

Date: October 9, 2018

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 2019-20 social agency grant requests. The Township Board has plans to start the grant review process at the January 29, 2019 Committee of the Whole meeting at 8:30 AM. All meetings will be held at Ela Town Hall in the Lower Level Board Room located at 1155 East Route 22 in Lake Zurich. We encourage you to attend this meeting to provide information about your organization.

Grant requests are funded on their individual merit as decided by the Ela Township Board. The 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.

Funding is intended to assist local agencies and organizations who provide direct social services for Ela Township residents and community services. Ela Township shall distribute, up to a maximum of \$35K, in total grant funding to awarded recipients.

Any further information requested by the Board must be responded to within two weeks of the initial review at the Committee of the Whole meeting. Every attempt will be made to make a Board decision on the grant request by the conclusion of the February Board Meeting.

Please submit the attached completed form to the Ela Township office no later than 12:00 noon on Friday, January 4, 2019 for consideration of 2019-20 funding.

Sincerely,

Gloria M. Palmblad
Ela Township Supervisor

Attachment: Ela Township Funding Application (3 pages)

Ela Township

Application for Funding – 2019

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: _____

Mission Statement: _____

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 client hours for Ela residents this year? _____

How can the above numbers be verified? _____

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. Do you receive State funding? _____ Any changes to funding recently? _____



9. Please provide total amount of funding received from other agencies and what percentage that amounts to in comparison to your total budget?

10. 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).

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

12. 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: _____