



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 10/16/2025

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 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. 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

- ☐ Determination letter from the IRS
- ☐ A letter from the IRS (dated within 1 year) that your organization is currently deemed a 501(c)(3)
- ☐ Proof of current registration with the Office of the Attorney General of Illinois
- ☐ Proof of current registration with the Secretary of State of Illinois

Proof of each (IRS determination letter, IRS letter dated within one year, current listing on the Attorney General's Charitable Database/letter from AG, 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 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.

F. ELGIN TOWNSHIP FUNDING IN 2025

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

G. REQUIRED: IN-PERSON PRESENTATION AT 11/10/25 TOWNSHIP MEETING

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

**PLEASE DO NOT INCLUDE FLYERS, BROCHURES, OR ANY OTHER
UNREQUESTED DOCUMENTS 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: _____