



Application Date: \_\_\_\_/\_\_\_\_/\_\_\_\_

**GRANT APPLICATION  
SUMMER PROGRAMS FOR YOUTH AT RISK**

**I. IDENTIFICATION (Fill out attached Exhibit 'A' - Organization Background)**

Name of Applicant Agency:

---

**II. GRANT /FUNDS REQUEST (Fill out attached Exhibit 'B' – Detailed Program Description)**

A. Title of Project or Program:

---

B. Funding request for SUMMER program - June 1, 2021 to August 31, 2021. \$ \_\_\_\_\_

C. Statement of Need (brief description of why this project or program is necessary – 75 words or less)

D. Project or Program Description (brief overview – use Exhibit 'B' for complete description)

E. Executive Summary (umbrella statement of problem, proposed solutions, expected outcomes, and how your agency will be a collaborative partner with Elgin Township to meet the need – 200 words or less)

F. Number of clients to be served by this program for program year \_\_\_\_\_

G. Total average cost per individual client served \$ \_\_\_\_\_

*(Total grant request from item B above divided by the total clients served)*

H. Amounts of funds your Agency previously received from Elgin Township for the following Youth at Risk program years:

\$ \_\_\_\_\_ ; \$ \_\_\_\_\_ ; \$ \_\_\_\_\_ ; \$ \_\_\_\_\_  
2017                      2018                      2019                      2020

III. 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)

A. List specific programs and / or services provided by your Agency that are available to the citizens of Elgin Township. (Title of Project and/or Services)

---

---

---

---

---

---

---

B. What percentage of the total services your Agency provides is exclusively to citizens of Elgin Township? \_\_\_\_\_. If no services are exclusive to Elgin Township, what percentage of your clientele reside in Elgin Township? \_\_\_\_\_

C. To your knowledge, are there any other agencies or programs serving Elgin Township, whose activities or services duplicate or could be reasonably construed to duplicate the services you provide?

(If yes, give a brief explanation of any differences.)

---

---

---

---

D. List the current sources of funding for above listed projects and / or services your agency provides.

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

Agency Authorization: \_\_\_\_\_

(Signature)

Title: \_\_\_\_\_ Date: \_\_\_\_\_

**EXHIBIT 'A' - ORGANIZATION BACKGROUND**

**I. AGENCY INFORMATION**

Agency Name: \_\_\_\_\_

**(This is the agency name the check will be made out to if approved).**

Street Address: \_\_\_\_\_

**(This is the address the check will be mailed to if approved along with your contract).**

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Executive Officer: \_\_\_\_\_ Title: \_\_\_\_\_

Phone: \_\_\_\_\_ (Ext) \_\_\_\_\_ Fax: \_\_\_\_\_

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

**(This is the email that will be used for any additional questions, information and where presentation time slots will be sent to).**

**If you wish to make a presentation at the board meeting on April 5, 2021 please email [jeanette@elgintownship.com](mailto:jeanette@elgintownship.com) after submitting your application and you will be assigned a time slot in the order requests are received. Presentations are not necessary but are encouraged.**

**II. COMMUNITY BOARD**

Date of Board Election \_\_\_\_\_

Board President: \_\_\_\_\_

Board Vice President: \_\_\_\_\_

Board Secretary: \_\_\_\_\_

Board Treasurer: \_\_\_\_\_

Board Members (list below the Board of Directors)

Name (include above persons)	Home Address (Street/City/ State/Zip)	Occupation (Employer)	Term Expires (Month/Year)
---------------------------------	--	--------------------------	------------------------------

III. AGENCY RECORDS

Please indicate whether the following documents are available

<u>Available</u> <u>On Request</u>	<u>Not</u> <u>Available</u>	<u>Document</u>
_____	_____	Articles of Incorporation and Agency description
_____	_____	Organizational Chart
_____	_____	Licenses and accreditations information
_____	_____	Certificate of Insurance
_____	_____	Non-Discrimination statement
_____	_____	Job Descriptions
_____	_____	Billing Systems (method of collecting third party payment)
_____	_____	Copy of Fee Schedule
_____	_____	Statement that Agency facility is handicapped accessible
_____	_____	Inter-Agency agreements
_____	_____	Conflict of Interest Statement
_____	_____	Latest Audit Report

IV. IRS STATUS

Is your Agency incorporated as a 501 (C) (3) Non-Profit organization? YES / NO  
If yes, please attach a copy of your IRS tax-exempt Letter of Determination (The letter your Agency received at the time it applied for 501(C)(3) status - NOT the state tax exempt letter for purchases.)

V. ORGANIZATIONAL GOALS AND OBJECTIVES

What are your Agency's main goals and objectives?

VI. MISSION STATEMENT

What is your Agency's Mission Statement?

Agency Authorization: \_\_\_\_\_  
(Signature)

Title: \_\_\_\_\_ Date: \_\_\_\_\_

**EXHIBIT 'B' – DETAILED PROGRAM DESCRIPTION**  
**(Please limit your response to this section to 4 pages maximum including budget)**

**I. IDENTIFICATION**

Name of Applicant Agency: \_\_\_\_\_

**II. GRANT / FUNDS REQUEST**

A. Title of Project or Program: \_\_\_\_\_

B. Funding request for SUMMER program - June 1, 2021 to August 31, 2021: \$ \_\_\_\_\_

C. Statement of Need (Detailed Description of why this program is necessary)

D. Project or Program Description (Detailed Description)

1. Identify and describe target population including specific age and geographical area.
2. Describe what the specific services program will provide (what is the program intended to do?)
3. Describe the program intake policy and procedure (common sources of referral, etc.)
4. Specify the hours/days/months of operation of the program.
5. Describe programs termination policies and procedures, including referral and follow up.
6. Describe how youth will benefit from this program (for example: will they become more effective leaders, will they improve academically, etc.?)

E. Program Budget (Give complete breakdown of costs - itemized - for the SUMMER program. Include personnel/salaries, benefits, equipment, supplies and materials, travel, purchased services, and other-explain.)

**Please NOTE: Administrative costs should not exceed 10% of the total budget request. (Not entire agency budget just the program/project requested budget).**

F. Program Implementation (How will this program be implemented into the community?)

G. How will this program work collaboratively as a partner with Elgin Township in the implementation?

H. Program Duration (Is this a new program or how long has this program been in existence?)

I. If funding is not available next year, how will this program continue?

J. Total average cost per individual client served: \$ \_\_\_\_\_

K. Program Evaluation (How will you evaluate and analyze the project after completion to determine that program outcomes have been achieved?)

Agency Authorization: \_\_\_\_\_

(Signature)

Title: \_\_\_\_\_ Date: \_\_\_\_\_