



Application Date: ___/___/___

PARTNERSHIP APPLICATION FOR SOCIAL SERVICE FUNDING

Agency Name: _____

Street Address: _____

City: _____ State: _____ Zip: _____

Executive Officer: _____ Title: _____

Phone: _____ (ext) _____ Fax: _____

Email: _____

A. SUPPLEMENT ESSENTIAL SERVICES PROVIDED TO ELGIN TOWNSHIP CITIZENS

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. STATE FUNDING

a. List percentage of state funding amount your agency receives. _____

b. List the total dollar amount of projected State of Illinois revenue loss for this budget year. _____

5. List percentage 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. Amount required/requested for essential services to help keep from further cuts? _____

10. Describe the program or project where the funding will be used. _____

11. Describe the agency mission and how you are pursuing it. _____

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

13. 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

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.)

D. ADDITIONAL AGENCY LITERATURE

Please provide background information (or attach as EXHIBIT 'B' to this application) about your organization and be prepared to answer specific questions about your program during the Question and Answer session. Exhibit B may include flyers, brochures, etc., but NO video.

Agency Authorization: _____
(Signature)

Title: _____ Date: _____