



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

Application Date: \_\_\_\_/\_\_\_\_/\_\_\_\_  
**DUE MARCH 1, 2024**

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

Purpose: To support Elgin Township youth who are U.S. citizens and legal residents via services provided by summer programming (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)

**Please note: Funds are distributed through service agreements that include built-in accountability milestones. The purpose of this program is to keep Elgin Township youth occupied during the summer months.**

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

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

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

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

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

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

**I. GRANT /FUNDS REQUEST**

**Each response should include the corresponding letter and question.**  
**Please keep all responses BRIEF.**

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

B. Funding request for **SUMMER program - June 1, 2024 to August 31, 2024.** \$ \_\_\_\_\_

C. Statement of Need (briefly describe why this project/program is necessary)

D. Project or Program Description (Brief Overview)

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

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? How will Elgin Township be recognized?

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

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

J. 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.?)

K. Qualifications for the Organization to Deliver This Program

L. Number of Elgin Township residents to be served by this program for program year \_\_\_\_\_

M. Total average cost per individual client served \$ \_\_\_\_\_ (*Total grant request from item B above divided by the total residents served*)

N. 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).**

O. Agency Budget

P. List the current sources of funding for the above-listed projects/services your agency provides for this program.

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

II. AGENCY INFORMATION

Your application includes a **REQUIRED** presentation before the Board at the April 1<sup>st</sup> meeting.

You will be contacted after March 1<sup>st</sup> regarding registering for your presentation time slot.

A. 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

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

**C. REQUIRED GOVERNMENT DOCUMENTS WITH SUBMISSION**

Registration as a 501(c)(3) with the IRS is required, as is registration with the Office of the Attorney General of Illinois and 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.*

D. Organizational Goals and Objectives - What are your agency’s main goals and objectives?

E. Mission and Vision Statements - Please list your agency’s mission and vision statements.

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

**E. REQUIRED FOLLOW-UP REPORT: Within 30 days of end of funding period**

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: \_\_\_\_\_