



AGENCY/PROGRAM APPLICATION FOR FUNDING

Fiscal Year 2022-2023

NAME OF AGENCY			
The Winnetka Youth Organization			
CONTACT PERSON AND TITLE			
Molly Dolkart, Board Chair			
ADDRESS			
620 Lincoln Avenue			
CITY		STATE	ZIP
Winnetka		IL	60093
PHONE		FAX	
E-MAIL			
molly@winnetkayo.org			
WEB			
winnetkayo.org			
NO. OF YEARS IN EXISTENCE		TOTAL AGENCY FUNDING REQUEST FOR PROPOSED YEAR	
52		\$ 70,000	
PROGRAMS REQUESTING FUNDING	AMOUNT RECEIVED LAST YEAR	\$ AMOUNT FOR PROPOSED YEAR	FUNDED BY TOWNSHIP SINCE? (Estimate of Year OK)
1. The Winnetka Youth Organization	\$53000	\$ 70000	1995
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 **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) | |
|--------------------------|--------------------------|--------------------------|---|
| X | <input type="checkbox"/> | <input type="checkbox"/> | Agency maintains a personnel policy manual |
| X | <input type="checkbox"/> | <input type="checkbox"/> | Agency has a non-discrimination policy |
| X | <input type="checkbox"/> | <input type="checkbox"/> | Agency has a sexual harassment policy |
| X | <input type="checkbox"/> | <input type="checkbox"/> | Agency has a grievance procedure |
| <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | Agency has a Strategic Plan
Covers years _____ |



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- X Agency produces an Annual Report
Most recent report covers period FY2020-2021 X
- X Agency has an effective fiscal management system in place and has disclosed any and all Conflicts of Interest as described in the Eligibility Criteria for Funding.
- Audit or AG990 completed and copy provided to the Township for most recent fiscal year
- X Agency maintains general liability insurance coverage and names New Trier Township as additional insurer
Amount of coverage _____
Name of insurer _____
Effective dates of coverage _____
- X Agency pays all state and federal payroll taxes
- X Agency has a conflict of interest policy.

YES NO OTHER (PLEASE EXPLAIN)

- X Agency has by-laws in place
Date last amended/accepted _____
- X Agency is accredited by recognized accreditation organization (where appropriate)
Date of most recent accreditation n/a
Accreditation Organization n/a
- X Agency's board serves without compensation
Number of board members 6
Number of Board vacancies 2
List board sub-committees _____

- Schedule of board meetings 3rd Wednesday of each month, 7:00PM



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- X Agency has Auxiliary or other Advisory/Governing Board. If so, please explain:
We maintain an advisory board of individuals who have either served on the board, or whom we seek out for specialized advice.
- X Agency provides staff with opportunities for training and personal development
- X Agency has filed its annual report with the Illinois Attorney General
n/a
- X Agency has filed its annual report with the Illinois Secretary of State
n/a
Federal Tax ID # _____

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.

Agency Director Name

Signature

Date:

Board President Name Molly Dolkart

Signature Molly Dolkart

Date: 9/13/2021



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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.)

The Winnetka Youth Organization's mission is to foster individual development in adolescents by providing adult-to-youth mentoring with opportunities for leadership, citizenship and education within a positive, encouraging environment. Through our diverse positive youth development initiatives, we empower adolescents to become more active community members and leaders, while also giving them opportunities to develop confidence in their own talents and skills.

(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?

Our requirements are that they are a)connect with our mission, b) can attend the majority of monthly meetings to maintain an informed quorum, c)willing to advocate for and obtain the resources we need to further our mission.



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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.

The target population served by The Winnetka Youth Organization is youth ages 13-18.

- (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.

We are unique in that we fill the after-school hours with positive social programming on a variety of topics.

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 |
| X Youth Services | <input type="checkbox"/> Persons with Disabilities |
| X 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.

In the past several years, we have h

- (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?

We are working to regain the teen engagement we had pre-Covid-19. This will take additionally community engagement to regain these populations.

CAPACITY



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- (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. Summarize any major changes in staff or personnel.

We recently hired a new Executive Director. She has verified experience with a major agency who

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 and why you chose it. 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.)

(6a) Unit of service definition –

(6b) SERVICE STATISTICS – Please indicate fiscal year dates for each column

PLEASE INDICATE FISCAL YEAR/DATES IN EACH COLUMN	Prior Year 2020	Present Year 2021	Proposed Year 2020
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).

The majority of our stakeholders were from the New Trier Township. We have sought and received additional funding from The Village of Northfield.

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

We did not get this disaggregation of data from our previous ED and PD.



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

The ED and PD did not provide this data.

(10) Units of Service to New Trier clients.

The ED and PD did not provide this data.

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

The ED and PD did not provide this data.

(12) New Trier clients age breakdown

13-18

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.

We maintained engagement with teens who were socially isolated and had no other contact outside of their home

(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)

Working with other community groups to understand emergent trends in the impact of COVID-19 on youth, determining how we can help each other to meet new needs, and developing cohesion amongst ourselves and with schools in order to meet upcoming challenges.



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- (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.

Yes, we will begin using exit surveys with our youth. Our Board determined that we need to seek out additional feedback from alumni in order to acquire anecdotal longitudinal data. When we disaggregate data, we will be conscientious of reporting it in ways that will maintain anonymity and privacy of our teens. For example, reporting attendance disaggregated by gender may accidentally out someone who is non-binary.

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).

Teens were still really eager to participate in social service events once we were able to do in-person programming. Some teens were not allowed to do any social activities outside of the home, and could only participate in our online programming.



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RECOMMENDATION RESPONSES

- (17) How did you respond to the recommendations made by New Trier Township, if any? Please describe in detail. (These are contained in the funding letter you received in June).

We will continue to work with your team and their feedback to create mutually agreeable outcome assessments.

RESOURCES/BUDGET

- (18) What non-financial resources are required to deliver this service? Specify staffing/volunteer requirements, budgetary needs and other resources, inputs, and/or community partners 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.

We rely on our contacts within the township such as the Winnetka-Northfield Public Library, New Trier High School, Winnetka Public Schools District 36, and other family engagement organizations.

- (19) If your program or agency budget request represents an increase from last year, please explain the reason for the change and what the increase will be used for.

The social and emotional needs of youth are more critical than ever due to the traumatic and widespread impact of COVID-19. Loss of a close family member, school disruption, social isolation, changes in family resources due to job loss are all examples of adverse experiences that cut across all income demographics. Additionally, we need a leader who is beyond adolescence and has experience seeking out clients. Our new ED has experience expanding grant funding, both through negotiating measurement of outcome and through writing.