



# Elk Grove Township

## Mental Health & Wellness Grant Application 2026-2027

*In order to be considered for the grant, please fill out the ENTIRE application. If you need additional space on any portion, please use a separate page and attach to application. Include your agency's name on any additional documentation. **Application due: November 3, 2025***

**Organization Name:** \_\_\_\_\_ **Phone:** \_\_\_\_\_

**Program Name of Funding Request:** \_\_\_\_\_

**Brief Description of program to be funded:**

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**Address:** \_\_\_\_\_

**Contact Person/Title:** \_\_\_\_\_

**Email:** \_\_\_\_\_

**Application Date:** \_\_\_\_\_

	<b>April 1, 2024- March 31, 2025</b> (last year)	<b>April 1, 2025- March 31, 2026</b> (this year at date of application)	<b>April 1, 2026- March 31, 2027</b> (anticipated)
<b>Grant Amount</b>			
<b>EGT Participants *</b>			

\* = Total number of Elk Grove Township residents served by program (please indicate if these are individuals or households)

**If funding request has increased from the previous year, please explain reason for increase:**

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**If projected number of Elk Grove Township participants has increased, please explain basis for projection:**

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**2025-2026 grant amount request as a % of agency's total 2025-2026 budgeted income: \_\_\_\_\_%**

**Total budget amount for this program: \$\_\_\_\_\_**

**Are all programs, services, activities, and facilities provided by you or your organization available to all residents of Elk Grove Township? \_\_\_\_\_**

**If no, please explain (attach document if necessary): \_\_\_\_\_**  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

**Explain your verification process for tracking how many participants reside within Elk Grove Township boundaries:**

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**Does your program charge a fee for service? \_\_\_\_\_**

**If yes, please explain:**

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Percent of your total budget generated by internal fundraising: \_\_\_\_\_%

Number of years your organization has been in operation: \_\_\_\_\_

Does your organization have by-laws? \_\_\_\_\_

Day, time and location of your board meetings:

\_\_\_\_\_

Are you open to Township representatives attending board meetings? \_\_\_\_\_

If awarded, how do you plan to publicize funding from Elk Grove Township? \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

If funds were awarded for 2025-2026 please explain how funding was publicized:

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

**\*Please include a copy of your organization's most current audited financial statement with your application.**