

# Program Years 7-9 (PY7-9) Grantseekers Information



**WCCMHB**

Winnebago County  
Community Mental  
Health Board



# Important Documents

## **Notice of Funding Opportunity (NOFO) for Program Years 7-9**

- Details on Renewal, New Programming, New Capital

## **Strategic Plan 3.0**

- Proposals must align with the contents

## **Funding Policy**

- Agencies must abide by the guidelines outlined in the policy

## **Timeline**

- Key dates

## **PDF copies of abstracts, applications, and evaluations**

- Good for referencing

## **Excel Budget Template**

- For programmatic budget submissions
- 

# PY7-9 Funding Structure

**\$85 Million**

**\$75 Million**

## **PY4-6 Renewals & New Proposals**

*New proposals have a maximum request of \$3 million (\$1 million per year), with a minimum of \$300,000.00 (\$100,000.00 per year)*

**\$10 Million**

## **One-Time Capital Projects**

*Maximum request of \$2 million*



# Key Dates/Timeline

## Renewal Proposals:

## New Programming & Capital:

**Thursday, October 8<sup>th</sup>** – Renewal Applications & New Abstracts *Open*

**Tuesday, October 27<sup>th</sup>** – New Abstracts *Close*

**Monday, November 30<sup>th</sup>** – Renewal Applications *Close*

**December Board Meeting – New Abstract Decisions**

**Thursday, December 3<sup>rd</sup>** – New Applications *Open*

**Thursday, January 7<sup>th</sup>** – New Applications *Close*

**Funding Announced – March 2027 Board Meeting**



# General Agency & Administrative

## Eligibility:

- “No staff member or board member of the agency will be allowed to serve as a voting member on the WCCMHB Board”
- Disqualified agencies can be found on the WCCMHB website:
  - <https://r1planning.org/community-impact/wccmhb/wccmhb-funding-resources/>

## Administrative Requirements:

- Services funded by WCCMHB shall not be denied based on client’s inability to pay
- Participation in WCCMHB Learning Network Collaborative (LNC)
- Outcome, Communications, Finance Reporting

## Fiscal Expectations:

- Indirect rate set at 15% or below
- 



# Allocation and Decision Process

## **Grant Evaluation Process:**

- WCCMHB will review all grant applications and announce decisions during meetings open to the public
- A denial rationale summary of Board feedback on the abstract/application is provided
- WCCMHB reserves the right to not select a provider or to submit a new notice of funding for redefined services
- WCCMHB reserves the right to enter negotiations with selected providers for all or part of the proposal components based on its selection criteria.





# Award Process

## Programmatic Grants (Renewal and New Programming)

- Expenditure-based grant
- Monthly reimbursement is the default method for processing payments
- Renewals – possibility but *not* guaranteed; it is the intent to continue funding for successful programs in order to maintain a continuous system of care in Winnebago County.

## Capital Grants

- Deliverables-based
  - Payments made when each deliverable is met
- Small percentage up-front once all documents are signed





# PY7-9 Renewals

*Up to \$75 million will be available for the PY4-6 Renewal programs & new programmatic proposals*

## Funding Request:

- Up to a 10% increase
  - Should your program have spent *less* than **85% of the PY4 & PY5** combined budget, with **the same request** amount as PY4-6: present rationale as to how the program will improve spending
  - Should your program have spent *less* than **85% of the PY4 & PY5** combined budget, with an **increased request amount**: justify the increase & provide rationale on how to improve spending
- 15% de minimus or lower – *no state or federal negotiated rates*
- Total three-year request amount may not exceed the sum of the past three years of operating expenses or operating revenue, whichever is greater, of lead organization

## Programmatic Information:

- Please review Strategic Plan 3.0 as well as the NOFO!
  - While program *functions* may not change, how they align to the Strategic Plan will

**Significant changes to current programming or expansion of services would be filed under  
NEW Proposals**





# Service Types

## Direct Service Types:

- Crisis Response
- Clinical Treatment
- Case Management
- Supportive Housing
- Client Identification & Outreach
- Peer Support
- Family Support
- Other (as approved by Board)

## Indirect Service Types:

- Workforce Development
- Service Coordination
- Community Education
- Other (as approved by Board)

*Please review the Notice of Funding Opportunity (NOFO) for definitions of each service type*





# Renewal Process

**Designated for any proposal that was funded in the PY4-6 Core cycle**  
**Applications will only be accepted through the Foundant grant platform**

- All programs can budget for up to a 10% increase in request
- Applicants will complete a year-by-year budget

**Application Opens: Thursday, October 8<sup>th</sup>, 2026**  
**Application Close: Monday, November 30<sup>th</sup>, 2026 at 5PM CT**





# PY7-9 New Programming

*Up to \$75 million will be available for the PY4-6 renewal programs & new programmatic proposals*

## **New Programmatic Proposals must address one of the following gaps:**

- Eating Disorder Treatment
- Perinatal Mental Health
- Harm Reduction
- Older Adult (50+) Mental Health and/or Substance Use Treatment
- Veteran's Mental Health and/or Substance Use Treatment
- Rural Mental Health and/or Substance Use Treatment
- Other\*\*

**Maximum Request:** \$3 Million (\$1 Million per year)

**Minimum Request:** \$300,000.00 (\$100,000.00 per year)

*Total three-year request amount may not exceed the sum of the past three years of operating expenses or operating revenue, whichever is greater, of lead organization*

*\*\*must present a strong argument as to why it's a gap in the community*





# Service Types

## Direct Service Types:

- Crisis Response
- Clinical Treatment
- Case Management
- Supportive Housing
- Client Identification & Outreach
- Peer Support
- Family Support
- Other (as approved by Board)

## Indirect Service Types:

- Workforce Development
- Service Coordination
- Community Education
- Other (as approved by Board)

*Please review the Notice of Funding Opportunity (NOFO) for definitions of each service type*





# New Proposal Process

## **Abstracts and applications will only be accepted through the Foundant grant platform**

- New programming that was not funded during the previous grant cycle
  - *New programming may have been submitted in the previous grant cycle but denied funding*
- New abstracts and applications must focus strongly on addressing the identified gaps
  - *Any new applications to be funded could potentially mean reduced funding for programming that currently exists*

**Abstract Opens: Thursday, October 8<sup>th</sup>, 2026**

**Abstract Closes: Tuesday, October 27<sup>th</sup>, 2026 at 5 PM CT**

**Abstract Decisions: December 2026 Board Meeting**

**Application Opens: Thursday, December 3<sup>rd</sup>, 2026**

**Application Close: Thursday, January 7<sup>th</sup>, 2026 at 5 PM CT**





# Complexity Matrix

|                     | Not Revenue Generating                                                                                                                                                                                     | Revenue Generating                                                                                                                                                                                                                                                                                                  |
|---------------------|------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|---------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| Not Dedicated Staff | <b>Moderate Complexity</b><br>Evidence Required: <ul style="list-style-type: none"><li>• Timesheets documenting time spent on the project</li><li>• Invoice of expense(s) or equivalent evidence</li></ul> | <b>High Complexity</b><br>Evidence Required: <ul style="list-style-type: none"><li>• Timesheets documenting time spent of project</li><li>• Invoice of expense(s) or equivalent evidence</li><li>• Financial statement documenting all revenue generated or other grants received for program</li></ul>             |
| Dedicated Staff     | <b>Low Complexity</b><br>Evidence Required: <ul style="list-style-type: none"><li>• Signed Statement that all time was spent on project</li><li>• Invoice of expense(s) or equivalent evidence</li></ul>   | <b>Moderate Complexity</b><br>Evidence Required: <ul style="list-style-type: none"><li>• Signed statement that all time was spent on project</li><li>• Invoices of expense(s) or equivalent evidence</li><li>• Financial statement documenting all revenue generated or other grants received for program</li></ul> |

# Revenue Tab

|    |                                                    |                                                      |                      |                      |                      |        |
|----|----------------------------------------------------|------------------------------------------------------|----------------------|----------------------|----------------------|--------|
| 2  | Program Proposal Name:                             |                                                      | [Example Program]    |                      |                      |        |
| 3  | Revenue                                            |                                                      |                      |                      |                      |        |
| 4  | Line #                                             | Account Title                                        | Program Year 7 (PY7) | Program Year 8 (PY8) | Program Year 9 (PY9) | PY7-9  |
| 7  | State Revenue (includes federal coming through IL) |                                                      |                      |                      |                      |        |
| 8  | 1                                                  | HFS - Grant                                          |                      |                      |                      |        |
| 9  | 2                                                  | HFS - FFS                                            |                      |                      |                      |        |
| 10 | 3                                                  | Medicaid (via state)                                 |                      |                      |                      |        |
| 11 | 4                                                  | DHS/DMH - Grant                                      |                      |                      |                      |        |
| 12 | 5                                                  | DHS/DMH - FFS                                        |                      |                      |                      |        |
| 13 | 6                                                  | DHS/SUPR (DASA) - Grant                              |                      |                      |                      |        |
| 14 | 7                                                  | DHS/SUPR (DASA) - FFS                                |                      |                      |                      |        |
| 15 | 8                                                  | DHS/DD - Grant                                       |                      |                      |                      |        |
| 16 | 9                                                  | DHS/DD - FFS                                         |                      |                      |                      |        |
| 17 | 10                                                 | Veterans (state or federal pass-through)             |                      |                      |                      |        |
| 18 | 11                                                 | IL Department on Aging                               |                      |                      |                      |        |
| 19 | 12                                                 | Other State Revenue (Enter description here)         |                      |                      |                      |        |
| 20 | 13                                                 | Other State Revenue (Enter description here)         |                      |                      |                      |        |
| 21 | Subtotal State Revenue:                            |                                                      | \$0.00               | \$0.00               | \$0.00               | \$0.00 |
| 22 | Federal Revenue (received directly from feds)      |                                                      |                      |                      |                      |        |
| 23 | 14                                                 | Medicare                                             |                      |                      |                      |        |
| 24 | 15                                                 | Housing & Urban Development (HUD)                    |                      |                      |                      |        |
| 25 | 16                                                 | Veterans Affairs                                     |                      |                      |                      |        |
| 26 | 17                                                 | Other Federal Revenue (Enter description here)       |                      |                      |                      |        |
| 27 | 18                                                 | Other Federal Revenue (Enter description here)       |                      |                      |                      |        |
| 28 | Subtotal Federal Revenue:                          |                                                      | \$0.00               | \$0.00               | \$0.00               | \$0.00 |
| 29 | Other Revenue                                      |                                                      |                      |                      |                      |        |
| 30 | 19                                                 | Fundraising/Contributions                            |                      |                      |                      |        |
| 31 | 19a                                                | United Way                                           |                      |                      |                      |        |
| 32 | 20                                                 | Local Government                                     |                      |                      |                      |        |
| 33 | 21                                                 | Client Fees                                          |                      |                      |                      |        |
| 34 | 22                                                 | MCO/Managed Care                                     |                      |                      |                      |        |
| 35 | 23                                                 | Private Insurance/Third Party                        |                      |                      |                      |        |
| 36 | 24                                                 | Other Agency Revenue (Interest & Other Misc Revenue) |                      |                      |                      |        |
| 37 | Subtotal Other Revenue:                            |                                                      | \$0.00               | \$0.00               | \$0.00               | \$0.00 |
| 38 | 1/2 Cent Sales Tax Revenue                         |                                                      |                      |                      |                      |        |
| 39 | 25                                                 | Program Years 7 - 9 Amount Requested                 |                      |                      |                      |        |
| 40 | Subtotal Sales Tax Revenue:                        |                                                      | \$0.00               | \$0.00               | \$0.00               | \$0.00 |
| 41 | 26                                                 | Total Revenues                                       | \$0.00               | \$0.00               | \$0.00               | \$0.00 |



# Expense Tab

| Expenses                                                       |                                                                                                      |                         |                         |                         |               |
|----------------------------------------------------------------|------------------------------------------------------------------------------------------------------|-------------------------|-------------------------|-------------------------|---------------|
| Line #                                                         | Account Title                                                                                        | Program Year 7<br>(PY7) | Program Year 8<br>(PY8) | Program Year 9<br>(PY9) | PY7-9 Totals  |
| <b>Direct Program Expense</b>                                  |                                                                                                      |                         |                         |                         |               |
| <b>Direct Personnel</b>                                        |                                                                                                      |                         |                         |                         |               |
| 1                                                              | Direct Personnel Salaries (reportable on W-2)                                                        |                         |                         |                         |               |
| 2                                                              | Direct Personnel Tax/Fringe Benefits                                                                 |                         |                         |                         |               |
| 3                                                              | Other Direct Personnel Expense (Enter description here)                                              |                         |                         |                         |               |
| 4                                                              | Other Direct Personnel Expense (Enter description here)                                              |                         |                         |                         |               |
|                                                                | <i>Subtotal Direct Personnel:</i>                                                                    | <i>\$0.00</i>           | <i>\$0.00</i>           | <i>\$0.00</i>           | <i>\$0.00</i> |
| <b>Direct Commodities</b>                                      |                                                                                                      |                         |                         |                         |               |
| 5                                                              | Direct Supplies                                                                                      |                         |                         |                         |               |
| 6                                                              | Direct Information Technology (items)                                                                |                         |                         |                         |               |
| 7                                                              | Other Direct Commodities (Enter description here)                                                    |                         |                         |                         |               |
| 8                                                              | Other Direct Commodities (Enter description here)                                                    |                         |                         |                         |               |
| 9                                                              | Other Direct Commodities (Enter description here)                                                    |                         |                         |                         |               |
| 10                                                             | Other Direct Commodities (Enter description here)                                                    |                         |                         |                         |               |
|                                                                | <i>Subtotal Direct Commodities:</i>                                                                  | <i>\$0.00</i>           | <i>\$0.00</i>           | <i>\$0.00</i>           | <i>\$0.00</i> |
| <b>Direct Training &amp; Education (for staff development)</b> |                                                                                                      |                         |                         |                         |               |
| 11                                                             | Direct Training and Education (for staff development)                                                |                         |                         |                         |               |
|                                                                | <i>Subtotal Direct Training &amp; Education:</i>                                                     | <i>\$0.00</i>           | <i>\$0.00</i>           | <i>\$0.00</i>           | <i>\$0.00</i> |
| <b>Direct Travel</b>                                           |                                                                                                      |                         |                         |                         |               |
| 12                                                             | Direct Travel                                                                                        |                         |                         |                         |               |
|                                                                | <i>Subtotal Direct Travel:</i>                                                                       | <i>\$0.00</i>           | <i>\$0.00</i>           | <i>\$0.00</i>           | <i>\$0.00</i> |
| <b>Direct Program Equipment</b>                                |                                                                                                      |                         |                         |                         |               |
| 13                                                             | Direct Equipment (Enter desc. & agency capitalization level here)                                    |                         |                         |                         |               |
| 14                                                             | Direct Equipment (Enter desc. & agency capitalization level here)                                    |                         |                         |                         |               |
| 15                                                             | Direct Equipment (Enter desc. & agency capitalization level here)                                    |                         |                         |                         |               |
|                                                                | <i>Subtotal Direct Program Equipment:</i>                                                            | <i>\$0.00</i>           | <i>\$0.00</i>           | <i>\$0.00</i>           | <i>\$0.00</i> |
| <b>Direct Contractual</b>                                      |                                                                                                      |                         |                         |                         |               |
| 16                                                             | Consultants                                                                                          |                         |                         |                         |               |
| 17                                                             | Contractual - contracted professionals (Docs, clinical)                                              |                         |                         |                         |               |
| 18                                                             | Contractual                                                                                          |                         |                         |                         |               |
|                                                                | <i>Subtotal Direct Contractual:</i>                                                                  | <i>\$0.00</i>           | <i>\$0.00</i>           | <i>\$0.00</i>           | <i>\$0.00</i> |
| <b>Direct Administrative Costs</b>                             |                                                                                                      |                         |                         |                         |               |
| 19                                                             | Occupancy (for direct program space)                                                                 |                         |                         |                         |               |
| 20                                                             | Other Direct Admin (Enter description here)                                                          |                         |                         |                         |               |
| 21                                                             | Other Direct Admin (Enter description here)                                                          |                         |                         |                         |               |
|                                                                | <i>Subtotal Direct Administrative Cost:</i>                                                          | <i>\$0.00</i>           | <i>\$0.00</i>           | <i>\$0.00</i>           | <i>\$0.00</i> |
|                                                                | <b>Total Direct Expense:</b>                                                                         | <b>\$0.00</b>           | <b>\$0.00</b>           | <b>\$0.00</b>           | <b>\$0.00</b> |
| <b>Indirect Program Expense</b>                                |                                                                                                      |                         |                         |                         |               |
| 22                                                             | Administrative Management & General (Indirect Costs)<br><i>Indirect rates are set at 15% or less</i> |                         |                         |                         | \$0.00        |
| 23                                                             | <b>Total Expenses (Sum of Direct and Indirect)</b>                                                   | <b>\$0.00</b>           | <b>\$0.00</b>           | <b>\$0.00</b>           | <b>\$0.00</b> |
| 24                                                             | <b>Total Revenue from Revenue Page (auto fills)</b>                                                  | <b>\$0.00</b>           | <b>\$0.00</b>           | <b>\$0.00</b>           | <b>\$0.00</b> |
| 25                                                             | <b>Total Revenue Over/(Under) Expense</b>                                                            | <b>\$0.00</b>           | <b>\$0.00</b>           | <b>\$0.00</b>           | <b>\$0.00</b> |





# Communications Requirements in Budgeting:

Include allotment in the budget request for communications

Requirements are:

- **Social Media Post** about the Funded Program **each quarter.**
- **Metrics Post** at least one post about metrics per Program Year.
- **Co-Branded Collateral**
  - Flyers and Brochures with co-branding.
- **Stakeholder Informing**
  - Updating internal organization about the Funded Program progress.
- **Impact Video** at the end of the Program Year
  - Video summarizing the Impact of the program.





# Budget

- Excel Budget Template can be found on the WCCMHB Funding Resources page
  - Only needed for programmatic requests
  - Capital requests will be asked a brief breakdown in the application

## **Budget Tips:**

- Please review the Instructions/Definitions tab for definitions for each line item and category
  - Fill in the Revenue tab regardless of if your program generates revenue or not
    - Request Amounts are filled in this tab
  - Expenses tab is a line-by-line breakdown of the overall request amount, broken down into three years
- 



# PY7-9 New Capital

*Up to \$10 million will be available for one-time capital projects*

## **New Capital Proposals must address one of the following gaps:**

- Emergency Room or Urgent Care Expansion
- Supportive Housing Units
- Inpatient Bed Capacity Expansions
- Crisis Response Expansions
- Other\*\*

**Maximum Request:** \$2 Million

**Minimum Request:** N/A

*Total three-year request amount may not exceed the sum of the past three years of operating expenses or operating revenue, whichever is greater, of lead organization*

*\*\*must present a strong argument as to why it's a gap in the community*





# **New Capital Process**

**Abstracts and applications will only be accepted through the Foundant grant platform**

- New abstracts and applications must focus strongly on addressing the identified gaps
- Projects must be completed by May 31, 2030 (end of PY9)
- Projects must not require long-term funding to achieve sustainability

**Abstract Opens: Thursday, October 8<sup>th</sup>, 2026**

**Abstract Closes: Tuesday, October 27<sup>th</sup>, 2026 at 5 PM CT**

**Abstract Decisions: December 2026 Board Meeting**

**Application Opens: Thursday, December 3<sup>rd</sup>, 2026**

**Application Close: Thursday, January 7<sup>th</sup>, 2026 at 5 PM CT**





# Reporting – Programmatic

## Performance Reporting:

- Quarterly Reports:
  - Outcomes, Target Populations, Demographics, Written Narrative, Quarterly Social Media Posts
- Annual:
  - Impact video, share impact with stakeholders

## Financial Reporting:

- Monthly financial reporting
  - Maintain source documents
  - Best evidence submitted with request





# Reporting – Capital

## **Performance Reporting:**

- Site visits required at the end of the project as part of the final deliverable, before final disbursement
- Impact video

## **Financial Reporting:**

- Deliverables-based:
  - Submit for reimbursement once the milestone and associated evidence are completed





# Foundant – The Grant Portal

Direct Link:

<https://www.grantinterface.com/Home/Logon?urlkey=winnebago>

Also on the WCCMHB Funding Resources page

<https://r1planning.org/community-impact/wccmhb/wccmhb-funding-resources/>

**All submissions must be through the portal!**



# WCCMHB Funded Programs Page



[bit.ly/WCCMHBFundedPrograms](https://bit.ly/WCCMHBFundedPrograms)



**Email Sign Up:** [bit.ly/WCCMHBmailchimp](https://bit.ly/WCCMHBmailchimp)



**Email:** [info@mentalhealth.wincoil.gov](mailto:info@mentalhealth.wincoil.gov)



**Website:** [r1planning.org/wccmhb](https://r1planning.org/wccmhb)



**Facebook:** [@wccmhb](https://www.facebook.com/wccmhb)



**Instagram:** [@wccmhb](https://www.instagram.com/wccmhb)



**YouTube:** [@WCCMHB](https://www.youtube.com/WCCMHB)



**Links Page**

**[bit.ly/m/WCCMHB](https://bit.ly/m/WCCMHB)**