



**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 SOCIAL SERVICE FUNDING – Due 10/16/2024**  
**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: \_\_\_\_\_ Average total cost per E.T. client served \_\_\_\_\_
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	\$ _____	% _____

10.	<u>Available</u>	<u>Not</u>	<u>Document</u>
	<u>on Request</u>	<u>Available</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. 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.

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

**E. ELGIN TOWNSHIP FUNDING IN 2024**

Has this program/project received any other funding from Elgin Township (or its related entities) during this calendar year? \_\_\_\_\_

**F. REQUIRED: IN-PERSON PRESENTATION AT 11/12/24 TOWNSHIP MEETING**

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

**PLEASE DO NOT INCLUDE FLYERS, BROCHURES, OR ANY OTHER UNREQUESTED DOUCMENTS WITH YOUR APPLICATION.**

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: \_\_\_\_\_