

WEST DEERFIELD TOWNSHIP  
COMMUNITY SERVICE FUNDING APPLICATION

601 Deerfield Road  
Deerfield, IL 60015  
847-945-0614  
[westdeerfield@sbcglobal.net](mailto:westdeerfield@sbcglobal.net)



WEST DEERFIELD TOWNSHIP

COMMUNITY SERVICES ADVISORY COMMITTEE  
Application for Funding

Date: \_\_\_\_\_

Agency Name: \_\_\_\_\_

Address: \_\_\_\_\_

Executive Director: \_\_\_\_\_ Phone: \_\_\_\_\_

Contact Person if other than Executive Director: \_\_\_\_\_

Requested Amount of Grant: \$ \_\_\_\_\_

1. History of agency: when founded? \_\_\_\_\_, has provided service to West Deerfield Township residents since? \_\_\_\_\_ Service area covered \_\_\_\_\_

2. How would West Deerfield Township funds be used? If funding was received last year, describe any changes since then. (Attach additional pages if necessary.)

3. Previous West Deerfield Township funding history:

	2008	2009
Requested	_____	_____
Received	_____	_____

4. Please define the mission of your agency.

5. Please indicate whether your agency functions on a calendar year basis or a fiscal year. If a fiscal year, provide dates.

6. Please provide the total number of clients: \_\_\_\_\_ West Deerfield Township residents served last year \_\_\_\_\_ and expected to be served this year \_\_\_\_\_.

7. Please provide estimated revenue for 2010 (FY-2011): \$ \_\_\_\_\_, and estimated expenses \$ \_\_\_\_\_.

8. Please provide percentage of revenue received from: fees \_\_\_\_\_%, grants \_\_\_\_\_%, United Way \_\_\_\_\_%, fundraising \_\_\_\_\_%, West Deerfield Township \_\_\_\_\_%, and other \_\_\_\_\_%.

9. If an allocation of funds is made to your agency, what percentage of that allocation would be used to serve West Deerfield Township residents?

10. What percentage of your agency's total revenue is used for: providing services \_\_\_\_\_% for administrative purposes \_\_\_\_\_%, for fundraising \_\_\_\_\_%.

11. To your knowledge, does any other agency provide the same services to West Deerfield Township residents as does your agency? \_\_\_\_\_ If yes, please provide the agency name(s):

12. What is the agency's fundraising goal for this year? \_\_\_\_\_ How is this to be raised?

13. Describe volunteer participation in your agency, including Board membership.

14. Have you had any major personnel or Board changes within the last year? If so, please elaborate.

15. What is your agency's policy on user fees? If any of the services are covered by Medicaid or private health insurance, what efforts are made to obtain reimbursement?

16. Are any agency services based on: sex \_\_\_\_\_, age \_\_\_\_\_, religion \_\_\_\_\_, ethnicity \_\_\_\_\_, other criteria \_\_\_\_\_. If you answered yes to any of these, please explain.

# WEST DEERFIELD TOWNSHIP COMMUNITY SERVICES ADVISORY COMMITTEE APPLICATION 2010-2011

Agency: \_\_\_\_\_

We have reviewed the information contained on this application, and to the best of our knowledge and belief, all information submitted is true and correct.

---

Board President signature	Printed Name	Date
---------------------------	--------------	------

---

Person Preparing Application	Printed Name	Date
------------------------------	--------------	------

Please include the following attachments with your completed application:

1. Audit report for the last period audited along with a copy of the Auditor's management letter. If no management letter was submitted, please indicate that and give the reason. Please also provide data to support the salary schedule such as number of part-time and full-time employees, salary ranges etc. (Applicable for all agencies with annual budgets of \$100,000 or more.)
2. Budget for the year for which funds are being requested.
3. A list of the agency's board of directors.
4. Minutes of your last three board meetings.

Applications will receive final acceptance when the following documents have been received:

1. An original and one copy of the application fully completed and signed by your board president and the person preparing the application.
2. Two copies of the audit and two copies of the supporting information required above.

You may also include optional information such as brochures or other supplemental material about your agency.

**Completed applications must be received by 4:30 P.M. on Friday, November 12, 2010 at the address below:**

**West Deerfield Township  
601 Deerfield Road  
Deerfield, IL 60015**

## ELIGIBILITY CRITERIA FOR FUNDING

West Deerfield Township General Statement of Policy:

- The Community Services Advisory Committee will make funding recommendations to the West Deerfield Township Board of Trustees.
- Agencies considered for funding should have been in existence for one year after receiving their not-for-profit status from the State of Illinois and have been providing services to the community during that time.
- No agency with the ability to tax or conduct referendums will receive Township funding.

In order to be eligible for funding an agency must meet the following minimum requirements:

Area Served	While an agency may serve areas other than West Deerfield Township, its programs must serve residents of West Deerfield Township.
Proportion of Township Residents Served	For agencies serving more than West Deerfield Township, the amount of funding requested shall take into consideration the proportion of the agency's service rendered to residents of West Deerfield Township.
Non-Profit	Funded agencies must be 501(c)3 not-for-profits.
Needs	The need for the service must be demonstrated.
Standards	An agency requesting funding must have at least one full-time paid staff person, or its equivalent; the credentials of the applicant's staff shall meet professional standards, commensurate with the responsibilities involved.
Employment Practices	The agency must be an equal opportunity employer.
Use of Funds	Funds must be used as specified in the grant application and as approved by the Township. Changes must be cleared with the Township.
Accessibility	All services must be available to clients with disabilities and the agency must be able to deliver services from a site that is ADA accessible. If not, please explain.
Accountability	The agency shall send to the Township all substantive reports prepared for distribution to its board members including program usage reports of program/s that West Deerfield Township is funding.

Financial

All agencies with budgets of greater than \$100,000 must have an annual audit performed by an independent CPA. Those agencies with a budget of \$100,000 or less must submit to the Township a copy of form AG990 that is sent to the Attorney General's Office.

I have read the above Eligibility Criteria for Funding. On behalf of this agency, I verify that we are in compliance with the above Criteria and that our board of directors has been advised of the Eligibility Criteria for Funding and approved our signing of this document.

Signed \_\_\_\_\_  
Executive Director

Signed \_\_\_\_\_  
Board President

## OTHER CERTIFICATION ISSUES

Agency: \_\_\_\_\_

Date: \_\_\_\_\_

Please mark yes, no, or other as appropriate next to each statement. If no, or other, please explain. Supporting documents may be requested at a future date and must be supplied upon request.

YES    NO    OTHER (please explain)

\_\_\_    \_\_\_    \_\_\_    Agency maintains a personnel policy manual.

\_\_\_    \_\_\_    \_\_\_    Agency has a non-discrimination policy.

\_\_\_    \_\_\_    \_\_\_    Agency has a sexual harassment policy.

\_\_\_    \_\_\_    \_\_\_    Agency has a grievance procedure.

\_\_\_    \_\_\_    \_\_\_    Agency has a Strategic Plan.

Covers years \_\_\_\_\_

\_\_\_    \_\_\_    \_\_\_    Agency produces an Annual Report.

Most recent report covers period \_\_\_\_\_

\_\_\_    \_\_\_    \_\_\_    Agency has an effective fiscal management system in place.

\_\_\_    \_\_\_    \_\_\_    Audit or AG990 completed and copy provided for most recent fiscal year.

\_\_\_    \_\_\_    \_\_\_    Agency maintains liability insurance coverage.

Amount of coverage \_\_\_\_\_

Name of Insurer \_\_\_\_\_

Effective dates of coverage \_\_\_\_\_

YES NO OTHER

\_\_\_ \_\_\_ \_\_\_

Agency maintains fidelity bond coverage for employees handling agency accounts.

Amount of coverage\_\_\_\_\_

Name of insurer\_\_\_\_\_

Effective dates of coverage\_\_\_\_\_

\_\_\_ \_\_\_ \_\_\_

Agency pays all required federal and state payroll taxes.

\_\_\_ \_\_\_ \_\_\_

Agency has by-laws in place.

Date last amended/accepted\_\_\_\_\_

\_\_\_ \_\_\_ \_\_\_

Agency is accredited by recognized accreditation organization (where appropriate).

Date of most recent accreditation\_\_\_\_\_

Accreditation Organization\_\_\_\_\_

\_\_\_ \_\_\_ \_\_\_

Agency's board serves without compensation.

Number of board members\_\_\_\_\_

List board sub-committees:\_\_\_\_\_

\_\_\_\_\_

Schedule of board meetings\_\_\_\_\_

\_\_\_ \_\_\_ \_\_\_

Agency has Auxiliary or other Advisory/Governing Board. If so, please explain\_\_\_\_\_

\_\_\_\_\_  
Print Name

\_\_\_\_\_  
Title

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Date

**WEST DEERFIELD TOWNSHIP  
 FUNDING REQUEST BUDGET FORM  
 AGENCY NAME:**

	Prior Year	Present Year	Proposed Year
<b>AGENCY REVENUES</b>			
West Deerfield Township			
Federal Government			
State Government			
Local Government/Other Townships			
Client Fees			
Grants: Foundations, Corporate, Religious			
Individual Contributions			
Special Events			
United Way			
Sales			
Other Revenues			
<b>TOTAL REVENUES</b>			
<b>AGENCY EXPENDITURES</b>			
Program Staff Salaries, Benefits, Taxes			
Administrative Staff Salaries, Benefits, Taxes			
Fundraising Staff Salaries, Benefits, Taxes			
Professional Fees/Contractual Services			
General Operating Expenses			
Occupancy and Utilities			
Specific Assistance to Individuals			
Major and Minor Equipment			
Major Capital Expenses			
Other Fundraising Expenses			
Other/Miscellaneous			
<b>TOTAL EXPENDITURES</b>			
<b>SURPLUS (DEFICIT)</b>			