



AGENCY/PROGRAM APPLICATION FOR FUNDING

Fiscal Year 2022-2023

NAME OF AGENCY			
TotalLink2 Community			
CONTACT PERSON AND TITLE			
Alisa Martorano, Director of Development			
ADDRESS			
1200 Shermer Road, Suite 109			
CITY		STATE	ZIP
Northbrook		IL	60062
PHONE		FAX	
224.412.4718		N/A	
E-MAIL			
amartorano@totallink2.org			
WEB			
www.totallink2.org			
NO. OF YEARS IN EXISTENCE		TOTAL AGENCY FUNDING REQUEST FOR PROPOSED YEAR	
13		\$ 20,000	
PROGRAMS REQUESTING FUNDING	AMOUNT RECEIVED LAST YEAR	\$ AMOUNT FOR PROPOSED YEAR	FUNDED BY TOWNSHIP SINCE? (Estimate of Year OK)
1. <u>Programs</u>	<u>\$10,000</u>	<u>\$ 20,000</u>	<u>2021</u>
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.
- **Articles of Incorporation** - Submit a copy, as amended, if changed in the last 12 months.
- **Bylaws** - Submit a copy, as amended, if changed in the last 12 months.
- **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.*



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- **Accountability** - The agency shall maintain communication with the assigned advisory committee liaison, who must be allowed to attend board meetings upon request. The agency may dismiss the person from a board meeting if they convene into Executive Session. The agency shall provide meeting minutes to the liaison upon request
- **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.*
- **Absence of Conflicts of Interest** – The agency certifies, to the best of its knowledge, information, and belief, that it has no current relationship or involvement with any New Trier Township Trustee, Employee, or Committee Member which the Agency reasonably believes could either favorably or unfavorably influence the Township's possible grant of the Agency's funding request.
YES _____ **X** _____
NO _____ - **If no, please explain.**

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)

- | | | | |
|-------------------------------------|--------------------------|--------------------------|--|
| <input checked="" type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | Agency maintains a personnel policy manual |
| <input checked="" type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | Agency has a non-discrimination policy |
| <input checked="" type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | Agency has a sexual harassment policy |
| <input checked="" type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | Agency has a grievance procedure |
| <input checked="" type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | Agency has a Strategic Plan
Covers years <u>2020-2023</u> |

