

Date: October 13, 2016

To: ALL SOCIAL AGENCIES REQUESTING ELA TOWNSHIP FUNDING

ELA TOWNSHIP SOCIAL AGENCY FUNDING REQUESTS
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The Ela Township Board will continue the current funding policy and form for the 2016-17 social agency grant requests. The Ela Township Board has plans to review grant-funding requests at the regular January Board Meeting.

Grant requests are funded on their individual merit as decided by the Board. The Ela Township Board retains the right to modify or discontinue the agreement if the agency were guilty of any misappropriation of funds, breach of contract or other defined events.

Any further information requested by the Board must be responded to within two weeks of the initial review at the board meeting and the information requested must be made available to the township office one week prior to the next board meeting. Every attempt will be made to take a Board decision on the grant request by the conclusion of the follow-up meeting.

Please submit the attached completed form to our office no later than 12:00 noon on Friday, January 6, 2017 for consideration of 2017-18 funding.

Sincerely,

Lucy A. Prouty
Ela Township Supervisor

Attachment: Ela Township Funding Application (3 pages)

Ela Township

Application for Funding – 2017

Name of Agency: _____

Proof of not-for-profit status: (attach) - Certificate of Good Standing available through Secretary of State.

Date of Incorporation: _____

Main Address: _____

Address of site to be used for Ela Township if different: _____

Phone number: _____

Contact person: _____ Title: _____

Agency Purpose: _____

Amount requested: _____

Percent Change from last year: _____

Percent of Agency Total Budget: _____

Please attach a copy of your budget and return with the completed application. This should include a DETAILED list of incoming revenue (please list separately specific names of grantors and amounts as well as any other sources of income).

What is the total number of clients served this year? _____

What is the total number of Ela Township clients served directly this year? _____

What is the total number of direct Ela Township client hours served this year?

How can the above numbers be verified? _____

Describe plans to recruit Ela Township residents to your program. (Include budget allocation, hours, and methods.) _____

Salary and title of the five highest paid employees:

- 1. _____ Salary: _____
- 2. _____ Salary: _____
- 3. _____ Salary: _____
- 4. _____ Salary: _____
- 5. _____ Salary: _____

Have you ever received township funding? _____ If yes, specify dates and amounts.

1. What is your primary service area? Circle those that apply. Youth Adult Seniors
Medical Social Services Drug/Alcohol Education Community Service

2. Do you charge for your services? _____ Do you use a sliding fee scale? _____

3. Please explain how charges are determined: _____

4. Do you refer to or use services from other township agencies? _____ Describe:

5. Please give a brief description of your agency: _____

6. How were the Township funds utilized from the previous funding year? Please specify details. _____

7. How would you use Township funds, if awarded? If you are requesting an increase in funding, describe the increased service or product that justifies it. _____

8. Please explain any major changes that have occurred in your agency in the past year (i.e., new programs or direction, expansion of program or facility). _____

9. Describe any new fund raising efforts this year? Please explain.

10. Please indicate local statistics pertaining to the Ela Township area that would support the need in Ela Township for the services you provide. _____

Under penalty of law, I hereby certify to the best of my knowledge and belief the above information is true, correct and complete.

Signed: _____ Date: _____
Title: _____