Application Date: ____/____/____

GRANT APPLICATION - SUMMER PROGRAMS FOR YOUTH AT RISK

I. IDENTIFICATION (Fill out attached Exhibit 'A' - Organization Background)

Name of Applicant Agency: _____

II. GRANT /FUNDS REQUEST (Fill out attached Exhibit 'C' – Detailed Program Description)

A. Title of Project or Program: _____

B. Funding request for SUMMER program - June 1, 2017 to August 31, 2018/ $ _____

C. Statement of Need (brief of why is this project or program necessary – 75 words or less)

D. Project or Program Description (brief overview – use exhibit B for complete description)

E. Executive Summary (umbrella statement of problem and solutions – 150 words or less)

F. Number of clients to be served by this program for program year _____

G. Number of direct contact hours per client per program year _____

H. Total number of client hours per program year _____
   (Clients X contact hours = client contact hours)

I. Grant dollars requested per number of client contact hours $ _____
   (Total grant request / total client contact hours)

J. Amounts of funds your agency previously received from Elgin Township for program years
   $ _____ ; $ _____ ; $ _____ ; $ _____
        2013   2014   2015   2016

III. SERVICES PROVIDED TO THE CITIZENS OF ELGIN TOWNSHIP.
(Elgin Township boundaries are approximately - North to I-90, East to Kane County Line, South to McDonald Road and West to Coombs Road)

A. List specific programs and / or services provided by your Agency that are available to the citizens of Elgin Township. (Title of Project and / or Services)

_____
_____
_____
_____
_____
_____

B. Does your agency provide these same programs and / or services to any areas outside Elgin Township?

YES / NO (If yes – list below the programs and / or services provided to other areas)
(Program and / or Services provided outside Elgin Township)   (Area Served)

_____   _____
_____   _____
_____   _____
_____   _____
_____   _____
_____   _____

C. To your knowledge, are there any other agencies or programs serving Elgin Township, whose activities or services duplicate or could be reasonably construed to duplicate the services you provide?
(If yes, give a brief explanation of any differences.)

_____
_____
_____
_____

D. List the currant sources of funding for above listed projects and / or services your agency provides.

United Way	$ _____	% _____
City Government	$ _____	% _____
Elgin Township	$ _____	% _____
Other Townships	$ _____	% _____
County Government	$ _____	% _____
State Government	$ _____	% _____
Federal Government	$ _____	% _____
Fundraising	$ _____	% _____
Client Fees	$ _____	% _____
Other	$ _____	% _____

Agency Authorization: _____
(Signature)

Title: _____   Date: _____

EXHIBIT 'A' - ORGANIZATION BACKGROUND

Agency Name: _____

Street Address: _____

City: _____ State: _____ Zip: _____

Executive Officer: _____ Title: _____

Phone: _____(ext) _____ Fax: _____

Email: _____

I. COMMUNITY BOARD

Date of Board Election _____

Board President:_____

Board Vice President: _____

Board Secretary: _____

Board Treasurer: _____

Board Members (list below the Board of Directors)

Name	Home Address	Occupation/	Term Expires
(include above persons)	(Street/City/ State/Zip)	Employer	(Month/Year)

II. AGENCY BUDGET

Please attach a Current Budget (EXHIBIT 'C') for Applicant Agency

III. AGENCY RECORDS

Please indicate whether the following documents are available

Available On Request	Not Available	Document
_____	_____	Articles of Incorporation and Agency description
_____	_____	Organizational Chart
_____	_____	Licenses and accreditations information
_____	_____	Certificate of Insurance
_____	_____	Non-Discrimination statement
_____	_____	Job Descriptions
_____	_____	Billing Systems (method of collecting third party payment)
_____	_____	Copy of Fee Schedule
_____	_____	Statement that Agency facility is handicapped accessible
_____	_____	Inter-Agency agreements
_____	_____	Conflict of Interest Statement
_____	_____	Latest Audit Report

IV. IRS STATUS

Is your Agency incorporated as a 501 (C) (3) Non Profit organization?   YES / NO

V. ORGANIZATIONAL GOALS AND OBJECTIVES

What are your Agency's main goals and objectives?

VI. MISSION STATEMENT

What is your Agency's Mission Statement?

Agency Authorization: _____
(Signature)

Title: _____   Date: _____

I. IDENTIFICATION

Name of Applicant Agency: _____

II. GRANT / FUNDS REQUEST

A. Title of Project or Program: _____

B. Funding request for SUMMER program - June 1, 2017 to August 31, 2018/ $ _____

C. Statement of Need (Detailed Description of why this program is necessary)

D. Project or Program Description (Detailed Description)
    1. Identify and describe target population including specific age and geographic catchment area.
    2. Describe specific services program is to provide (what is the program intend to do.)
    3. Describe the program intake policy and procedure (common sources of referral. Etc.)
    4. Specify the hours/days/months of operation of the program.
    5. Describe the programs termination policies and procedures, including referral and follow up.

E. Program Budget (Give complete breakdown of costs for SUMMER program)

F. Program Implementation (How will this program be implemented into the community)

G. Program Duration (Is this a new program or how long has this program been in existence?)

H. If funding is not available next year, will this program continue?

I. Number of Clients and hours of service
    1. Number of clients to be served per month (Unduplicated)………. _____
    2. Number of direct service hours provided to each client per month _____
    3. Intended duration of average treatment …………………………. _____
    4. Number of staff involved with project providing direct service…. _____

J. Program Evaluation (How you will evaluate and analyze project after completion?)

Agency Authorization: _____
                                                        (Signature)

Title: _____   Date: _____