

**Champaign County Mental Health Board (CCMHB) and  
Champaign County Board for Care & Treatment of Persons with a  
Developmental Disability (CCDDB) Funds**

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**Application Instructions for PY2027**

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**Getting Started**

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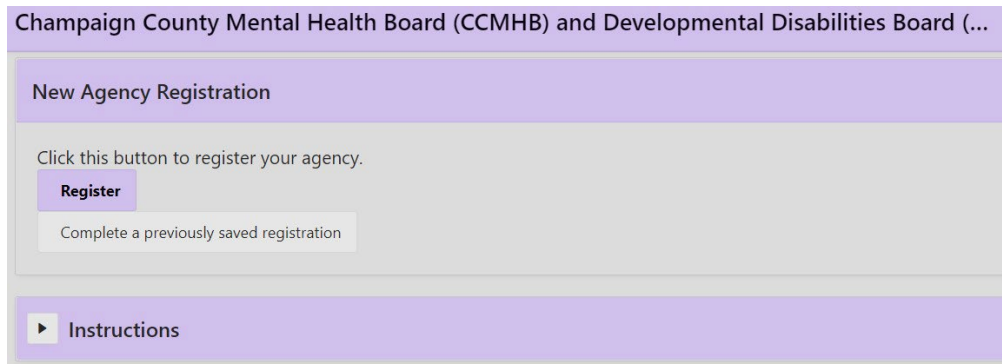
**Registration Basics:**

To request funding from either or both Board funds, first complete an Eligibility Questionnaire and registration at <http://ccmhddbrds.org>. You will receive email notification of successful registration.

This process is required once per organization, through the CCDDB and/or CCMHB, and establishes an “Agency Home Page” through which the Agency Director and any Agency Users assigned by the Director may create and complete the forms required for an application for funding.

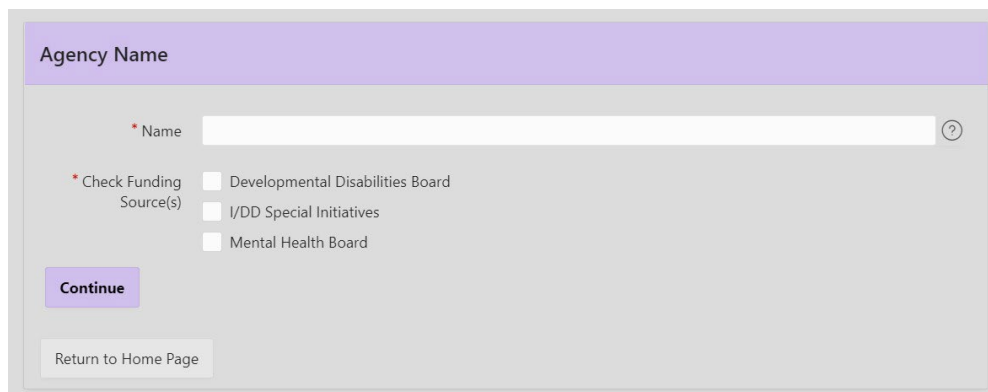
Requests for technical assistance may be directed to Board staff at their individual email addresses ([kim@ccmhb.org](mailto:kim@ccmhb.org), [leon@ccmhb.org](mailto:leon@ccmhb.org), [shandra@ccmhb.org](mailto:shandra@ccmhb.org), [chris@ccmhb.org](mailto:chris@ccmhb.org), [lynn@ccmhb.org](mailto:lynn@ccmhb.org), [stephanie@ccmhb.org](mailto:stephanie@ccmhb.org), or ALL of us) as early as possible during the application period.

## Registration Details:



The screenshot shows the top portion of a web page. At the top, a purple header bar contains the text "Champaign County Mental Health Board (CCMHB) and Developmental Disabilities Board (...". Below this is a section titled "New Agency Registration" in a purple bar. Underneath, there is a grey box with the text "Click this button to register your agency." and a purple "Register" button. Below the button is a link that says "Complete a previously saved registration". At the bottom of this section is a purple bar with a right-pointing arrow and the text "Instructions".

Clicking on “Register” (as pictured above) will take you to this section:



The screenshot shows a registration form titled "Agency Name" in a purple header. The form has a grey background. It contains a required text input field labeled "\* Name" with a question mark icon to its right. Below this is a section labeled "\* Check Funding Source(s)" with three radio button options: "Developmental Disabilities Board", "I/DD Special Initiatives", and "Mental Health Board". At the bottom left of the form is a purple "Continue" button, and at the bottom center is a link that says "Return to Home Page".

After entering the agency name, selecting a fund source, and clicking “Continue,” you will be asked:

- to read and acknowledge the Requirements and Guidelines for CCDDDB or CCMHB;
- to enter agency details and the Agency Executive Director’s and one other staff person’s contact information; and
- to complete the Eligibility Questionnaire for CCDDDB or CCMHB.

The Eligibility Questionnaire also serves as a **self-assessment** of alignment with Board policies and the applicant’s readiness to meet requirements. Misrepresentation may disqualify an applicant or invalidate a subsequent contract. A Financial Accountability Checklist can be found among Public Documents posted on <http://ccmhddbrds.org> and further supports agency self-assessment. This form is *not* required or completed as part of registration or application.

Carefully review the [CCDDDB Requirements and Guidelines for Allocation of Funds](#) and/or [CCMHB Requirements and Guidelines for Allocation of Funds](#) prior to beginning the registration process. If these requirements raise any concerns, you might indicate so in your application, OR you might choose not to complete an application at this time.

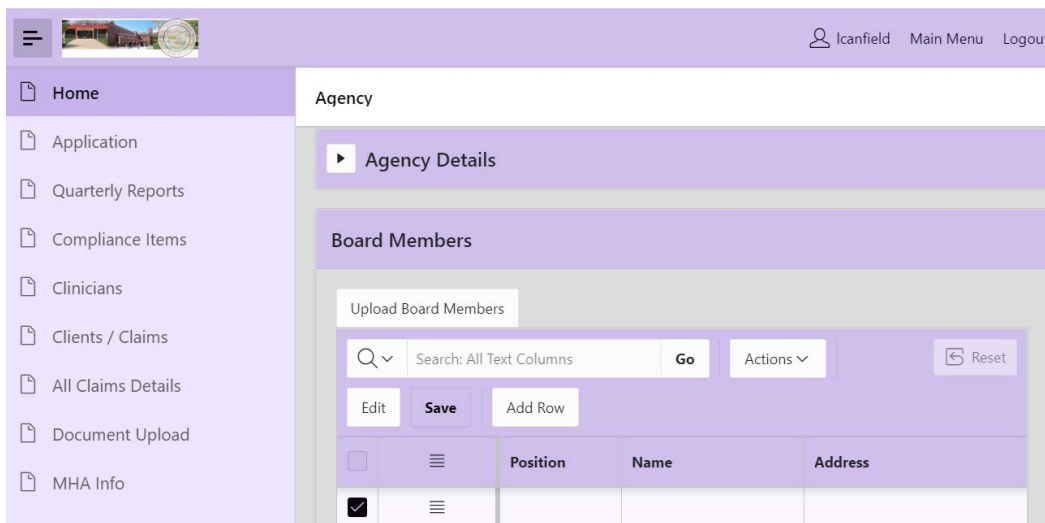
Unless already provided to the CCDDDB or CCMHB as part of the immediate prior year contract, all applicants will provide an audit report (or financial review or compilation), prepared by an independent CPA firm, of the most recently completed agency fiscal year. If your organization has no such report, a balance sheet audit should be provided to support the funding request.

Once you have completed the Eligibility Questionnaire, click on Return to Online Registration to create a Username.

Agency Details include contact information for the Director and another staff person. Emails assigning a temporary registration ID and confirming successful registration will be sent to the email address entered for Agency Director. ***Because some email providers (e.g., gmail) filter out certain types of message, if you do NOT receive an email message confirming successful registration, contact CCDDDB-CCMHB staff, preferably by email.***

### Post-Registration:

Once registration is completed, you will be able to log into your Agency Home page using the username that you created, with the temporary password emailed to you. You will need to choose a mechanism for Two-Factor Authentication, either a phone number to receive a text message or an email address to receive an email with the code. **\*We recommend using a phone number.** Once registration is completed and you have logged in, you will have an Agency Home Page (you may need to click Agency from the Link Tree to the right of the sidebar), with a welcome statement followed by downloadable files, Agency Details, and Board Members list. A sidebar to the left allows navigation to Application forms and other sections.



**Agency Details:** These should be updated whenever there are relevant changes.

**Board Member List:** A required Board Member List follows the Agency Details section, where it may be revised at any time. Include current information on the agency's governing board using the online format. Previously registered and currently funded organizations should update this list at

the time of application and as needed throughout the program year. New agencies will fill in the blank form. Above the Board Member list, select "Add Row" to create an entry for each member; the information can also be uploaded from an excel document. Employees or their relatives cannot serve on an Agency Board, and at least one member must reside in Champaign County.

**Application Components:** Agency Directors and Agency Users should coordinate to complete all parts of the application, including program and financial forms for each request. Inaccurate, incomplete, or misleading information may be justification for rejecting an application, voiding a contract, or revising forms during contract negotiation. Attachments should *not* be included unless requested. The deadline for submitting all forms for CCDDDB or CCMHB funding requests is **4:30 PM CST Monday, February 2, 2026. Applications cannot be submitted after the deadline.**

A complete application will include the following forms, in the order they appear on the system:

- Agreement for Interagency Cooperation** (one per agency per fund)
- Cultural and Linguistic Competence Plan** (one per agency per fund)
- Program Plan Narrative** (one per program)
- Personnel Form** (one per program)
- Revenue Form** (one per program)
- Expense Form** (one per program)
- Budget Narrative** (one per program)
- Authorization and Cover Form** (one per agency per fund)

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## Tips we Hope you Find Helpful

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- **Start early.** Even though the application period is open for over six weeks, the content required for some forms is complex.
- **Reflect on the Eligibility Questionnaire.** If this self-assessment revealed that your organization is not fully qualified or prepared to meet these contract requirements, or to request waiver of a specific requirement, then completing an application for funding is not recommended at this time.
- **Read the Board-Approved PY2027 Priorities document for the relevant Fund.** These contain information on what the Boards are seeking during this Allocation Cycle. They can be found on the [application site](#) or the [Champaign County website – CCDDDB PY27 Allocation Priorities are linked here](#) and [CCMHB PY27 Allocation Priorities are linked here](#).
- **Read these application instructions in their entirety.** They address expectations and relationships between forms. If something is not working as expected, the cause might be a system error, a user error, or poorly written instructions. In any of these cases...

- **Contact CCDDb-CCMHB staff early** during the registration/application period for any technical assistance. While we cannot advise on the content of an application, we do not want technical issues to prevent success. We are not available 24/7 but do our best to help.
- **Save Often with “Save My Responses (Do not submit yet).”** Logout occurs after a period of no movement between sections. If the system logs out, you will be unable to retrieve unsaved information. Selecting “Save” allows you to return later for editing or review.

- **“Submit my Responses”** usually has a double prompt and will prohibit further edits once the form is submitted. If further edits are needed, the form can only be opened by CCDDb-CCMHB staff, who may not be immediately available.

<input type="checkbox"/>	Title	Name	Total Agency FTE	Total Agency Salary	Total Program FTE	Total Program Salary	CCD
<input type="checkbox"/>	Case Manager	John Doe	1	45000			

- **The “Submit” button may not appear on some forms, e.g., Revenue and Expense,** until all required (yellow) boxes have an entry.
- **Exceeding a word or character limit** may generate an error message when attempting to “Save” or “Submit.” If this occurs, the section should be edited so as not to exceed limits.

Copying and pasting from Word documents to the online forms can add characters, skewing the character count and exceeding space limits. This prevents submission. To assist you:

- several text boxes contain tallies of the word count to track as you enter content;
- error messages appear at the top of the form wherever these are exceeded, identifying which question has excess words and how many in excess; and
- "Submit," the final step for each form, will not appear until these are corrected.

Another reason to observe character/word limits is that excessive content hinders the future processes of review and contracting.

- **Print and download options** are available for each form. You may use these for your records or to share with agency staff and board members. No printed documents need to be submitted to the CCDDDB-CCMHB office. All are submitted online.
- [This video](#) offers an overview of the application system and forms.

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## Step 1: Name Each Program for which Funding is Sought

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On the left side of the Agency Home page is a collapsible column with tabs: Home; Application; Quarterly Reports; Compliance Items; Clinicians; Clients/Claims; All Claims Details; Document Upload; and MHA Info. Applicants will focus on the **first two** options.

1. Click on "Application".
2. Select the Board (i.e., CCDDDB or CCMHB) to which an application will be submitted, preferably the fund with priorities and criteria most relevant to your proposal. Each fund's PY2027 Allocation Priorities documents can be downloaded from the sites linked above. If requesting funding from more than one of the CCDDDB or CCMHB funds, a new registration is not required, but a full set of application forms is.
3. If the Fiscal Year has not defaulted to 2027, please select it from the dropdown.
4. Below these dropdown selections is a graphic titled "Percent Complete" which will turn green when all forms have been submitted. If the bar is green but not labeled 100%, an extra form may be present. You may delete any form which is in Pending status. If it has been submitted, notify CCDDDB-CCMHB staff, preferably by email, of the reason the form should be kept OR to request that they delete it on your behalf.

Instructions

Board

Board: Developmental Disabilities Board

Fiscal Year: 2024

Percent Complete: 45%

45%

Sections remaining to be completed:

- Missing Authorization / Cover Form
- Missing Program Plan (Part1) for program Perfect Program
- Missing Program Plan (Part1) for program A More Perfect Program
- Missing Revenue Report for program A More Perfect Program
- Missing Expense Report for program A More Perfect Program
- Missing Personnel Report for program A More Perfect Program
- Missing Budget Narrative for program A More Perfect Program

Print Full Application (PDF)

## PROGRAMS

**To create a new application**, go to “Step 1: Please enter the programs for which funding is desired.” Under the subhead “Programs,” click “Create.” Fill in the name of the program for which funding will be requested and again click “Create.” The amount of funding being requested will be added later, when the associated program’s Revenue Form is submitted.

Repeat the naming process for each program for which funding is to be requested from the CCDDDB or CCMHB fund. You may add a new program to the list at any time. Each program established in this list requires a Program Plan Narrative, Personnel Form, Revenue Form, Expense Form, and Budget Narrative to be prepared and submitted.

If later you choose not to complete a particular program request, delete that program name.

**If you submitted an application in the prior year**, all forms will have been cloned and should be edited for the new application cycle. These may be accessed by selecting the appropriate Board and Fiscal Year and viewing forms which are in “Pending” status.

Review and edit cloned forms, updating dates, targets, and other relevant details, and selecting a PY2027 priority category.

***Some Program Plan Narrative details have changed, so please review all cloned responses to make sure they are up to date and relevant to the question.***

To change the name of a cloned program, go to “Step 1,” select “Edit” next to the name, enter the new program name, and “Apply Changes.” It will appear on each associated form.

To delete a cloned application you have chosen not to submit, first delete each of the program-specific forms under "Step 3" by selecting "Edit" and then "Delete Form," after which the "OK" prompt will appear.

Before clicking OK, **be sure you have selected the form you mean to delete.** Once all corresponding forms are removed, the program name may be deleted as well. Return to "Step 1," select "Edit," then "Delete" (and "OK" when prompted.)

Cloning is intended to be a convenience, but this is not always the case.

**If you have a two-year contract for PY26-PY27,** do not delete the cloned forms. They should be revised and submitted prior to June 2026. Consult with CCDDDB-CCMHB staff on the details of this process. If you are applying for PY27 funding beyond a current two-year contract, submit the two-year contract forms before the application deadline, and CCDDDB-CCMHB staff will reopen them for your revisions later in the spring.

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## Step 2: Agency Forms (one of each, per agency, per fund)

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To start working on a required form, select "Create" next to that form's name. The Agreement for Interagency Cooperation, Cultural and Linguistic Competency Plan, and Authorization & Cover Form are part of the overall Agency Plan and need only be completed once for the full application to be complete, per fund (CCDDDB or CCMHB). Print options are available for each.

### **AGREEMENT FOR INTERAGENCY COOPERATION**

This form must be agreed to by the Agency Executive Director. The Agency Plan is incomplete if this form is not among forms submitted online. To generate the Agreement for Interagency Cooperation, select "Create" and then select "Create" again. After you have read through each item, you will need to select "I agree" and then select "Save" before the system allows you to select the "Submit My Responses (No further edits will be allowed)."

### **CULTURAL AND LINGUISTIC COMPETENCE PLAN**

The Cultural and Linguistic Competence Plan (CLCP) is designed to ensure that policies and practices support the needs of diverse populations currently receiving or seeking services as well as those who are employed by the organization or serving on its board of directors. The CLCP should provide examples of specific tasks and responsibilities associated with the [National Culturally and Linguistically Appropriate Services \(CLAS\) Standards](#): Principal Standard;



Governance Leadership and Workforce; Communication and Language Assistance; and Engagement, Continuous Improvement, and Accountability. See Appendix A below for CLC definitions and full descriptions of each CLAS Standard.

The CLCP is structured such that specific action steps are created for all levels of an agency, including policy and governance, administrative, practice, and individuals served. This format reflects the importance of a team approach and shared responsibilities in the development of a culturally and linguistically responsive organization. Everyone, including members of the board of directors or formal decision-making body, is responsible for prioritizing cultural and linguistic competence throughout an organization. Remember, this is a journey not a destination.

The CCDDDB and CCMHB will review CLC Plans with attention to action steps for the following:

- Annual Cultural and Linguistic Competence training
- Recruitment of people with diverse backgrounds and skills for the Board of Directors as well as the workforce
- Cultural Competence Organizational or Individual Assessment/Evaluation
- Implementation of Cultural Competence Values and Trauma Informed Practices
- Outreach and engagement of underrepresented and marginalized communities
- Interagency collaboration
- Language and communication assistance

Agencies currently receiving CCDDDB or CCMHB funding should review and update their current plan using the online form. Organizations not currently funded will complete this form as part of the application. All CLC Plans must be submitted using the online template, though there are very specific circumstances in which a plan may be uploaded to the system (contact CCDDDB-CCMHB staff to discuss). The following sections describe accountability and participation required at various levels - individuals and families, providers of services, policymakers, family organizations, community stakeholders, and collaborating agencies.

**To generate the CLCP form online,** select "Create." Then select "Step 1 – Create the report." You will submit only one completed CLCP form, though it is possible to create several. Please delete duplicates or partially completed forms prior to finalizing your application. You only have to submit one CLCP per organization, per fund, even if applying for more than one program. Save often using "**Save My Responses.**"

**Area:** Select one from the dropdown of "All Areas." Each will be used, with different applicable standards and individualized actions, timeframes, responsible people, and benchmarks.

**Applicable Standards:** For each Area, check the box next to the relevant CLAS Standard (see Glossary below for full details). The Standard provides direction for the development of all action steps within the CLCP table, capturing measures/benchmarks which reflect the organization's journey toward cultural and linguistic competence. Click on "Save" to develop the content.

**Applicable Standards**

INSTRUCTIONS:

1. Select an area then select the applicable standards for that area.
2. Define the action steps for that area.
3. Repeat steps 1 and 2 as needed for other areas.
4. Choose ALL AREAS to display the entire report

Area(s) to display  ▼

**Action Steps**

Select "ADD ACTION STEP" and fill in each of the following sections. Protect your progress by saving periodically. Sections may be edited using the "Edit" button.

**Action Steps:** Explicitly state the measurable and time-sensitive tasks to be completed within a year by those responsible at each level of accountability.

**Time Frame:** Provide task completion dates and the frequency of tasks. Time frames for task completion should fall within the same period as the funding request.

**Responsibility:** Indicate specific individuals within the organization who will be responsible for the implementation of culturally and linguistically responsive practices.

**Benchmarks:** Offer observable indicators of progress in reaching or measuring the goal. A benchmark for training on cultural and linguistic competence might be: 100% of the board/staff have received Cultural Diversity training by January or within 6 months of hiring.

**Applicable Standard:** Provide a CLAS Standard which matches the action step that is outlined in the CLC Plan. You may use a CLAS Standard more than once.

Once all fields are completed, Save and select the next Area. Repeat until each Area is addressed.

### I. Governance, Leadership, and Workforce

Standard 4 - Educate and train governance, leadership, and workforce in culturally and linguistically appropriate policies and practices on an ongoing basis.

Action Steps	Time Frame	Responsibility	Benchmarks
Allocate funding/resources for annual cultural and linguistic competence training.	Quarter 1 PY27	Governing Board	Staff will be allowed 8 hours per year for cultural and linguistic competence training.
Annual Training will be provided to Board, Leadership, and Staff	Quarter 2&4	Management Leadership Teams	

## II. Communication and Language Assistance

(All actions in this section should be based on Standards 5-8)

Action Steps	Time Frame	Responsibility	Benchmarks
Develop a directory of local providers, organizations, and other community supports.			
A list of qualified interpreters will be provided for the staff and clients to ensure quality care.			

Offer language assistance to individuals who have limited English proficiency and/or other communication needs, at no cost to them, to facilitate timely access to all health care and services.

Inform all individuals of the availability of language assistance services clearly and in their preferred language, verbally and in writing.

Ensure the competence of individuals providing language assistance, recognizing that the use of untrained individuals and/or minors as interpreters should be avoided.

Provide easy-to-understand print and multimedia materials and signage in the languages commonly used by the populations in the service area.

## III. Engagement, Continuous Quality Improvement, and Accountability

Establish culturally and linguistically appropriate goals, policies, and management accountability, and infuse them throughout the organization's planning and operations.  
 10. Conduct ongoing assessments of the organization's CLAS-related activities and integrate CLAS-related measures into measurement and continuous quality improvement activities.

Action Steps	Time Frame	Responsibility	Benchmarks
Read and sign agreement that CLCP has been read and practices will be implemented within the designated time period.			
Organize a Cultural and Linguistic Competence Committee with authority to monitor goals of CLCP and create action steps.			
Assess and modify the physical facility to reflect the population of focus, to be welcoming, clean, and attractive by providing cultural art, magazines, refreshments, etc.			

#### IV. Consumer and Individual Level

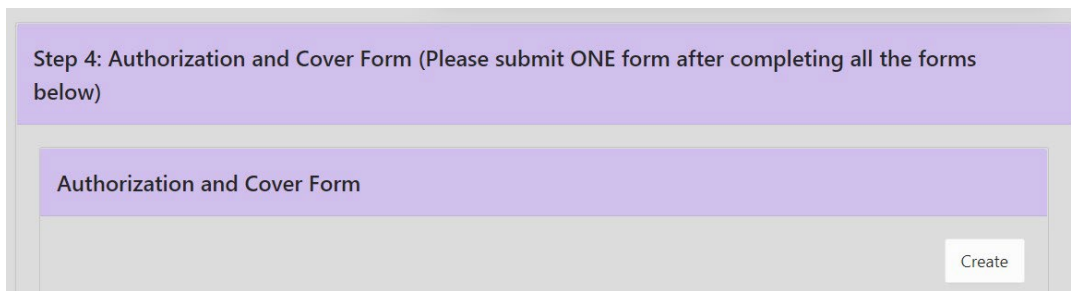
Principal Standard:

Provide effective, equitable, understandable, and respectful quality care and services that are responsive to diverse cultural health beliefs and practices, preferred languages, health literacy, and other communication needs.

Action Steps	Time Frame	Responsibility	Benchmarks
Conduct regular satisfaction surveys/feedback for clients to discuss services that were delivered.			

### AUTHORIZATION & COVER FORM

The system will track the status of funding requests at the top of the agency’s Application page, with a color-coded bar and a list of forms to be completed. The application deadline appears there and within subsections. The tracking function will not indicate 100% completion until you have submitted all forms and the Authorization & Cover Form, which is created in “Step 4” on the Application page.



The Authorization & Cover Form is the third of the three forms which are required just once per agency, per fund. It summarizes which tasks are completed and which remain. **Submitting this form is the final step of the application process. You will not be able to submit it until all others have been submitted. An application is not complete until this form is submitted.**

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## Step 3: Program Plan Narrative (one form per program)

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The Program Plan Narrative should be a clear and succinct description of the program for which funding is requested. If an applicant seeks funding for multiple programs, a Program Plan Narrative is required for each. Include essential details in response to the prompts. Protect your work by selecting **"Save My Responses"** often. Copying and pasting from external documents into sections with space limitations may result in loss of content due to additional characters inserted by the originating word processing software.

"Create" a new Program Plan Narrative or "Edit" one which was cloned or saved. Agency Name is automatically added. To the right of "Program" will be a dropdown with those **Program Names** you entered in "Step 1." Select the program name and "Create." In the created or saved form, areas highlighted in yellow require a response. Note that the Status is "Pending."

### Why It Matters

1. Choose a priority from the dropdown list of Board Approved Priority Categories.
  - For programs serving persons with I/DD, apply to the **CCddb** and select the priority best aligned.
  - If applying to provide I/DD services for Very Young Children and their Families, choose CCMHB.
  - For **CCMHB** funding of MI or SUD services, select the priority category best aligned with the proposed program.
2. In 100 words or fewer, describe how this proposal aligns with the selected priority and why it matters. If more than one PY2027 priority is relevant but not to be captured in a separate funding proposal, you may include a comment to that effect.

Report Lines

Save My Responses (Do not submit yet)

Why It Matters

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1. Select a Priority from the PY24 Board Approved List

Self-Advocacy

2. Briefly state how this proposal aligns with the selected priority. If more than one PY2024 priority is relevant but not to proposal, you might include such a comment. (100 word limit)

### **Who Will Benefit**

3. In 100 or fewer words (not including the “Required Eligibility Criteria for Funded Services” statement in the form), identify the target population your program will serve and your rationale for this focus. Rationale may be based on empirical research, local needs assessment, or other cited source.

### **Scope of Services**

4. If available, include a link to the agency’s website and services. Identify the specific activities or supports to be funded by the CCDDDB or CCMHB. Include details on how the person being served contributes to the plan for their services. (300 words, so use links as needed!)
5. Are similar or related services/supports available to this target population through another organization in Champaign County? YES/NO
6. List similar or related services and the provider organizations. (250 word limit)
7. How will the proposed program improve coordination with these providers on behalf of people served? (200 word limit)
8. List all organizations with which you have written working agreements. (200 words)
9. Briefly cite the evidence-based, evidence-informed, recommended, promising, or innovative practice featured in the proposed program. Include a link. (250 words)
10. List staff qualifications, credentials, and/or specialized training, specific to the program. (200 word limit)
11. Identify where the service will occur. Also describe virtual options and training available (to staff or clients) to support virtual options. (200 word limit)

### **Engaging the Whole Community and Promoting Inclusion**

12. How will this program engage and serve residents of rural areas, especially the medically underserved townships? (200 words)  
*Statements such as “the program serves all residents of Champaign County,” without an explanation of how people are to be engaged, are not sufficient.*
13. Where will rural residents be served? Include any virtual options. (100 word limit)
14. Beyond the total agency efforts described in the CLC Plan, what actions will this program take to engage and serve people who are members of underserved/ undervalued racial, ethnic, or gender minority populations? (200 word limit)

*If not different from actions in the CLC Plan, please indicate this. Statements such as "the program serves all people regardless of race or ethnicity," without an explanation of how people are to be engaged, are not sufficient.*

15. Describe actions which ensure that individuals with relevant lived experience/expertise [or I/DD] have a voice in the program's activities/operations. Optionally, at the time of this application, indicate roughly what percentage of staff have relevant lived experience/expertise. (200 word limit)  
*These questions are different for each fund – answer what the form asks.*
16. What actions will the program take to develop individualized community inclusion and engagement for people served? Identify possible opportunities outside of the program (e.g., community college, adult education, board service, community clubs, events, etc.) (CCDDB) **OR** What actions will the program take to increase individualized community inclusion and engagement of people served? What actions will the program take to disrupt and reduce stigma related to lived experience of those seeking or receiving services? (CCMHB) (200 word limit)  
*These questions are different for each fund – answer what the form asks.*

## **MEASURES OF ACCESS, OUTCOMES, AND UTILIZATION**

Describe specific performance outcomes that your program, if funded, will report on, some at the end of each quarter and others at end of year. Required measures focus on three areas: consumer access, consumer outcomes, and utilization data. Applicants must project estimated results. Incumbent applicants also report actual performance in relation to what was projected. The most effective measures are directly impacted by program activities, are quantifiable, and can be assessed in some way. In addition, qualitative data that illustrate major program effects may be included. Applicants may find that developing a logic model will help link program activities with intended outcomes. Save often using **"Save My Responses."** *For more guidance, information, definitions, and links to resources, see Appendix B and Appendix C, below.*

### **Client/Participant Access**

*Your responses in this section will detail the ways your program will determine how people find and engage with your services. All questions require an answer - text, numeric, or YES/NO.*

17. List the eligibility criteria for this program. (100 word limit)  
*E.g., "People from the ages of 16-65 years old with depression are eligible for our program."*
18. How do you determine if a person meets criteria? (100 word limit)  
*E.g., confirm PUNS enrollment, self-report from potential participants, proof of income, specific score on assessment, "We use a cut-off score of 5 on the PHQ-9, a brief depression screen."*
19. How do eligible people learn about this program? (100 word limit)

*E.g., outreach activities, from referral. If through online media, explain how the audience is reached.*

20. Estimate the number of days from the date a person is referred or seeks assistance to the date of completion of assessment of eligibility and need. (numeric)
21. Estimate the percentage of people referred or seeking assistance for whom an assessment will be completed within the identified time frame. (numeric)
22. Estimate the number of days from the date of completed assessment to the date of first engagement in services. (numeric)
23. Estimate the percentage of eligible persons who will engage in services within the identified time frame. (numeric)
24. Estimate the average length of time of participant engagement in services or supports. (20 word limit)  
*Identify and use the unit most appropriate to this program.*
25. Beyond language preference, race/ethnicity, age, gender, and zip code, what demographic data will you collect? (100 word limit)  
*Note: Demographic information on program participants' language preference, race/ethnicity, age, gender, and zip code are required to be reported quarterly. Your program may find that it is important to collect additional demographic information. While not required, there is space in the comment section of the quarterly reports for you to provide this information.*

### **Client/Participant Outcomes**

Your responses in this section will detail the ways your program will impact people who engage with your services. The impacts you want your program activities to have on participants are referred to as 'outcomes'. If you currently report outcomes to other funders or organizations, you may use those here (i.e., if they are measurable and directly relate to program activities). *For more information, please review the evaluation capacity building team's microlearning videos, "How to Avoid Overpromising and Underdelivering," "Process and Outcome Evaluation," and series on logic models at <https://familyresiliency.illinois.edu/resources/microlearning-videos>.*

26. What impact will this program have on the people it serves? Outcomes relate to the changes you anticipate occurring as a result of program participation, e.g., improved knowledge or skills. Number each outcome (2 or 3 of them may be enough) and identify a numeric target and time frame for each. (300 word limit)
27. For each of these outcomes, list the specific survey or assessment tool to be used to collect information on the outcome and indicate who will provide the data. Associate each with a Numbered Outcome. (300 word limit)



*What process will you use to measure outcomes? You may want to use pre/post-tests, or quarterly assessments, or information from some yearly record. Do you plan to measure this outcome using data from a survey, or assessment tool, or interview, or another method? The tool used should be evidence-based or empirically validated. Qualitative information may provide additional documentation of program impacts; if relevant, describe qualitative information related to the outcomes. For more information on what that means and potential tools, see the Glossary below.*

28. Will outcome information be gathered from (or on behalf of) every person who receives the service/support? YES/NO
29. If NO, how will you choose the people whose outcome information will be collected and reported? (100 word limit)
30. How often will outcome information be collected? (20 word limit)

### **Utilization**

Here, you will explain service categories your program will report. Programs **do not** need to collect and report on every category. Instead, pick only the ones that are most useful for understanding program impact. You may be counting multiple activities or only reporting one activity within a particular category, but an explanation should be provided of what types of activities are being counted in the respective category. Incumbent programs may use service categories from the previous year's plan, projecting targets for the new program year based on past performance. For more information on the categories, see definitions in the Glossary. Provide the projected **numeric** target for that category, or enter "0" if not in use. You may also describe the planned use of each category or indicate that it is not applicable.

31. **Number of Treatment Plan Clients (TPC)**, people whose services are guided by a written, individualized treatment plan. You may also describe the use of this category (100 word limit.)
32. **Number of Non-Treatment Plan Clients (NTPC)**, people who receive a service or support not related to such a plan. You may also describe the use of this category (100 word limit.)
33. **Number of Community Service Events (CSE)**, available to the public to raise awareness of the program or issues it addresses. You may also describe the use of this category (100 word limit.)
34. **Number of Service or Screening Contacts (SC)**, episodes of contact with people served or screened. You may also describe the use of this category (100 word limit.)
35. **Other**, may be hours of direct service or other target relevant to program. You may also describe the use of this category (200 word limit.)

### Service Fees and Other Sources of Funding

36. What other payment sources are available for this service/support? Indicate all available and whether they have been pursued and secured. (100 word limit)  
*This includes private and public insurance, other grant or fee-for-service funding, and private pay/self-pay. It is important because the CCMHB and CCDDDB should always be treated as the payor of last resort, using other available pay sources to support program activities whenever possible.*
37. Do the people served pay a fee? YES/NO
38. Does the program use a sliding fee scale? YES/NO
39. Sliding Fee Scale, if applicable (200 word limit)  
*If some or all clients are asked to pay fees, enter the fee scale here.*
40. Is program eligible and willing to participate in Illinois Department of Human Services DD Waiver programs (e.g., CILA, HBS)? (CCDDDB) Is program eligible and willing to participate in Medicaid programs? (CCMHB)

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## Step 3, continued: Financial Forms (one of each, per program)

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**The system will identify certain errors when saving or submitting a Personnel, Revenue, or Expense form.** Each error must be corrected before the form can be submitted. Do not enter a blank space, letter, or special character in a box in which a number is to be entered in the Personnel, Revenue, and Expense forms. These actions will generate an error message. When saved, the system will insert the \$ and comma characters as necessary.

**Protect your work by clicking "Save My Responses" often.**

**There are interactions across forms.** The Personnel form auto-populates the Salaries row of the Expense form. The Expense form compares totals with the Revenue form. The Revenue form auto-populates the Program Name with the amount being requested. **Save** Personnel before Expense form, and **save** each form before **submitting**, in case further edits are needed.

**Do not neglect a column.** Personnel, Revenue, and Expense forms require agency-level, program-level, and contract-level details. Each column will include amounts less than or equal to those in the column to its left.

## PERSONNEL FORM

“Create” one Personnel Form per proposed program, and provide all information requested. The template has been revised and includes optional start and end dates for each staff person identified in the matrix. There are three options for entering data: fill in one item at a time; download, complete, and upload an excel spreadsheet; or copy a form from another program.

**Option 1: If entering one item at a time** or adding to an uploaded or copied personnel form, click on “Add Person” to create a row for each staff member/position. Fill in all items as instructed below and select Direct or Indirect as appropriate to each position. Personnel will be categorized, and subtotal and total costs calculated automatically.

**Option 2: A downloadable csv spreadsheet** is available at the top of the Application page. This may be most useful for large agencies or programs. Use capital letters to identify whether a position is Indirect or Direct and the person Active or Terminated.

**Option 3: Copy a personnel form** which was submitted for a different program, year, or fund source into the current form and edit for accuracy. After you “Create” a blank form for the program and click on the dropdown selection entitled “Form to copy,” you will see a list of submitted personnel forms. Make your selection and click on “Copy Personnel Form.” This will auto-populate cells to use or edit and leave other cells for you to complete. **Note:** *unlike other forms, Personnel can be copied across fund sources.*

Form to copy: Select form to copy (dropdown) **Copy Personnel Form**

Note: Caution: Copying another personnel form replaces existing data (if any) with that of the selected form.

Reset

Delete (start over)

**Personnel**

Save My Responses (Do not submit yet) | SUBMIT My Responses (No further edits will be allowed.)

Note: If sufficient information is available, you can leave either Total Program FTE or Total Program Salary blank and the system will calculate for you.  
If BOTH values are entered, they are accepted as entered.

Upload from Spreadsheet

<input type="checkbox"/>	Title	Name	Total Agency FTE	Total Agency Salary	Total Program FTE	Total Program Salary
--------------------------	-------	------	------------------	---------------------	-------------------	----------------------

With any of these options, review and edit entries per the following guidelines. The form projects the number of Full-Time Equivalent staff and salary/wage costs for Total Agency,

Total Program, and (CCDDB-CCMHB) Contract for the program year. It calculates subtotals of Indirect and Direct FTE and costs for Total Agency, Total Program, and Contract.

**Save often.** Click **Save My Responses** frequently so the system can calculate and fill fields.

#### Data entry rules

- **Numbers only:** Don't put spaces, letters, or special characters into number fields. This causes errors. The system will add \$ and commas when you save.
- **FTEs:** Use decimals to the **hundredth** (e.g., 0.25). Entering thousandths (e.g., 0.025) or smaller will trigger an error.
- **Salaries:** Enter whole numbers only (no cents).
- **Fix mistakes:** Use **Delete Checked Rows** to remove an entry without losing other data.

#### Grouping and "Other"

- Direct and indirect staff not associated with the program may be combined in one Total Agency line titled "Other."
- Use **separate lines** for Direct and Indirect "Other" totals.
- If you aggregate with "Other," **only do so** when none of those positions will be allocated to the program or contract.

#### Who must be listed

- All staff with any time or cost allocated to the program must be listed **individually** in Total Agency.
- If you submit multiple applications, list all agency staff on each applicant personnel form (show their **Total Agency** time), then allocate their time/cost to each program in the **Total Program** columns.
- If supported by CCDDB/CCMHB funding (in whole or part), **complete the CCDDB/CCMHB contract columns** (rightmost).

#### FTE allocation rules

- **Total Agency FTE** per person:  $\leq 1.0$  (except aggregated "Other" lines).
- A single person can be split between **Direct and Indirect**, but combined FTE for that person must not exceed 1.0 (100%).
- **FTE assumes 40 working hours per week.** The FTE for individuals working less than 40 hours/week should be calculated by dividing the number of hours worked by 40. For example, an individual working 20 hours/week would be listed as 0.5 FTE. An individual working 10 hours/week would be listed as .25 FTE.

#### Columns explained

- **Title:** Job title (each employee gets a separate line, even those with the same job title).
- **Name:** Current employee name or "Vacant – to be filled".
- **Total Agency FTE / Salary:** FTE ( $\leq 1.0$  per person) and annual salary for the agency position (includes regular pay, OT, vacation, sick, etc.). "Other" aggregate lines can have FTE  $> 1.0$  only if none of that time/salary goes to the program or contract.

- **Total Program FTE / Salary:** FTE and salary portion attributed to this program ( $\leq 1.0$ ).
- **CCDDB/CCMHB Contract FTE / Salary:** FTE and salary to be funded by the CCDDB/MHB contract ( $\leq 1.0$ ).

### Type, Status, Dates

- **Type:** Choose Direct or Indirect (a person can be both - justify in the Budget Narrative).
- **Status** (optional): Active (recommended) or Terminated.
- **Hire/End Date** (optional): Fill as appropriate (usually only Hire Date).

### Automatic calculations

- After entering salary or FTE in Total Program or CCDDB/CCMHB columns, click **Save My Responses** to let the system calculate remaining/unfilled amounts. You can also enter those amounts manually if you prefer.
- The form **auto-calculates** Direct and Indirect totals and the overall Total Salaries/FTEs.
- Click SAVE to update totals; the Personnel Form then **populates the Salaries/Wages row on the program's Expense Form.**

## REVENUE FORM

### Getting Started

A separate revenue form is required for each program.

1. Select **"Create."**
2. Choose a **proposed program** from the dropdown, then select **"Create"** again.
3. A revenue form will appear with **3 columns** and **14 rows**.
4. **Complete all yellow fields** using **whole dollar amounts only**.
  - Do **not** enter letters, symbols, or blank spaces. These cause errors.

Save My Responses (Do not submit yet) | SUBMIT My Responses (No further edits will be allowed.) | Delete Checked

	Revenue	Total Agency Revenue	Total Program Revenue	CCDDB Budgeted Revenue	Sss
1	CC United Way Allocation	<input type="text"/>	<input type="text"/>		1
2	U Way Designated Donations	<input type="text"/>	<input type="text"/>		2
3	Contributions	<input type="text"/>	<input type="text"/>		3
4	Special Events / Fundraising	<input type="text"/>	<input type="text"/>		4
5	Contrib / Assoc Organizations	<input type="text"/>	<input type="text"/>		5
6	Allocations Other U-Way	<input type="text"/>	<input type="text"/>		6
7	Grants - CCDDB	<input type="text"/>	<input type="text"/>	<input type="text"/>	7
8	Membership Dues	<input type="text"/>	<input type="text"/>		8
9	Program Service Fees - CCDDB	<input type="text"/>	<input type="text"/>	<input type="text"/>	9
10	Sales of Goods and Services	<input type="text"/>	<input type="text"/>		10
11	Interest Income	<input type="text"/>	<input type="text"/>		11
12	Rental Income	<input type="text"/>	<input type="text"/>		12
13	In-Kind Contributions	<input type="text"/>	<input type="text"/>		13
14	Miscellaneous	<input type="text"/>	<input type="text"/>		14

[Download | PDF](#)

## Copying Forms

You may copy a completed form **from one program to another** using the **“Form to Copy”** dropdown and **“Copy Form.”** Forms **cannot** be copied between different funding sources (CCMHB ↔ CCDDDB).

## Revenue Increases

If an existing program requests more CCDDDB or CCMHB funding, explain the reason in the **Budget Narrative Form** (see below).

## Column Instructions

- **Total Agency Revenue:** All revenue sources for the entire agency.
- **Total Program Revenue:** All revenue supporting the specific program (including the CCDDDB/CCMHB request).
- **CCDDDB/CCMHB Budgeted Revenue:** Only the funding requested from CCDDDB or CCMHB.
  - **Grant contract:** enter the request on Line 7, put 0 on Line 9.
  - **Fee-for-Service contract:** enter the request on Line 9, put 0 on Line 7.

## Row Instructions

### 1. CC United Way Allocation

Total Champaign County United Way allocation for the year.

### 2. United Way Designated Donations

Donor designations through United Way campaigns.

### 3. Contributions

Include:

- Contributions earmarked for a program, and
- General contributions allocated reasonably across programs. Unrestricted revenue must be allocated reasonably across all contracts, including CCMHB/CCDDDB.

### 4. Special Events / Fundraising

Revenue from events, including sales of related items (e.g., T-shirts).

### 5. Contributions by Associated Organizations

Funds from national/state/local affiliates or joint operations.

### 6. Allocations from Other United Ways

United Way funds received from counties outside Champaign.

### 7. Grants

- List **all grants** separately. **Do not combine sources.**
- **Line 7** is reserved for the **CCDDDB/CCMHB contract amount.**
- To add more grants (7.01, 7.02, etc.):
  - Choose **“Grants”** in the dropdown
  - Select **“Create new row for”**
  - Enter the grant name in the text box
- In the **Total Agency Revenue** column, include all grant revenue across all programs.
- In **Program Revenue & Budgeted Revenue** columns for Line 7, amounts should match.

Operating Fund Revenue P

Save My Responses (Do not submit yet) SUBMIT My Responses (No further edits will be allowed)

Revenue	Total Agency Revenue	Total Program Revenue	CCMHB Budgeted Revenue	Examples
1 CC United Way Allocation				Examples
2 U Way Designated Donations				
3 Contributions				
4 Special Events / Fundraising				
5 Contrib / Assoc Organizations				
6 Allocations Other U-Way				
7 Grants - CCMHB	\$100,000	\$100,000	\$100,000	
7.01 Grants -				<input type="checkbox"/>
8 Membership Dues				
9 Program Service Fees - CCMHB				
10 Sales of Goods and Services				
11 Interest Income				
12 Rental Income				
13 In-Kind Contributions				
14 Miscellaneous				

Spreadsheet | PDF

Please list individual revenue sources (do not combine sources) Add lines as necessary

Save My Responses (Do not submit yet) SUBMIT My Responses (No further edits will be allowed)

Add rows to report

Create new row for  **Step 2: Click "Create new row for"**

Grants -  **Step 1: Select "Grants" or "Program Service Fees" from the drop down box.**

**Step 3: Identify funder or award name in this text box**

## 8. Membership Dues

Revenue received as membership dues.

## 9. Program Service Fees

- Reimbursements for services provided.
- List each funding source separately. **Do not combine.**
- **Line 9** is reserved for the **CCDDB/CCMHB Fee-for-Service contract.**
- To add additional funders (9.01, 9.02, etc.):
  - Choose **"Program Service Fees"**
  - Select **"Create new row for"**
- For each added line:
  - List the full source/amount under **Total Agency Revenue**
  - List only the amount used for this program under **Total Program Revenue**

(Same process as Grants, Line 7.)

## 10. Sales of Goods and Services

Sales not tied to fundraising events (e.g., workshop products).

## 11. Interest Income

Investment earnings.

## 12. Rental Income

Revenue from renting facilities to another organization.

## 13. In-Kind Contributions

See Appendix D for allowable types.

## 14. Miscellaneous

Use for items such as bequests.

## EXPENSE FORM

### Getting Started

1. Select **“Create.”**
2. Choose a **proposed program** from the dropdown, then select **“Create”** again.
3. An expense form will appear with **3 columns** and **19 rows**.
4. **Complete all yellow fields** using **whole dollar amounts only**.
  - Do **not** enter letters, symbols, or blank spaces—these cause errors.

A separate expense form is required **for each program**.

### Copying Forms

You may copy a completed form **from one program to another** using the **“Form to Copy”** dropdown and **“Copy Form.”** Forms **cannot** be copied between different funding sources (CCMHB ↔ CCDDDB).

### Column Instructions

- **Total Agency Expenses:** Projected expenditures for the entire agency.
- **Total Program Expenses:** Projected expenditures for the total program proposed for CCDDDB or CCMHB support. All expenses for this program should be listed.
- **CCDDDB/CCMHB Expenses:** Projected expenditures to be paid by CCDDDB or CCMHB.

Save My Responses (Do not submit yet)		SUBMIT My Responses (No further edits will be allowed.)				Delete Checked
Expenses	Total Agency Expenses	Total Program Expenses	CCDDDB Expenses	Sss		
1 Salaries / Wages	410000	325000	275000	1		
2 Payroll Taxes				2		
3 Benefits				3		
4 Professional Fees / Consultants				4		
5 Client Wages / Benefits				5		
6 Consumables				6		
7 General Operating				7		
8 Occupancy				8		
9 Conferences / Staff Development				9		
10 Local Transportation				10		
11 Specific Assistance				11		
12 Equipment Purchases				12		
13 Lease / Rental				13		
14 Membership Dues				14		

### Row Instructions

#### 1. Salaries/Wages

*These cells are SELF-POPULATED from the Personnel Form when the Personnel Form has been saved or submitted and the Expense Form has been saved.*



The figures on this line are amounts to be paid to regular full-time and part-time agency employees, not including consultants or other professionals engaged on a contract basis. Include: salaries/wages, including overtime; payout for accrued leave time.

**2. Payroll Taxes**

Examples: employer FICA; Unemployment/Workman's Compensation.

**3. Benefits**

Examples: employee health and retirement benefits; accident insurance premiums; life insurance premiums; medical and hospital plan premiums; pension or retirement plan premiums; supplemental payments to pensioned employees; employment termination expenses; and other employee benefits, e.g. disability insurance.

**4. Professional Fees/Consultants**

Fees for accounting and payroll services, independent auditors (*if planned amounts exceed those allowed per the Funding Guidelines, Audit Accountability section, or Appendix D, below, the Board may approve a contract which includes the higher amount, superseding the Funding Guidelines*); vocational or academic instruction; psychiatric, psychological, social services, medical care, recreation, rehabilitation or personal care, speech, language, occupational and physical therapy; housekeeping and laundry services; and anyone paid on a contractual basis.

**5. Client Wages/Benefits**

Total wages and fringe benefits for individual clients paid through agency programs, i.e., clients participating in an agency-administered employment program or paid internship in a community employment setting.

**6. Consumables**

Office supplies; medicines and drugs; recreation and crafts; educational supplies; food and beverages; kitchen supplies; housekeeping supplies; laundry supplies and linens; workshop supplies; and program support supplies.

**7. General Operating**

Include all that apply: telephone/web-based and/or internet services; subscriptions/reference material - purchased publications, technical books, magazines & pamphlets, online subscriptions; postage/shipping - postage, Fed Ex, UPS, trucking, and other delivery expenses along with shipping materials; outside printing - printing, commercial artists and supplies for plates, art work, proofs, photographs and leaflets, films and other informational or promotional materials; liability/malpractice insurance – cost of all other liability, malpractice, personal injury, and other insurance not reported as property insurance or as employee benefits; and bonding expense.

**8. Occupancy**

Costs arising from an agency's occupancy and use of land, buildings and offices. *The cost of permanent improvements and items of equipment with a unit cost of more than \$500 each and having a useful life of more than one year cannot be included.* Includes: property insurance - all comprehensive hazard insurance including property liability insurance; electricity, heat & other utilities; janitorial & other maintenance services; building & grounds maintenance supplies; equipment maintenance; and property taxes.

**9. Conferences/Staff Development**

Cost of conducting and/or attending conferences, staff development events, conventions, and meetings relating to the agency's activities.

**10. Local Transportation**

Vehicle Operating Cost - vehicle insurance, license plates, gasoline, repairs and maintenance (do not include depreciation or lease payments); Other Staff Transportation - cost for staff travel, including mileage paid for use of personal vehicles.

**11. Specific Assistance**

Cost of providing individual clients with special necessary needs where the items purchased became the property of the individual rather than the agency. Examples: clothing; allowance; foster parent board payments; client legal expense; necessary appliances; client transportation (e.g., public transportation)

**12. Equipment Purchases**

Equipment items with a unit cost of less than \$2,500 (or greater if specified and approved) or a lower maximum based on established policies of the agency. Do not include capital equipment purchases. Items with a unit cost of greater than \$2,500 are considered Capital Equipment and must be charged to category 18 – Miscellaneous.

**13. Lease/Rental**

Equipment; vehicles; building rent/lease.

**14. Membership Dues**

Cost for membership dues paid or payable to organizations that provide services, publications, and materials for the agency's use.

**15. Interest Expense**

Current operating interest; construction period interest; mortgage interest; and equipment interest. Interest expense **cannot** be charged to funding from CCDDDB/CCMHB. Interest expense paid from non- CCDDDB/CCMHB sources can be included in amounts posted to the total agency and total program columns. The CCDDDB/CCMHB column is blocked from use.

**16. Fund Raising Activities**

Expenses directly connected with the event.

**17. Cost of Production**

Expenses directly involved with production costs.

**18. Miscellaneous**

Awards and Grants - amounts paid or committed to individuals or organizations for the support of research, fellowships, scholarships, and other health or welfare programs; Moving/Recruiting - cost of interviewing prospective employees and moving and expense allowance provided to new employees; Amortization of organization and pre-operative costs, such as operation expenses incurred in making preparations for rendering client care before the first client is admitted; Capital Improvements; Equipment with a per item cost of \$2,500 or greater, for which the purpose is specified and approved.

**19. Depreciation**

Total allocation of the cost of physical assets over their estimated useful lives.

Depreciation **cannot** be charged to funding from CCDDDB/CCMHB, and that column is blocked. Depreciation paid from non- CCDDDB/CCMHB sources can be included in amounts posted to the total agency column or total program column.

**Non-Allowable Expenses:**

- (i) Bad debts;
- (ii) Contingency reserve fund contributions;
- (iii) Contributions and donations;
- (iv) Entertainment;
- (v) Compensation for board members;
- (vi) Fines and penalties;
- (vii) Interest expense;
- (viii) Sales tax;
- (ix) Purchase of alcohol;
- (x) Employee travel expenses in excess of IRS guidelines;
- (xi) Lobbying costs;
- (xii) Depreciation costs;
- (xiii) Rental income received must be used to reduce the reimbursable expense by CCDDDB/CCMHB funds for the item rented;
- (xiv) Capital expenditures greater than \$2,500, unless funds are specified for such purpose;
- (xv) Supplanting funding from another revenue stream. The CCMHB or CCDDDB may delay allocation decisions when anticipated funds from other sources may be influenced by their decisions;
- (xvi) Supplementation of state or federal funds and/or payments subject to the coordination of benefits;
- (xvii) Expenses or items not otherwise approved through the budget or budget amendment process;
- (xviii) Expenses incurred outside the term of the contract;
- (xix) Contributions to any political candidate or party or to another charitable purpose;
- (xx) Excessive administrative costs including:
  - Any indirect administrative cost rate in excess of 20% (subject to review by the CCMHB or CCDDDB) of the non-administrative portion of the budget, unless approved by the CCMHB or CCDDDB;
  - Any indirect administrative costs that exceed those approved in the program/service budget; and
  - Any indirect administrative costs for which an organization's cost allocation plan has not been submitted and deemed acceptable to the CCMHB or CCDDDB.

For clarification or additional information, refer to the CCMHB or CCDDDB Funding Guidelines.

At the bottom of the form are comparisons of Expense and Revenue columns. When the Revenue form is submitted, totals will populate the Expense form, and the rightmost column calculations will be completed. Revenue and Expenses should balance. If the CCDDDB/CCMHB column is not balanced, **an ERROR is generated**.

Total Expenses	Total Revenue	Excess (Deficit) Expenses over Revenue
Total Agency Expenses <b>\$746,800</b>	<b>\$746,800</b>	<b>\$0</b>
Total Program Expenses <b>\$448,400</b>	<b>\$448,400</b>	<b>\$0</b>
CCDDDB Expenses <b>\$324,356</b>	<b>\$324,356</b>	<b>\$0</b>

## BUDGET NARRATIVE FORM

Applicants must provide a budget narrative for each program funding request, explaining how each item relates to the program and how the amount was calculated. Agency Executive Directors, Program Directors, and Financial Officers should contribute to the Budget Narrative.

- Include each line item, the amount, and one or two sentences to describe use of the funds in relation to the program, along with how the cost was determined. See below for more details. Line items not thoroughly justified in relation to the program may be deleted from the approved budget. Numbers listed in the budget narrative should match those presented on the Financial Forms (Personnel, Revenue, Expense).
- If a funding increase is requested for a currently funded program, provide justification.
- If the total program is not balanced, projecting a surplus or deficit, provide justification.
- Include detail on attempts to secure funding from other sources and explanation of why other funding has not been or will not be secured. This is an expansion of the brief response requested in the Program Plan Narrative.

*Reminder: Exceeding space limits may generate an error message when attempting to SAVE or SUBMIT the form. If that is the case, the section should be edited. Space remaining in one section (Personnel, Revenue, or Expense) may be used to provide additional space from another section as needed; if you do this, please identify the category which has been continued.*

Remember to save often using **“Save My Responses.”**

Save My Responses (Do not submit yet)

Budget Narrative  
 =====

Applicants must provide a budget narrative that explains each item listed in the budget for CCMHB or CCDDDB funds and how the amount was calculated. Executive Directors, Agency Program Directors and Fiscal Officers should participate in the development of the budget narrative. Format of the narrative is to include the line item, cost and one or two sentences to describe use of the funds in relation to the program and how the cost was determined. See below for more details.

Line items not thoroughly justified in relation to the program may be deleted from the approved budget. The numbers listed in the budget narrative must match those presented on the financial forms – revenue, expense or personnel.

Revenue (The text field displayed below approximates the space available for your response to this section)

**Revenue:** Identify other sources of funding for the program by amount and whether funds have been awarded or other status of the request. State the source of revenue: state, federal, private. Indicate if funds from other sources are renewal of existing contracts, multi-year commitments, or initial requests for new or expanded program funding. For CCDDDB or CCMHB funds, indicate if they are to be used as a match and cite the source of the match requirement.

**Expenses:** Identify the line item, cost for total program, and amount to be paid by CCDDDB or CCMHB. Then describe how each line item, particularly the use of the requested funds listed in Column 3 of the Expense Form, supports the program and projected outcomes, and how the cost was calculated. *Note: If you wish to submit a GATA-approved indirect cost allocation plan with approval letter, clearly indicate in this section that these will be made available to the CCDDDB/CCMHB, especially if the plan varies from any of the above requested representations.*

#### **Guidance for particular expense line items:**

- **Professional Fees/Consultants:** Explain services to be provided, name of contractor or how they will be selected, and how the cost was determined. Audit expense and name of auditor or firm should be listed; the audit, review, or compilation is to be performed by an independent, licensed certified public accountant registered with the State of Illinois. Please note that, for incumbent agencies, the amount budgeted will be for the expense associated with independent audit, review, or compilation of the most recent completed contract year. *(See Funding Guidelines for more details.)*
- **Occupancy Expense:** Break out the total cost charged to the program by type of expense and then to CCDDDB or CCMHB and list the amount. Also describe how the respective amounts to be charged to the contract were determined.
- **Specific Assistance:** Describe the types and amounts of assistance and how clients are determined eligible for these funds. Indicate whether the program has a written policy or guidelines for how these funds are accessed and for what purpose/use.
- **Equipment:** If purchase of equipment is requested, provide justification linking specific equipment solely to the program and how the cost was determined. If items are the same as those purchased within two prior program years, explain why additional items are being purchased. Reminder – equipment items must have a unit cost lower than \$2,500 unless specified for such purpose and approved.
- **Miscellaneous:** A description is required for each expense included in this line item.

**Personnel:** Identify key personnel by position and cost for total program and amount to be paid by CCDDDB or CCMHB. Describe the activities to be completed in support of the program with the requested funds and explain how the cost was calculated. Describe the relationship between the program services and each staff position to be charged (in whole or in part) to the program contract. Explain how indirect and direct staff positions duties determine how the position is classified. You may reference back to the position and wages/salary on the "Personnel Form – CCDDDB/CCMHB Funded" column as a supplement to narrative statement(s) included here. Items listed here should match amounts included on the Personnel Form.

**Additional Comments:** Optional space for further explanation of the above. Please indicate clearly which section is continued here.

*If character counts limit your work in this form, contact CCMHB-CCDDB staff.*

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## Appendix A: Cultural and Linguistic Competence Plan Glossary

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**Definitions specific to CLC** are adapted from Cross, Bazron, Dennis & Isaac's (1989) *Towards a Culturally Competent System of Care: A Monograph on Effective Services for Minority Children Who Are Severely Emotionally Disturbed: Volume I* and Goode & Jones (modified 2004), National Center for Cultural Competence, Georgetown University Center for Child & Human Development:

**Cultural Competence:** a defined set of values and principles which are reflected within the behaviors, attitudes, policies, and structures of agencies, family/youth/consumer organizations, providers, and community stakeholders to result in appropriate and effective services for all; the capacity to value diversity, conduct self-assessment, manage the dynamics of difference, acquire and institutionalize cultural knowledge, and adapt to diversity and the cultural contexts of the communities served; and Integration of the above in all aspects of policy making, administration, practice, service delivery, and systematic involvement of families and individuals, key stakeholders, and communities.

**Linguistic Competence:** the capacity of an organization to communicate effectively and convey information in a manner easily understood by diverse audiences. Linguistic competence involves the development of interagency and internal capacity to respond effectively to the behavioral health/disability literacy and communication needs of the populations served and to possess the policy, structures, practices, procedures, and dedicated resources to support this capacity.

**Culture:** the integrated pattern of thoughts, communications, actions, customs, beliefs, values, and institutions associated, wholly or partially, with racial, ethnic, or linguistic groups, as well as with religious, spiritual, biological, geographical, or sociological characteristics. Culture is dynamic in nature, and individuals may identify with multiple cultures over the course of their lifetimes.

**Competence:** the capacity to function effectively as an individual and an organization within the context of the cultural beliefs, behaviors, and needs presented by individuals and families and their communities.

**Additional Definitions:**

**Underserved Populations:** primarily members of minority groups or those with low-income or limited access, whose health may be compromised by a lack of care that is responsive to their particular needs, concerns, and cultural background.

**Marginalized Population:** a group of people who are excluded from full participation in society.

**Disparity:** lack of similarity or equality; inequality; difference.

**Health:** understood to encompass many aspects, including physical, mental, social, and spiritual well-being. (HHS Indian Health Services [IHS], n.d.; HHS Office of the Surgeon General [OSG] & National Action Alliance for Suicide Prevention, 2012; WHO, 1946).

**National Standards for Culturally and Linguistically Appropriate Services:**

"2013 National Standards for CLAS in Health and Health Care: A Blueprint for Advancing and Sustaining CLAS Policy and Practice" <https://thinkculturalhealth.hhs.gov/clas>

**Principal Standard:**

1. Provide effective, equitable, understandable, and respectful quality care and services that are responsive to diverse cultural health beliefs and practices, preferred languages, health literacy, and other communication needs.

**Governance, Leadership, and Workforce:**

2. Advance and sustain organizational governance and leadership that promotes CLAS and health equity through policy, practices, and allocated resources.
3. Recruit, promote, and support a culturally and linguistically diverse governance, leadership, and workforce that are responsive to the population in the service area.
4. Educate and train governance, leadership, and workforce in culturally and linguistically appropriate policies and practices on an ongoing basis.

**Communication and Language Assistance:**

5. Offer language assistance to individuals who have limited English proficiency and/or other communication needs, at no cost to them, to facilitate timely access to all health care and services.
6. Inform all individuals of the availability of language assistance services clearly and in their preferred language, verbally and in writing.
7. Ensure the competence of individuals providing language assistance, recognizing that the use of untrained individuals and/or minors as interpreters should be avoided.
8. Provide easy-to-understand print and multimedia materials and signage in the languages commonly used by the populations in the service area.

**Engagement, Continuous Improvement, and Accountability:**

9. Establish culturally and linguistically appropriate goals, policies, and management accountability, and infuse them throughout the organization's planning and operations.

10. Conduct ongoing assessments of the organization's CLAS-related activities and integrate CLAS-related measures into measurement and continuous quality improvement activities.
11. Collect and maintain accurate and reliable demographic data to monitor and evaluate the impact of CLAS on health equity and outcomes and to inform service delivery.
12. Conduct regular assessments of community health assets and needs and use the results to plan and implement services that respond to the cultural and linguistic diversity of populations in the service area.
13. Partner with the community to design, implement, and evaluate policies, practices, and services to ensure cultural and linguistic appropriateness.
14. Create conflict and grievance resolution processes that are culturally and linguistically appropriate to identify, prevent, and resolve conflicts or complaints.
15. Communicate the organization's progress in implementing and sustaining CLAS to all stakeholders, constituents, and the general public.

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## Appendix B: Program Plan Narrative Glossary

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### Outcome and Access Terms:

**Evidence Based Model** (and Evidence Informed, Best Practice, Innovative, and Promising Practice Model): When a program uses an evidence-based model, the services it provides are based on a combination of the best available research, clinical expertise, and patient values. Examples of evidence-based tools and assessments for collecting data on consumer outcomes can be found in Appendix C below and in the online resource bank at <https://drive.google.com/drive/u/o/folders/oB6cs5gZd3CK1Q2RBcFZpaHFKWmM?resourcekey=o-LTlk4A6etptY5mCGDnw5JQ>

**Performance Measures:** Measures of your program's performance as reported through consumer/participation/client access, outcomes, and utilization. The year-end Performance Outcome Report no longer includes utilization measures, as these are reported through quarterly Program/Service Activity Reports.

**Consumer/Participant/Client Access:** includes the eligibility criteria used to determine if an interested person qualifies for the program's service activities, how these criteria are determined for each person, the process a person should expect when seeking the service, and how the program conducts its outreach, in search of the target population/people who might benefit.



**Consumer/Participant/Client Outcomes:** The impacts on a person which result from your service. For example, a person may experience increased quality of life or decreased substance use following engagement with the program. Outcomes can be measured using evidence-based tools and assessments provided in the Application Instructions Appendix or online tool.

**Comparative Target/Benchmark:** If the service you are providing has been utilized and evaluated by another program, using the data collected by that program on the service and comparing it to the data you collect on your own program's service provides you with a comparative benchmark.

**Estimate:** What you anticipate based on an informed best guess. The application for funding includes a Program Plan Narrative, in which you identify estimates for several measures.

#### **Utilization/Service Category Definitions:**

**Community Service Events (CSE):** Number of events used to promote the program, including public presentations, consultations with community groups and/or caregivers, school class presentations, and small group workshops. DO NOT count individual participants who attended an event, or number of pamphlets passed out, as a count of CSEs. The focus is on activities that promote the program or educate a targeted audience about the program.

**Service Contacts/Screening Contacts (SC):** Number of phone and face-to-face contacts with consumers/participants/clients who may or may not have open cases in this program - includes information and referral contacts, initial screenings/assessments, or crisis services. This may also include contacts for non-case specific consultations. To be counted, the contact requires engagement; it is not an unanswered telephone call/correspondence. Screening contacts wherein initial assessments are completed is the *preferred* usage of this category. The number of contacts (quantify) is to be counted here.

Hours of service fall in the "**Other**" category, and these should include a quantification of the volume of individual client service encounters expressed as Service Contacts. For example, the Service/Screening Contact target number may be a total of persons receiving an assessment plus total of screening or non-case specific contacts plus total of service encounters with treatment plan clients. Or you may be reporting only the number of service encounters as a service contact. Whether the former, latter, or some combination, each subcategory included in the target number must be defined in the narrative.

**Treatment Plan Clients:** Service recipients with case records and treatment (or service) plans. Each consumer/participant/client should be counted only once each year - either as continuing client or as a new case. A continuing treatment plan client is one who received a service during the previous program year, who then receives a service in the first quarter of the current year. New treatment plan clients are those whose cases were opened during the current year.

New TPCs should represent the number of new unduplicated clients for whom an assessment has been completed and a treatment plan prepared to treat the diagnosed condition. For example, “Q” number of clients will complete an assessment and engage in services and will be counted as a TPC (note that each individual session is a service encounter and can be counted as a service contact – see above).

**Non-Treatment Plan Clients:** Service recipients with case records but no treatment (service) plans, to which substantial services are provided. Operational definitions are negotiated with each program, based on the nature of its services. Examples may include: recipients of material assistance, cases in which considerable outreach is done but the individual never commits to treatment/service, cases closed before a treatment/service plan was written because the person did not want further service, cases in which a client is seen as a service to another agency but does not receive program services beyond assessment, (e.g. a court-requested evaluation), and youth enrolled in and participating in an after school program.

A new NTPC may be a person who has enrolled in a program or service that does not treat a diagnosed condition, i.e., no treatment plan required, such as a prevention-oriented service. It may also be a parent, child, or sibling of the primary client, who is participating in a program but does not have a treatment plan. For example, “X” number of parents will participate in a parent education class (note that the class can be counted as a CSE) or “X” could represent someone who had an assessment completed (assessment is counted as a service contact) but then did not engage in treatment and so will be counted as an NTPC.

**Other:** Programs may choose an indicator of your own invention such as contact hours, discharges, intakes, etc. Contact Board staff for further information. “Other” must have been defined in the Utilization Section of the Program Plan Narrative of the submitted application.

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## Appendix C: Identifying Measurable Consumer Outcomes

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These sections are meant to guide you through the stages of crafting a strong, measurable consumer/participant/client outcome. This document refers to ‘consumer outcomes’ as indicators of the impact of your program on a client. Virtually all programs strive for consumer outcomes to be positive impacts on clients, even when they aren’t explicitly named. Programs should **logically** link their activities (the things they do with and for clients) to the consumer outcomes they hope to see. For a reminder of the Theory of Change and logic modeling, visit [our Box resource here](https://uofi.app.box.com/s/jidv3wz8s5k8kotgyh2puqvsrfit85ka) or <https://uofi.app.box.com/s/jidv3wz8s5k8kotgyh2puqvsrfit85ka>.

Relevant microlearning videos have been recorded and posted at <https://familyresiliency.illinois.edu/resources/microlearning-videos>.

One example of a goal common to social and behavioral health services is something akin to 'better quality of life'. This is a good starting place for developing a measurable consumer outcome but requires a bit more work to be able to demonstrate program impact.

First, we need to get more specific and identify how we would know if this goal is achieved (or not). We need to think about the ways that our program impacts quality of life so that we can point to **indicators** we might see of our ideal outcome. 'Indicator' refers to the ways we would know if an outcome is met. Let's say Program X is a treatment-focused program, which might conceptualize 'better quality of life' as, for example, a decrease in depression, lower stress levels, or better sleep, among many other possibilities. Notice that while the descriptive language is still general ('more', 'better'), the outcomes are getting more specific. Be careful not to overwhelm yourself with outcomes to measure. We recommend starting with two or three solid consumer outcomes. For our purposes, let's use 'lower stress levels' as a more specific consumer outcome for Program X.

From here, we need to identify an assessment tool that will help us measure the outcome we have identified. '**Assessment tool**' refers to the specific way an outcome is being measured.

Common approaches are survey questionnaires or interview protocols, but they may also be things like attendance records or teacher reports. What matters is that the assessment tool is an appropriate measure of the outcome you have identified. This means relying on **evidence-based tools** whenever possible: the GoogleDrive Measure Bank is a resource for finding evidence-based tools. In keeping with our example, Program X might choose to utilize the Patient Stress Questionnaire (found in 'Broad Mental Health Assessments' in the GoogleDrive) as an assessment tool for the consumer outcome 'lower stress levels'.

To provide evidence of your program's impact, it is often important to show change in the consumer outcome you are measuring. Many programs achieve this by doing **pre- and post-test** measures, which means participants are assessed at the beginning and near the end of their program engagement. Other programs might use established benchmarks or past years' data as a comparison. The 'best' method to use depends on the outcome being measured, program activities, and logistical concerns. Program X may specify that they want to see clients who score above a certain threshold on the Patient Stress Questionnaire (e.g. 53 points) at intake score below that threshold at discharge. Alternatively, they may choose to average all client scores at intake and discharge and use an average decrease of some number of points (e.g. 6) as the consumer outcome goal.

Remember, a strong consumer outcome is **specific, measurable, and meaningful**, and this can be achieved in a variety of different ways. There is no one-size-fits-all. Use the GoogleDrive as a resource for evidence-based assessment tools. If you can't find a relevant assessment tool,

the section 'General/Global Outcomes' has information on free, customizable assessment tools for a variety of consumer outcomes.

You can access the GoogleDrive Measure Bank here:

<https://drive.google.com/drive/folders/oB6cs5gZd3CK1Q2RBcFZpaHFKWmM?usp=sharing>

Other examples of consumer outcomes and appropriate assessment tools:

Consumer Outcome	Assessment Tool	Specific Outcome Goal
Decrease in Client Stress	Patient Stress Questionnaire (in Broad Mental Health Assessments)	Average decrease of 6 points between Intake and Discharge among all clients
Decrease in Risky Behaviors	Risk Behavior Survey (in Substance Use and Risky Behaviors)	Any decrease in frequency of risky behaviors endorsed at Intake; no new risky behaviors engaged in during program engagement
Improvement in Social Skills	Social Competence Scale for Teenagers (in Child/Adolescent Measures)	Average increase of 5 points between intake and discharge
Client Needs Met	Adult Needs and Strengths Assessment (in Need/Stability Measures)	Decrease of at least 1 point on all items in which clients endorse a 2 or 3 (indicating a high-level of need) between intake and discharge

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## Appendix D: Additional Detail on Financial Forms

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### **In-kind Contributions**

In-kind contributions are non-cash items or services provided by the grantee, public agencies, private organizations, or individuals. They may include property, equipment, goods, or services that directly benefit the grant program. These contributions can be counted as revenue only if they:

1. Are clearly documented in the grantee's accounting records (including the general ledger).
2. Are necessary and reasonable for completing program objectives.
3. Follow the valuation rules below.

## **Valuation Rules**

### **Volunteer Services**

- Volunteers may provide professional, technical, skilled, or unskilled labor if their work is essential to the approved program.
- The hourly rate used should match what the agency normally pays for similar work.
- If the agency does not have similar positions, use the typical rate for that type of work in the local labor market.
- If volunteers are employees of another organization, value their time at their regular rate of pay (not including fringe benefits or overhead), as long as the work matches their usual skillset.

### **Donated Materials**

- Examples: office supplies, maintenance items, classroom materials, food, etc.
- Value materials at the lower of the donor's cost or current market price at the time they are used.

### **Donated Equipment, Buildings, or Land**

- If ownership transfers to the grantee: the full value may be counted as revenue in the year of transfer.
- If ownership does not transfer: only the fair rental or use value may be counted, and this value must be determined by an independent appraiser (e.g., realtor, equipment dealer, certified appraiser).

### **Other Donated Charges**

- Other reasonable and legally allowable costs that indirectly benefit the grantee may be counted if they are well-supported and justified.

## **Required Supporting Documentation**

The grantee must keep:

1. Records of volunteer service hours using the same method used for tracking employee time.
2. Documentation showing how the value was determined for donated personal services, materials, equipment, buildings, and land.

## **Audit Costs**

Agencies may utilize CCMHB/CCDDB funds to pay for an independent audit, financial review, or compilation:

- Audit – Up to \$19,000 maximum
- Review – Up to \$13,000 maximum
- Compilation – Up to \$7,000 maximum

These thresholds for what can be charged to the CCDDB/CCMHB for an independent CPA audit, financial review, or compilation are subject to individual contract negotiation due to rising costs.

In the event the applicant is required by another funding organization to have an independent audit, financial review, or compilation, the cost is to be pro-rated across revenue sources.

Each new grant year will include the audit/review/compilation costs to complete your requirement for the preceding grant year. First-year funded agencies may not use CCDDDB/CCMHB funds to pay for audit/review/compilation for activities prior to contracting with CCDDDB and/or CCMHB. Example: the cost of an audit/review/compilation covering the PY26 grant year will be paid during PY27 using PY27 funds and recorded as a PY27 expense.

### **Funding Guidelines and Requirements**

Each applicant should review the Requirements and Guidelines for Allocation of Funds associated with either the CCDDDB ([linked here](#)) or the CCMHB ([linked here](#)).

Reviewing these will clarify future expectations, in the event the funding request is awarded.

Understanding the expectations may also help shape your request, including how to define the 'program' and structure the budget.