



PLEASE NOTE: Due to an increase in the number of applicants, applying for funding does not guarantee an award of funding.

Application Date: ____/____/____

PARTNERSHIP APPLICATION FOR SENIOR SERVICES FUNDING – Due 4/30/2024

Purpose: To support seniors who are U.S. citizens and legal residents in Elgin Township

Agency Name: _____

Street Address: _____

City: _____ State: _____ Zip: _____

Executive Officer: _____ Title: _____

Phone: _____ (Ext) _____ Fax: _____

Email: _____ Website: _____

SUPPLEMENTAL ESSENTIAL SERVICES TO BE PROVIDED TO ELGIN TOWNSHIP SENIOR CITIZEN RESIDENTS

Elgin Township boundaries are approximately: North to I-90, East to Kane/Cook County Line, South to Stearns/McDonald Road and West to Coombs Road

A. AGENCY INFORMATION

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

2. Agency Records - Please indicate whether the following documents are available

<u>Available on Request</u>	<u>Not Available</u>	<u>Document</u>
_____	_____	Licenses and accreditations information
_____	_____	Certificate of Insurance
_____	_____	Non-Discrimination statement
_____	_____	Job Descriptions
_____	_____	Copy of Fee Schedule
_____	_____	Statement that Agency facility is handicapped-accessible
_____	_____	Inter-Agency agreements
_____	_____	Conflict of Interest Statement
_____	_____	Latest Audit Report

3. Agency Board and Committee Rosters – Please include your current board and committee rosters.

4. List primary essential services your agency provides. _____

5. List percentage served by your agency who are **Elgin Township** senior citizens. _____

6. Approximate number of **Elgin Township** seniors served by your agency last year. _____

7. Amount requested: _____ Average total cost per E.T. client served _____

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

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

10. 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. PROGRAM BUDGET (Give complete breakdown of costs - itemized - for only THIS 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).**

C. AGENCY BUDGET

Please attach a Current or Modified Current Budget (EXHIBIT ‘A’) for Applicant Agency.

D. REQUIRED GOVERNMENT DOCUMENTS WITH SUBMISSION

- Registration as a 501(c)(3) with the IRS
- Registration with the Office of the Attorney General of Illinois

- Registration with the Secretary of State of Illinois

Proof of each (IRS determination letter, listing on the Attorney General’s Charitable Database, Secretary of State’s Certificate of Good Standing) is required to be submitted with this application. Additionally, your agency MUST be deemed “current” by these entities AT THE TIME OF APPLICATION in order to have your application considered.

E. ADDITIONAL INFORMATION (PLEASE NUMBER YOUR BRIEF ANSWERS)

Please provide background information on the following:

1. Issue being addressed
2. Goals/Objectives (Including number of **Elgin Township** senior citizens who will be serviced directly by this program/project)
3. Plan for Implementation
4. Qualifications for the Organization to Deliver This Program
5. Timeline
6. How Outcomes Will Be Evaluated and Success Determined
7. How Elgin Township Will Be Recognized by the NFP

DO NOT INCLUDE FLYERS, BROCHURES, ETC. WITH YOUR APPLICATION

F. A presentation before the Committee on Seniors at their May 23rd meeting is required.

G. REQUIRED FOLLOW-UP REPORTS: 6-month review and annual report.

I attest to the best of my ability that all responses and accompanying documents are accurate to the best of my knowledge.

Agency Authorization: _____
Printed Name

Signature

Title: _____ Date: _____