

Request for Applications for Mental Health, Intellectual Disability, and Aging Payroll Tax Funds FY2026

Boone, Campbell, and Kenton County Fiscal Courts

In 1986, voters in Boone, Campbell and Kenton Counties approved the creation of the Mental Health, Intellectual Disability and Aging Payroll Tax. Assuming the availability of tax funds, the Boone, Campbell and Kenton County Fiscal Courts will independently allocate funds each year to organizations providing mental health and intellectual disability programs addressing the needs of residents in each county. The aging tax funds are distributed to organizations that respond to the needs of citizens who are 60 years of age and older.

The application covers one (1) Fiscal Year commencing on July 1st for Boone and Campbell Counties, and June 1st for Kenton County. Applications must be filled out in Microsoft Excel format. Submit the application via electronic mail to all three counties (Boone, Campbell and Kenton Counties) no later than **4:00 p.m. on January 31, 2025**.

Inquiries must be submitted no later than **4:00 p.m. on Wednesday, January 24, 2024** to all three county representatives listed below.

BOONE COUNTY	CAMPBELL COUNTY	KENTON COUNTY
Laura Pleiman	Allyn Reinecke	Bryan Norton
Boone Co. Fiscal Court	Campbell Co. Fiscal Court	Kenton Co. Fiscal Court
PO Box 296	1098 Monmouth Street	PO Box 792
Burlington, KY 41005-0296	Newport, KY 41071	Covington, KY 41012-0792
lpleiman@boonecountyky.org	areinecke@campbellcountyky.gov	bryan.norton@kentoncounty.org

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Prior to entering data, please print this page.

Required Software

Microsoft Excel version 2010 or newer.

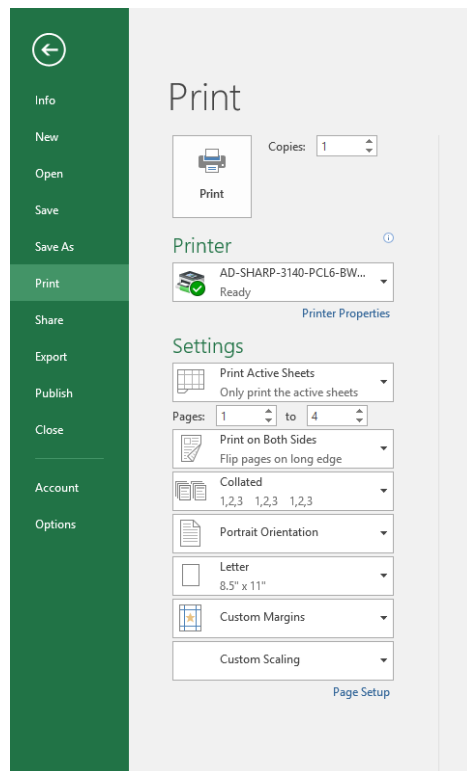
Application Directions

“Application” tab:

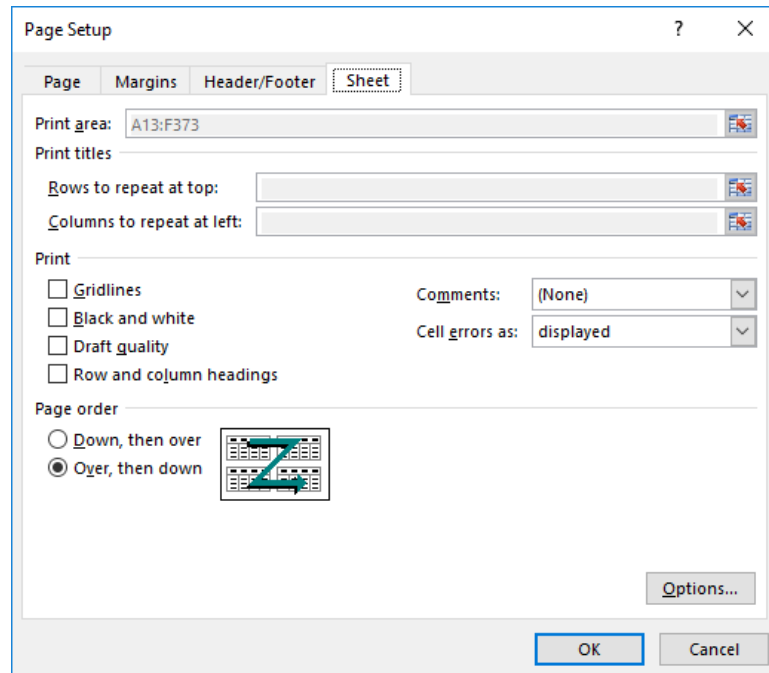
This protected page only allows data entry into white and yellow cells inside the application area (columns B thru F). Please do not change any formatting of this Excel document. **Altered applications will be rejected.**

To Print Application(s) in Excel 2013 and newer (may vary depending on Excel version):

1. On the File menu, click Print.
2. Do **NOT** adjust the Custom Margins or Custom Scaling settings.
3. In the Print dialog box, print the number of pages needed. If your agency is applying for one program, you will print pages 1 to 4; two programs, you will print pages 1 to 6, etc.
4. Print on both sides of the paper.



- If your application is not printing correctly, click on the “Page Setup” link on the Print dialog box and go to tab titled “Sheet”. Select “Over, then down” as pictured below.



Submission Requirements

- Applications must be emailed by the organizational leader to the three county representatives listed below. **Please attach a receipt to your email to confirm delivery.**
LPlleman@boonecountyky.org
AReinecke@campbellcountyky.gov
Bryan.Norton@kentoncounty.org
- Excel file name:** FY26 App Agency Name
 Example: FY26 App Smith Foods
- IRS 990 PDF name** (if applicable): 990 Agency Name
 Example: 990 Smith Foods
- Email subject line:** "FY26 Application from" followed by the name of your agency.
 Example: FY26 Application from Smith Foods

GLOSSARY

- **Agency Unit Cost** = Total Program Expenses / Total Program Units
- **Boone, Campbell, & Kenton Funds:** While the three counties share an application, their funds are administered separately. Boone County funds can only be used for Boone County residents, and the same is true for the other two counties.
- **County Funding Request** = Total Program Units for County x County Unit Cost
- **County Unit Cost** = Total Program Loss / Total Program Units
- **Expenses:** The cost of operating the program.
- **Fiscal Years**
 - **Previous Fiscal Year:** July 1, 2023 – June 30, 2024
 - **Current Fiscal Year:** July 1, 2024 – June 30, 2025
 - **Application Fiscal Year:** July 1, 2025 – June 30, 2026
- **Funding Source:** Mental Health, Intellectual Disability, or Aging (people 60 years or older)
- **In-Kind Revenues/Expenses:** goods or services provided instead of cash. You should reflect the dollar value of in-kind revenues and expenses in your application. For more information, see [this guide from the Ford Family Foundation](#).
- **Net Gain or Loss** = Revenues minus expenses. If the number is positive, that is a net gain, and if the number is negative, that is a net loss. Fiscal Courts do not fund programs running at a net gain.
- **Program Description:** Details about your program and how it serves the community. This should be 1–2 paragraphs and fit within the space provided.
- **Program Hours:** When the service is available (hours of operation)
- **Program Location:** Where the service is delivered (if virtual, indicate as such)
- **Program Staff:** Staff allocated to operate the program
- **Revenues:** Any money available for program operation. This includes grants from the state, federal government, and foundations. It also includes fundraising dollars and any money generated by the program itself.
- **SMART Goals:** Goals for the program that are
 - Specific
 - Measurable
 - Attainable
 - Relevant
 - Time-bound
- **Service Format: In-person, Virtual, or Both:** Means of delivering the service (Hybrid would be considered “both”)
- **Service Format: Individual, Group or Both:** Whether the client receives the service one-on-one or in a group format
- **Service Format: Site-based, Community-based, Home-based:** Whether the client receives the service at your facility, in the community, or at home
- **Target Client:** Definition of audience for program. This can be an adult, child, person of any age, senior citizen, family, or group of individuals.
- **Total Program Units:** The total number of service units delivered for a given fiscal year. For fiscal years that have not ended yet, this will be an estimate.
- **Unit of Service:** How you measure the delivery of your service. This is usually a unit of time but can also be a good or service such as a meal or dental visit.
- **Waitlist:** The number of people waiting to be served by the program and the average length of time before services can be delivered.