

DEKALB COUNTY COMMUNITY MENTAL HEALTH BOARD

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Grant Application Attachment

Instructions: *Please check any of the following indicators of quality that apply. If you are a government unit, some of the nonprofit indicators may not apply.*

Completed by all agencies:

Staff Level Indicators	Indicate Yes with an "X"	If yes, answer the following:
Certified/licensed clinical staff		_____ Number _____ % of total staff Explain certification or renewal schedule:
Staff with graduate degrees		_____ Number _____ % of total staff
Clinical Director Position		Credentials:
Clinical staff annual professional development		Explain:
Insurance company staff-level certification done		Explain:
Other		Explain:

For Fee-for-Service Applications:

Program Level Indicators	Indicate Yes with an "X"	If yes, answer the following
Insurance certification of programs		Explain:
Organization Accreditation		Accreditation Body: Accredited through (date): Explain accreditation reporting requirements:
Whistleblower Policy		If yes, please attach policy.
Evidence-based programs (determined by research, pre-& post-test evaluations, program level outcome data collected & analyzed)		Explain:
Standardized clinical surveys for clients		Indicate survey used: Explain use:
Other		Explain:

Reporting process:

Input measures: Program budget, total program budget, funding request, % of funding request to total program budget

Output measures:

- Total number of program participants served in the prior year, total number of program participants expected this coming year.
- Total and percentage of program participants who were covered by DCCMHB funds last year and expected this year (returning grant applicants only)
- Total and percentage of program participants who were DeKalb County residents last year and who are expected this year.

For Grant Applications:

Organization Level Indicators	Indicate Yes with an "X"	If yes, answer the following
Billing/financial management certification of staff		Explain:
Medicaid/Medicare Certified		Year of initial certification: Certified through(date): Explain certification reporting requirements:
Organization Accreditation		Accreditation body: Accredited through (date): Explain accreditation reporting requirements:
Whistleblower Policy		If yes, please attach policy.
Prepare annual audited financial statements.		Available where:
Registration with the State of Illinois Attorney General Charitable registration (http://charitableviewer.ilattorneygeneral.net/)		Registration number: Most recent AG990-IL filed: ____year.
Illinois Department of Child & Family Services Licensing		Explain licensing requirements, renewal date, and oversight/reporting required by DCFS
Guidestar.org Transparency Seal		Level: bronze, silver, gold, platinum (circle one)
Other		Explain:

Reporting process:

Input measures: Organization budget: total budget, funding request, % of funding requests to overall budget

Output measures:

- Total number of individuals served in the prior year, and total number of individuals expected this coming year.
- Total and percentages of all individuals served who were DeKalb County residents last year and expected this year.

Reporting Process Responses and Optional Narrative:

Complete narrative section to discuss other quality indicators used by organization or to further explain indicators and how organization measures outcomes. Attach additional pages if necessary.