



AGENCY / PROGRAM APPLICATION FOR FUNDING
Fiscal Year 2017/2018

Cover Page		
NAME OF AGENCY		
CONTACT PERSON		
ADDRESS		
CITY	STATE	ZIP
PHONE	FAX	
E-MAIL		
WEB		
NO. OF YEARS IN EXISTENCE	TOTAL AGENCY FUNDING REQUEST FOR PROPOSED YEAR \$	
PROGRAMS REQUESTING FUNDING	\$ AMOUNT FOR PROPOSED YEAR	FUNDED BY TOWNSHIP SINCE? (Estimate of Year OK)
1. _____	\$ _____	_____
2. _____	\$ _____	_____
3. _____	\$ _____	_____
4. _____	\$ _____	_____



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Eligibility Criteria For Funding

New Trier Township General Statement of Policy:

- **Each agency/program requesting funding from the Township will be referred to either the Agency Oversight Committee, the Mental Health Committee, or the Money Follows the Person Committee of the Township. Those committees will make funding and agency/program recommendations to the New Trier Township Board of Trustees. You will be notified of their final decisions sometime in the spring.**
- 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 New Trier Township, its programs must serve residents of New Trier Township.
- **Proportion of Township Residents Served**
For agencies serving more than New Trier Township, the amount of funding requested shall take into consideration the proportion of the agency's service rendered to residents of New Trier 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.
- **Professional Growth**
Agencies should provide opportunities for continuing education of staff.



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- **Articles of Incorporation**

Submit a copy, as amended, if changed in the last 12 months.

- **Bylaws**

Submit one copy of your agency's most current edition of bylaws.

- **Coordination**

The agency shall cooperate with other community agencies and actively collaborate with them to ensure community coverage.

- **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 minutes of its board meetings and all substantive reports prepared for distribution to its board members including program usage reports of program/s that NTT is funding. The agency shall maintain communication with the assigned advisory committee service area specialist, who must be allowed to attend board meetings. The agency may dismiss the person from a board meeting if they convene into Executive Session.

- **Financial**

All agencies with budgets of greater than \$300,000 must have an annual audit performed by an independent CPA. Those agencies with a budget of \$300,000 or less must submit to the Township a copy of form AG990 that is sent to the Attorney General's Office. The Township reserves the right to request an audit be performed for agencies with budgets of \$300,000 or less.



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Other Certification Issues

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)

- YES NO OTHER (PLEASE EXPLAIN) Agency maintains a personnel policy manual
- YES NO OTHER (PLEASE EXPLAIN) Agency has a non-discrimination policy
- YES NO OTHER (PLEASE EXPLAIN) Agency has a sexual harassment policy
- YES NO OTHER (PLEASE EXPLAIN) Agency has a grievance procedure
- YES NO OTHER (PLEASE EXPLAIN) Agency has a Strategic Plan
Covers years _____
- YES NO OTHER (PLEASE EXPLAIN) Agency produces an Annual Report
Most recent report covers period _____
- YES NO OTHER (PLEASE EXPLAIN) Agency has an effective fiscal management system in place
- YES NO OTHER (PLEASE EXPLAIN) Audit or AG990 completed and copy provided for most recent fiscal year
- YES NO OTHER (PLEASE EXPLAIN) Agency maintains liability insurance coverage
Amount of coverage _____
Name of insurer _____
Effective dates of coverage _____
- YES NO OTHER (PLEASE EXPLAIN) Agency maintains fidelity bond coverage for employees handling agency accounts
Amount of coverage _____
Name of insurer _____
Effective dates of coverage _____
- YES NO OTHER (PLEASE EXPLAIN) Agency pays all required federal and state payroll taxes



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YES	NO	OTHER (PLEASE EXPLAIN)
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/> Agency has by-laws in place Date last amended/accepted _____
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/> Agency is accredited by recognized accreditation organization (where appropriate) Date of most recent accreditation _____ Accreditation Organization _____
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/> Agency's board serves without compensation Number of board members _____ List board sub-committees _____ _____ Schedule of board meetings _____
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/> Agency has Auxiliary or other Advisory/Governing Board. If so, please explain: _____
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/> Agency provides staff with opportunities for training and personal development
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/> Agency has filed its annual report with the Illinois Attorney General # _____
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/> Agency has filed its annual report with the Illinois Secretary of State # _____ Federal Tax ID # _____
<i>We certify that we meet all the eligibility criteria for funding and that the information contained in this application is true and correct to the best of our knowledge and agree to comply with all requirements of the program and funder if we are awarded and accept funding. Furthermore, our Board has been advised of the Eligibility Criteria and approved our signing of this document.</i>		
Agency Director Name		
Signature		
Board President Name		
Signature		
Date		



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Organizational Profile

(A) The Organizational Profile is part of the New Trier Township Application For Funding; and (B) It is the Agency's responsibility to keep the Organizational Profile information current each year and provide New Trier Township with further information on an ongoing basis if there are any significant changes, such as to the mission, organization, board requirements, and/or other changes.

(1) Briefly summarize the agency's mission, history, services, and organizational structure. Have these changed significantly over the lifespan of the organization? (Please attach a current organizational chart, if available.)

(2) Briefly summarize the role of the board and the requirements for serving on it. What role does the board play in the administration and operation of your organization and what is the desired size of a full and active board?



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Agency/Program Funding Request Information

PROGRAM DESCRIPTION

- (1) Describe the services provided by this program, eligibility requirements, and the target population.
- (2) How does this program fit in with one or more of the priorities identified by New Trier Township in its strategic plan? Please explain.

Please check each priority you feel the program addresses. (Most programs will address only one or two priorities.)

See our website at www.newtriertownship.com for more information.

- | | |
|---|--|
| <input type="checkbox"/> Aging in Place | <input type="checkbox"/> Low Income Families |
| <input type="checkbox"/> Youth Services | <input type="checkbox"/> Persons with Disabilities |
| <input type="checkbox"/> Other _____ | |

NEED

- (3) Describe the need and demand for this program in the community and justify that it deserves investment of Township funding. You may include both data and examples of individual clients.
- (4) Are you able to meet the full demand for this service or is there a waiting list? What new or unmet needs do you see in the community or for the clients served in this program?

CAPACITY

- (5) Demonstrate that the program has the vision, personnel, and skills to successfully carry out the program and achieve its goals, objectives and performance measures.



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SERVICE STATISTICS/DEMOGRAPHICS

(6) Who is being served by this program? Please provide a statistical breakdown of the number of clients served, the total units of service delivered, and costs per unit of service by filling in the chart below. Please state and define your unit of service for this program. To calculate cost per unit of service, divide the total number of units of service into the total budget for the program. (Suggestions for the appropriate unit of service are included in the proposal in the directions. For some programs you may wish to calculate cost per unit of service in more than one manner.)

Unit of service definition –

SERVICE STATISTICS – Please indicate fiscal year dates for each column

PLEASE INDICATE FISCAL YEAR/DATES IN EACH COLUMN	TWO FISCAL YEARS AGO	PRIOR FISCAL YEAR	PRESENT FISCAL YEAR
Number of persons served (unduplicated count)			
Number of units of service			
Cost per unit of service			

(7) What are the demographics of New Trier clients served in the prior year? (breakdown by community).

(8) Total from New Trier Township (unduplicated).

(9) New Trier Township clients are what % of total?

(10) Units of Service to New Trier clients.



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(11) Units of Service to NTT clients are what % of total

(12) New Trier clients age breakdown

OUTCOMES/EVALUATION

(13) What outcomes did you achieve for your clients in the prior year? Results should be client-outcome based, specify a target level of achievement, the measurement tool that was used, the rationale for setting the target at a certain level, and a timeframe for accomplishment. Detail any changes made in the program as a result of these outcome results.

(14) What results are you committed to achieving in the present year? (If outcomes are the same as above, simply state that we hope to improve upon the past year's results)

(15) Are there any other program effectiveness/evaluation measures you think are important, such as customer/client satisfaction surveys, quality of service measures, or other indicators? Please describe.

CHANGES/CHALLENGES

(16) What changes or challenges (legal, socio-economic, demographic, financial, political or other) did the agency, program, and clients face in the prior year? How did you respond? What challenges or changes do you anticipate in the present year? (If changes/challenges were the same for all programs, do not repeat).



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RECOMMENDATION RESPONSES

(17) How did you respond to the recommendations made by New Trier Township? Please describe in detail.

RESOURCES/BUDGET

(18) What non-financial resources are required to deliver this service? Specify staffing/volunteer requirements, budgetary needs and other resources or inputs that are needed for this program. If the Township is unable to fund this program at the desired level, what will the impact be on services? Describe how your program will or will not continue without investment by the Township. Complete the attached budget forms. Were any cost reduction measures implemented in the prior year? If there is a sliding fee scale for this program, please attach it and indicate how many clients paid each fee level.