

**TOWNSHIP OF SCHAUMBURG
ONE ILLINOIS BLVD.
HOFFMAN ESTATES IL 60169**

Agreement for Mental Health Services 2022/2023 Fiscal Year

1. **Agency** _____ Date

Address

City _____ State IL Zip

Contact Person

Fax _____ E-mail

Parent Organization (if applicable)

Address

City _____ State _____ Zip

Phone

2. **Programs, services, activities and facilities provided to community members by your agency.**

Please provide a concise list of programs, services, activities and facilities that are provided by your agency to members of the community. Indicate whether these elements are for individuals, for smaller groups or for larger groups, perhaps, as educational classes. Please note if given services are provided on-site, off-site or both. If the following tabular format is too restrictive, report the same information on an attachment of your own design.

Program or Service name	Provided on your site(s)?	Provided Off-site?	Both?	Format: Individual, Small Group, Large Group?

3. Scope

A. Does your agency serve the entire Schaumburg Township geographic area?

Yes No (If no, explain on an attachment)

B. Are all programs, services, activities or facilities (reported in #2, above) that your agency provides available to residents of Schaumburg Township?

Yes No (If no, please list the exceptions)

4. Clients in Schaumburg Township

For programs, services, etc, that are available for Schaumburg Township residents, please indicate by program, service, etc., the percentage of the total number of clients that is represented by Schaumburg Township residents.

Program/Service/Etc. Offered	Percentage of Total Clients Receiving Same Who Are Schaumburg Township Residents.

5. Involvement with other Townships.

If your agency provides services for other Townships, please list them below.

6. Funds Requested

A. Total Grant Requested:

7. Overall Funding Sources

Please indicate the percentage of your agency’s operational funding that comes from the following sources:

Source of Funding	Approximate Percentage of Agency’s Operational Funding
Federal Sources	
State Sources	
County Sources	
Township Sources	
Village/City Sources	
Private Giving: Foundations	
Private Giving: United Way	
Private Giving: Agency Fundraising Activities	
Client Fees	
Other Sources	

8. Client Fees

Please indicate the agency’s philosophy and practice with respect to charging clients for services rendered. (attach printed fee schedules, if used)

9. Local Fundraising Plans

Please indicate the agency’s future plans for fundraising activities and note if such plans are different from the agency’s past activities in this realm.

10. Staffing

Please indicate the scope of the staff resources, which are used to implement the agency’s programs. Use “FTE” (full time equivalent) where applicable.

Nature of Staff Resources	Number of Positions	Number Expressed as FTE	Comment
Purely management positions			
Professional staff positions			
Paraprofessional positions			
Interns			
Support or technical support staff			
Volunteers			
Others			

11. Units of Service

- A. Please define what a “unit of service” means in your agency. Explain how individual, small group and large group activities are accounted for in documenting the agency’s efforts.

- B. On an annual basis, please indicate the units of service provided for each class of service during the past three years, and project the units of service that the agency expects to provide in the next year (the year for which funding is requested).

Programs/Service/Activity	2019	2020	2021	2022 (proj)

C. Please provide the same information for the residents of Schaumburg Township.

Programs/Service/Activity	2019	2020	2021	2022 (proj)

D. For the units of service reported in 11. C. (above), how many individuals from Schaumburg Township consumed those units?

Programs/Service/Activity	2019	2020	2021	2022 (proj)

E. How many total residents of Schaumburg Township were served during the previous year?

F. How many hours of mental health services were provided to residents of Schaumburg Township during the previous year?

12. Accountability or performance measures.

Please describe what methods are used by the agency to assess the outcomes or the success of its work. Please do not create new data or reports in response to this question. Instead, provide copies of extant reports that may have been created for internal purposes in response to requests by other agencies with which your agency interacts.

13. Funding Terms

The Agency understands and agrees that the following conditions are incorporated into and considered with this agreement before the Township will make a distribution. The Agency further agrees to comply with the provisions hereinafter set forth in the event it receives the purchase of services grant from the Township.

A. Service Charge

- 1) The Agency agrees not to request from the Township more than the total annual funds allowed under the purchase of services grant.
- 2) The Agency agrees that any charges of the Township for services rendered shall be in conformance with the per client charge negotiated at the time of the Agency's annual grant.
- 3) The Agency agrees to submit a statement of services rendered to the Township on a monthly basis. Said charges for services shall be drawn from the total funds available in the annual purchase of services grant to that agency. Each monthly statement of services must include the following:
 - a. Every Township resident rendered services must be identified with an I.D. number. For those agencies reporting to Department of Mental Health (DMH) or to the Department of Developmental Disabilities (DD), the assigned I.D. number will be the same as the DMH or DD numbers.
 - b. The monthly billing statement will include a list of clients served identified with the I.D. numbers and the number of contacts provided. Only direct service contracts will be accumulated monthly for each client. Collateral hours are not to be accumulated nor reported on the monthly statement.
 - c. The monthly statement will indicate what types of services were provided the client: individual, group, family, marital, residential, day treatment, rehab, etc. If more than one member of a family or marital grouping has an I.D. number, only one I.D. number will be reported unless these members are seen individually during the month.
 - d. Other costs will be charged to the Township according to the negotiated fee. Bills for these costs shall be detailed as to date, actual cost, to whom, by whom, etc.

i. Services Provided

1. The Agency agrees to provide the appropriate professional services to the residents of the Township as documented in compliance with 13 F.2 below.
2. The Agency agrees to provide the Township a specific description of new programs, services, activities or facilities, which are initiated subsequently to the annual grant by the Township for the purchase of services.

ii. Inspection

The Agency agrees that all financial records and client files shall be open for inspection at any time to the Township Officials and to their representatives pursuant to Section 7 of the Mental Health and Development Disabilities Confidentiality Act (Article I, Section 1, et

seq. effective January 1, 1979). The exception to this condition are the records of alcoholic clients/patients whose confidentiality is protected by the COMPREHENSIVE ALCOHOIC ABUSE AND ALCOHOIC PRESENTION, TREATMENT AND REHABILITATION ACT OF 1970, and related federal laws governing the treatment of alcoholic clients/patients.

iii. Agency Representative

The undersigned Agency Representative has been empowered by the Agency and is responsible for ensuing compliance to this agreement. The Agency will provide the name of a successor in the event that the undersigned is no longer associated with the Agency; such successor will be empowered for ensuring compliance to this agreement.

iv. Source of Funds

The Agency understands that all funds for the purchase of services shall be distributed from the Township revenue sharing accounts in the manner specified by the Township.

v. Required Documents (All attached documents are to be considered part of this agreement)

The Agency agrees to submit to the Township the following documents:

1) A specific description of any new programs, services, activities or facilities which are proposed or contemplated by your Agency.

2) The specific purposes for which Township funds would be used by your Agency.

3) Audit of the past fiscal year.

4) Proposed budget for the coming year.

5) Informed Consent Form

We hereby certify that we are a not-for-profit entity with IRS certification under _____.

We of (Type Name of Agency) agree to the above provisions for the purchase of services grant from Schaumburg Township.

Signature of Agency Representative

Date

Title