



Moraine Township Community Mental Health Board FY27 (2nd Cycle) Grant Application

Thank you for your interest in applying to the Moraine Township Community Mental Health Board! Please review the full FY27 (2nd Cycle) grant application guidelines, [available here](#).

MTCMHB funding is intended to support specific programs and services that address identified community mental health, Intellectual and developmental disabilities and substance use disorders/addictions needs. Funding may not be requested for an organization's general operating expenses, administrative costs, or unrestricted organizational support unless those costs are directly attributable to the proposed program and allowable under MTCMHB guidelines.

ELIGIBILITY REQUIREMENTS

To be considered for funding, applicants must:

- Be a nonprofit organization with tax-exempt status under Section 501(c)(3) of the IRS Code, a public agency, or a unit of local government;
- Have been in operation for at least one full fiscal year prior to the application date;
- Maintain a Board of Directors that reflects demographics and other characteristics of the clients served;
- Demonstrate financial and administrative capacity and have appropriate professional staff with the required certification/licensure and experience to provide the proposed services;
- Submit current audited financial statements or a certified financial review;
- Comply with applicable local, state, and federal laws, including non-discrimination requirements;
- Organizations will be required to maintain proof of residency for audit purposes, should an audit be necessary;
- And not currently receiving MTCMHB grant funds for proposed program.

FUNDING SCOPE

MTCMHB funds programs that serve residents of Moraine Township in the areas of:

- Mental health,
- Intellectual and developmental disabilities,
- And substance use disorders/addictions.

All funding must be used to serve Moraine Township residents. In alignment with its current [strategic plan](#), preference may be given to proposals that:

- Improve equity in access and reduce barriers related to language, culture, age, and other socioeconomic and demographic factors;
- Reflect evidence-based practices or pilot innovative or promising solutions;
- Promote or include collaboration among service providers or agencies;
- Or align with other strategic priorities adopted by the MTCMHB.

FUNDING AMOUNTS

For this funding cycle, MTCMHB has up to \$275,500 in funding available to be awarded based on the quality of grant submissions. The average grant is estimated to be between \$25,000 and \$50,000. Maximum grant funds are \$75,000 per grant.

TIMELINE

- Applications Available: September 1st, 2026
- Application Due Date: Thursday October 1st, 2026 at 11:59pm central time (To ensure a timely response to any submission questions, please contact MTCMHB staff prior to 4:30pm on October 1st.)
- Application Review: October/November 2026

Applicants may be requested to participate in a brief virtual call/presentation with MTCMHB staff during the review period as necessary to address any questions.

- Awards Made: December 2026
- Grant Period: January 1, 2027 – June 30, 2027

SUBMISSION GUIDELINES*

Applications must be submitted electronically via SurveyMonkey. As SurveyMonkey may not save your progress if you close the application, MTCMHB recommends preparing your appl

Submissions must include the completed application plus the following required attachments:

- Board of directors list, including names and relevant demographics/experience to support services described in this grant application
- Resume(s) of program director and/or key staff
- IRS 501(c)(3) tax-exempt status determination letter
- Articles of incorporation
- Most recent 990
- Most recent audited financial statement, as applicable, or certified financial review if not
- Organization annual operating budget
- Program budget, [see recommended template here](#). This should reflect the program budget and not the organization's overall operational budget
- Annual report, agency brochure, and/or summary of services (optional)

*If any of the required documents are unavailable, note this in the application, include explanation and call the Board point of contact as listed for discussion.

All necessary documents MUST be submitted via SurveyMonkey. Paper submissions are not accepted. Incomplete or late applications may not be considered.

For any questions regarding FY27 submissions, please contact:

Guadalupe (Lupe) Somerville
MTCMHB Community Liaison
lupe@morainetownship.org
847-233-1552



Moraine Township Community Mental Health Board FY27 (2nd Cycle) Grant Application

Summary of Request

* 1. **Agency Name:**

* 2. **Program Name:**

* 3. **Amount Requested:**

* 4. **Primary Category of Request:**

- ☐ Mental health
- ☐ Substance use or addiction
- ☐ Intellectual or developmental disabilities

* 5. **Brief Summary of Request:** Please describe your proposed program and request in no more than 250 words.



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Organization Information and Background

* 6. **Organization Address, City, State, Zip:**

* 7. **Organization Phone:**

Country code

Phone number

* 8. **Organization Website:**

* 9. **Executive Director:**

* 10. **Executive Director Email:**

* 11. **Contact Person Name:**

* 12. **Contact Person Title:**

* 13. **Contact Person Phone**

Country code

Phone number

* 14. **Contact Person Email:**

* 15. **Year Established:**

* 16. **Organization Mission:**

* 17. **Organization Type:**

☐ Nonprofit organization with tax-exempt status under Section 501(c)(3) of the IRS Code

☐ Public agency or unit of local government

☐ Other (please specify)

* 18. **Number of Total Staff (Full-Time Equivalent):**

* 19. **Number of Unduplicated People Served Annually:**

* 20. **Organization Overall Annual Operating Budget:**



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Proposed Program Description

* 21. Program Description

Describe the proposed activities or services that MTCMHB funding will support. Focus specifically on what will be provided or expanded with grant funds, including the purpose, target population, service delivery model, location, frequency, duration, and anticipated number of individuals served through the proposed grant-funded activities. Please enter no more than 750 words.

* 22. Program Funding Request Type

What best describes the program for which MTCMHB funding is being requested? Select one.

- ☐ New program- A program or service that is not currently being provided by the organization and is being proposed for implementation.
- ☐ Existing program- Continuation – An established program currently being provided by the organization. MTCMHB funds are requested to maintain or continue the existing level of services.
- ☐ Existing program- Enhancement/Expansion – An established program currently being provided by the organization. MTCMHB funds are requested to add, expand, or significantly enhance services, capacity, geographic reach, target population, staffing, or other program components.
- ☐ Existing program-Modification/Redesign – An established program that is being substantially changed or redesigned, with MTCMHB funding supporting the proposed changes.

* **23. Current Program Status**

If this is an existing program, describe the program as it currently operates. Include current services, annual number of individuals served, staffing, and current capacity. If this request is for an enhancement or expansion, briefly identify the gap or unmet need that the proposed funding would address and summarize what would change from the current program. Please enter no more than 500 words.

* **24. Use of Grant Funds**

Describe how MTCMHB grant funds will be used to implement these activities. For each requested personnel, supply, equipment, or other expense, explain its direct connection to the proposed program. Do not describe general organizational operations, agency-wide services, or unrestricted operating expenses. Please enter no more than 250 words.

* **25. Strategic Priority**

Describe how the proposed program aligns with the priorities and objectives outlined in MTCMHB's current [strategic plan](#). Please enter no more than 250 words.

These Include:

1. Communication & Navigation
2. Equity Access
3. Service Coordination

* **26. Evidence-Based or Promising Practices**

Does the proposed program utilize evidence-based practices in its delivery? If yes, explain and provide references. Please also describe any novel, innovative, or promising practices. Please enter no more than 500 words.

* 27. **Collaboration and Duplication**

Describe any collaboration with other agencies that will be a part of this program. If this is a new program that duplicates other programs already being delivered in the community, describe how this program will differ from and/or coordinate and collaborate with the other existing program(s). Please enter no more than 500 words.

* 28. **Timeline**

If this is a new program, provide a start-up timeline for the funding request, including key milestones. If this is an existing program, briefly summarize key accomplishments or highlights from the past two years and provide a timeline for implementing the expansion or enhancements proposed in this request. Please enter no more than 500 words.

* 29. **Waiting List**

If this program already is operational, does it currently have a waiting list? Please describe any current limitations on client access and the main barriers (e.g. staffing, physical space, financial resources). If you have a waiting list, what is the current length of time (number of days) on the waiting list before an individual receives services? Please enter no more than 250 words.



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Target Population

* 30. **Target Population(s) of Program** (check all that apply)

- ☐ Children ages 12 or younger
- ☐ Youth between 13 and 21
- ☐ Adults between 22 and 64
- ☐ Seniors 65 and older
- ☐ LGBTQ populations
- ☐ People with limited English proficiency
- ☐ Low income individuals/families
- ☐ Racial/ethnic minority populations (please specify)

* 31. **Target Population and Needs**

Describe the target group(s) or population(s) to be served by this program and the unmet needs, gaps, or barriers that this program will address. Please describe any access considerations related to race, ethnicity, language, age, income, or other demographic or socioeconomic indicators that this program will address. Please enter no more than 750 words.

* 32. **Staff/Board Reflect Target Population**

Describe how your staff and/or board reflect the target population(s) to be served or the experience they have working with this population. Please enter no more than 500 words.

* 33. **Number of Moraine Township Residents**

Provide an estimate for the number of Moraine Township residents who will be served through the proposed program during FY27, broken by zip code. If your program will also serve non-Moraine Township clients, do not include non-Moraine Township clients in this estimate. [See map here for the boundaries of Moraine Township.](#)

60040 (Highwood)

60035 (Highland Park)

Parts of 60015 (Deerfield) and 60045 (Lake Forest) located in Moraine Township

* 34. **Percent of Program Participants from Moraine Township**

What percent of the program's total clients/participants will be Moraine Township residents? If your program will only serve Moraine Township residents, this will be 100%.

* 35. **Residency**

All clients/participants funded through MTCMHB awards must be Moraine Township residents. Explain how you will ensure residency compliance. Please enter no more than 250 words.



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Outcomes/Evaluation

* 36. **Goals and Outcomes**

Briefly describe the overall goals of your program and anticipated outcomes you expect to achieve by the end of the funding period. Please enter no more than 500 words.

* 37. **Measurable Objectives**

Provide at least three measurable objectives for your program. MTCMHB recommends clear SMART objectives (Specific, Measurable, Achievable, Relevant, and Time-bound) that align with data you have the capacity to collect and to report on. Objectives you already use for other reporting requirements are acceptable and encouraged. Please enter no more than 500 words.

For ideas for objectives, MTCMHB recommends reviewing the domains from the Substance Abuse and Mental Health Administration's (SAMHSA) [National Outcome Measures \(NOMs\)](#) Framework and developing objectives that are relevant for your programs. These include:

1. Increased knowledge/resiliency
2. Abstinence/reduction in substance use
3. Increased level of functioning
4. Employment and education
5. Housing stability
6. Criminal justice involvement
7. Social connectedness
8. Access/capacity

* 38. **Quality Improvement**

Describe how your agency currently measures quality, including client satisfaction and other ongoing quality metrics, and processes for quality improvement. Please enter no more than 500 words.



Moraine Township Community Mental Health Board FY27 (2nd Cycle) Grant Application Budget

* 39. **Program Budget**

What is the overall budget for this program? (Please enter dollar amount here; budget document will be uploaded with all attachments later in submission.)

* 40. **Other Sources of Funding**

Please describe other sources of funding for this program and amount of support expected. If you have other major sources of funding, please briefly list those sources and their amounts. If you charge a client fee for the program/services, please indicate how fees are determined, what the fees are, and if you have a sliding fee schedule. Please enter no more than 500 words.

* 41. **Award Amount**

If MTCMHB awards less than the amount requested, how will that impact your organization's ability to implement the proposed program? Please describe any adjustments or program changes that would be made. Please enter no more than 250 words.

* 42. **Sustainability**

As a six-month grant, continued funding by the MTCMHB is not guaranteed. If funding is not available following the award period, how will the program sustain operations? Please enter no more than 250 words.



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Other Information

* 43. **Conflict of Interest Disclosure**

MTCMHB requires that funded agencies identify any corporation, organization, or individual with which there is a relationship that could pose a possible conflict of interest. An actual or potential conflict of interest occurs when an employee, board member, or volunteer of a funded agency is in a position to influence a decision that may result in a personal gain for that individual, organization, or a relative as a result of funding. Describe any conflict(s) of interest that may be present as a result of the proposed program, or attest that none exist.

44. **Additional Information**

Is there any other relevant information you would like to add to this application? Please enter no more than 250 words.



Moraine Township Community Mental Health Board FY27 (2nd Cycle) Grant Application Attachments

* 45. Board of directors list, including names and relevant demographics/experience to support services described in this grant application

Choose File

Choose File

No file chosen

* 46. Resume(s) of program director and/or key staff

Choose File

Choose File

No file chosen

* 47. IRS 501(c)(3) tax-exempt status determination letter

Choose File

Choose File

No file chosen

* 48. Articles of incorporation

Choose File

Choose File

No file chosen

* 49. Most recent 990

Choose File

Choose File

No file chosen

* 50. Most recent audited financial statement, as applicable, or certified financial review if not available

Choose File

Choose File

No file chosen

* 51. Organization annual operating budget

Choose File

Choose File

No file chosen

* 52. Program budget – [see recommended template here](#)

Choose File

Choose File

No file chosen

53. Annual report, agency brochure, and/or summary of services (optional)

Choose File

Choose File

No file chosen



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Moraine Township Community Mental Health Board FY27 (2nd Cycle) Grant Application Submission Page

54. By signing and submitting this application, I affirm that I have read the application guidelines, meet the eligibility requirements, and will comply with any resulting terms and conditions when the award is accepted. I certify that all the information contained in this application is true, complete, and accurate to the best of my knowledge and that I have the authority to submit this application on behalf of the organization.

Name:

Title:

Date: