



Application Date: ____/____/____

GRANT APPLICATION FOR SOCIAL SERVICE FUNDING

Agency Name: _____

Street Address: _____

City: _____ State: _____ Zip: _____

Executive Officer: _____ Title: _____

Phone: _____ (ext) _____ Fax: _____

Email: _____

A. FOR ESENTIAL SERVICES PROVIDED TO THE CITIZENS OF ELGIN TOWNSHIP
Elgin Township boundaries are approximately –
North to I-90, East to Kane County Line, South to McDonald Road and West to Coombs Road

- 1. List your original Annual Budget amount for the current year.
2. List any adjustments to the current budget that have been made.
3. List percentage of state funding amount your agency receives.
4. Total dollar amount of projected State of Illinois revenue loss for this budget year.
5. List % of Elgin Township residents your agency serves.
6. Approximate number of Elgin Township clients served by your agency last year.
7. List primary essential services your agency provides.
8. What essential services would be cut if additional funding is not available?
9. Grant dollars required/requested for essential services to help keep from further cuts?
10. Directors Statement of need (umbrella statement of problem & solutions)

11 List the current sources of funding for services your agency provides.

United Way	\$ _____	% _____
City Government	\$ _____	% _____
Elgin Township	\$ _____	% _____
Other Townships	\$ _____	% _____
County Government	\$ _____	% _____
State Government	\$ _____	% _____
Federal Government	\$ _____	% _____
Fundraising	\$ _____	% _____
Client Fees	\$ _____	% _____
Other	\$ _____	% _____

B. AGENCY BUDGET

Please attach a Current or Modified Current Budget (EXHIBIT 'A') for Applicant Agency

C. IRS STATUS

Is your Agency incorporated as a 501 (C) (3) Non Profit organization YES / NO

Agency Authorization: _____

(Signature)

Title: _____ Date: _____