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To: Human Service Providers
From: DeKalb Township
Date: July 2, 2024
RE: 2024 Human Service Funding

DeKalb Township is accepting applications for its 2024 Human Service Funding cycle. To be eligible for funding, an organization must meet the following criteria:

- Must be a not-for-profit 501(c)(3) organization.
- 501(c)(3) status must be in effect for a minimum of 12 months prior to application date.
- The program seeking funding must directly benefit DeKalb Township residents.
- The program seeking funding must deliver services which address the needs of one or more of the following populations: elderly, youth, individuals with disabilities, economically disadvantaged.

As part of the application process, the following documents must be completed and submitted by 4:00 p.m. on Wednesday, July 31, 2024, at the office of DeKalb Township (2323 S. 4th Street, DeKalb, IL 60115). NO LATE APPLICATIONS WILL BE ACCEPTED.

Complete application packages should be submitted (as a pdf document) by email to Mary Hess, Supervisor supervisor@dekalbtownship.org and also a single hardcopy should be delivered to the DeKalb Township office.

Required Documents

- 2024 Application
- Current Fiscal Year Budget for the Agency
- Agency Board of Directors List
- Copy of Most Recent Organizational Audit
- Copy of Most Recent IRS 990 Form

If you have any questions, please reach out to Mary Hess, Supervisor, by calling 815-758-8282, or email supervisor@dekalbtownship.org.

Thank you for your interest in working together to serve the residents of DeKalb Township.



2024 DeKalb Township Human Service Funding Application

Please limit all answers to 500 words or less

1. Agency Contact information
 - a. Agency Name
 - b. Executive Officer (Name & Title)
 - c. Address
 - d. Phone/fax
 - e. Website
 - f. Application contact person and email

2. 2024 FUNDING REQUEST \$_____

3. Agency Mission Statement/Purpose/Years in Operation.

4. Overview of programs/services currently offered by the agency.

5. Total number of clients served in FY23? Of that number, approximately how many were DeKalb Township residents?

6. Identify and briefly describe the program(s) or project(s) DeKalb Township's funds will specifically support.

7. Identify the target age demographic for the program(s) for which you are requesting funding.

0-8	9-18	19-55	56+
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8. Define eligibility requirements for the program(s) for which you are requesting funding (e.g. income, age, geographic location).

9. What type of outcome measurement is the agency using to ensure effective programs and services? Please include outcome measurement data collected during the previous year for the program(s) for which you are requesting funding.

10. Explain any fees charged for programs/services, including use of sliding scale fees. Please attach a fee schedule.

2024 DeKalb Township Grant Application

Please limit all answers to 500 words or less

11. Does the agency currently have a wait list for services/program? If yes, please identify the number of persons on the waiting list and the average time clients spend on the waiting list until served.

12. What are the agency's goals for 2024/25, including, but not limited to:
 - a. Public awareness of agency's services
 - b. Data collection for assessing current needs of community members
 - c. Development of new programs to align with community needs

13. Discuss efforts of current or future collaboration with other DeKalb County agencies providing similar services, reducing or eliminating the duplication of services.

14. List the current sources of funding for services your agency provides.

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

15. Calendar of fundraising activities the agency and auxiliary agencies conduct on an annual basis.

16. How will your agency work collaboratively as a partner with DeKalb Township?

17. How many paid employees does your agency have? What is the breakdown of part time/full time employees? Does your organization use interns?

18. What other pertinent information would be valuable for us to know?

2024 DeKalb Township Human Service Funding Application

Authorization and Signature

I/we, the undersigned duly-authorized agents of _____
(Name of Organization)

A. Do hereby certify that all information contained in this application for funding is true and correct to the best of my/our knowledge and agree to comply with all requirements of the program if this agency is awarded and accepts funding from DeKalb Township.

INITIAL

B. If funding is awarded on the basis of this application, all project information detailed in the application will be implemented accordingly, becoming part of the Contract/Agreement, and the project shall commence within ninety (90) days of receiving funding from DeKalb Township.

INITIAL

C. Is your agency incorporated as a 501(c)(3) Non-Profit Organization? YES NO

INITIAL

If yes, please attach a copy of your IRS tax-exempt Letter of Determination.
This letter would have been issued to your organization at the time you applied for 501 (c)(3) status. Please do not submit the State of Illinois tax exempt letter for purchases.

Name and Title of Representative

Signature

Date