Johnson County Mental Health and Disability Services

Fund Balance Grant Application

**One-Time Fund Balance Grants:** The purpose of this funding is to assist eligible non-profit organizations in one-time needs related to provision of services to individuals with mental health/brain health, intellectual disability, or development disability diagnoses.

**Eligibility:**

* Any established non-profit 501(c)(3) organization providing services to children or adults with mental health/brain health, intellectual disability, or development disability diagnoses.
* Serves residents of Johnson County.
* Agency office is located within Johnson County.
* Comply with the Johnson County non-discrimination policy. Eligible organizations do not discriminate against or deny services to any individual based on race, creed, color, national origin, religion, age, sex, marital status, sexual orientation, gender identity, disability, or handicap status.

**Funding Priorities:**

* Potential for long-term impact
* Sustains existing successful programs
* Capacity building—assists in meeting the growing demand for services
* Innovative new programming that is sustainable
* Purchase of equipment/supplies deemed essential in providing high quality services AND alternative resources are unavailable

**Grant Timeline**:

November 22, 2021--Funding application released

December 17, 2021--Application due date

May 31, 2022--All expenditures concluded

**Application**

Organization Name: Click or tap here to enter text.

Physical address: Click or tap here to enter text.  
Project contact person and title: Click or tap here to enter text.

Phone: Click or tap here to enter text.

Email: Click or tap here to enter text.

**Organizational Information**

Brief description of your organization, mission, vision, and overall community impact: Click or tap here to enter text.  
Non-profit 501(c)(3) organization:  Yes  No   
 Year established: Click or tap here to enter text.

**Proposal Request:**

Program/Project Name: Click or tap here to enter text.

Total amount of funding requested: Click or tap here to enter text.

Summary of request/describe the project(s) or program(s): Click or tap here to enter text.

Targeted population to be served: Click or tap here to enter text.

Anticipated number of people to be served: Click or tap here to enter text.

Geographical area served by this project: Click or tap here to enter text.

Explain the need for this program and the impact on the population served: Click or tap here to enter text.

**Project Budget**

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| **Activity/Items** | **Amt. Requested** | **Identify Other Funding Source & Amt. (if any)** | **Total Requested** | **Possible with partial funding? Y/N** |
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Provide a detailed budget narrative: Click or tap here to enter text.

If this funding request is for an ongoing need, briefly explain how this need will be sustained in the future: Click or tap here to enter text.

I have read and understand the criteria and requirements for this application.

**Questions**

For questions, please contact Jan Shaw, Johnson County Mental Health/Disability Services Director at 319-339-6169 or [jshaw@johnsoncountyiowa.gov](mailto:jshaw@johnsoncountyiowa.gov)