	River Forest			
	All Others			
	PROGRAM TOTAL			

Check One:

Client Hours
 Other (specify) _____

AVERAGE # OF UNITS OF SERVICE PER MONTH	River Forest			
	All Others			
	PROGRAM TOTAL			

COMPLETE FOR ALL PROGRAMS NOT CURRENTLY FUNDED BY RFT

WHAT OTHER PROGRAMS OFFERED (EXCLUDING 2018 REQUESTS FOR FUNDING) ARE CURRENTLY BEING USED BY RIVER FOREST RESIDENTS?

HOW MANY UNDUPLICATED RF RESIDENTS ARE BEING SERVED DURING THE YEAR IN ALL PROGRAMS (EXCLUDING CURRENT REQUESTS)?

HOW DOES YOUR AGENCY MAKE PROGRAMS KNOWN TO RF RESIDENTS?

PREPARED BY: NAME:	
PHONE NUMBER:	EMAIL ADDRESS: