



Application Date: ____/____/____

PARTNERSHIP APPLICATION FOR SOCIAL SERVICE FUNDING – Due 10/13/2023
Purpose: To support U.S. citizens and legal residents in Elgin Township

Agency Name: _____

Street Address: _____

City: _____ State: _____ Zip: _____

Executive Officer: _____ Title: _____

Phone: _____ (Ext) _____ Fax: _____

Email: _____ Website: _____

A. SUPPLEMENTAL ESSENTIAL SERVICES TO BE PROVIDED TO ELGIN TOWNSHIP RESIDENTS. PLEASE ATTACH BRIEF ANSWERS FOR THE INFORMATION REQUESTED BELOW

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

1. Describe the agency mission and how you are pursuing it.
2. List primary essential services your agency provides
3. List your Annual Budget amount for the current year: _____
4. List percentage served by your agency that are Elgin Township residents: _____
5. Approximate number of Elgin Township clients served by your agency last year: _____
6. Amount requested: _____
7. Describe the program or project where the funding will be used.
8. How will this program work collaboratively as a partner with Elgin Township in the implementation?
9. 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	\$ _____	% _____
Other	\$ _____	% _____
Other	\$ _____	% _____

B. AGENCY BUDGET FOR THE PROGRAM

Please attach a Current or Modified Current Budget (EXHIBIT ‘A’) for Applicant Agency of **only the program for which funding is requested.**

C. IRS AND STATE AGENCY STATUSES

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 at time of application.**

D. 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 residents 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

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

E. REQUIRED: IN-PERSON PRESENTATION AT 11/13/23 TOWNSHIP MEETING

F. 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. Additionally, I attest that our organization is in compliance with all of the above at the time of application.

Agency Authorization: _____
(Printed Name and Signature)

Title: _____ Date: _____