DEKALB TOWNSHIP

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www.dekalbtownship.org
2323 S. 4th St. DeKalb, IL 60115

July 1, 2025

DeKalb Township is now accepting applications for the 2025 Human Service Funding cycle. To be considered for funding, organizations must meet the following eligibility criteria:

- Be a registered not-for-profit organization
- Have maintained not-for-profit status for at least 12 months prior to application date
- Offer a program that directly benefits residents of DeKalb Township
- Provide services that support one or more of the following populations: seniors, youth, individuals with disabilities, and/or economically disadvantaged individuals

APPLICATION DEADLINE
All required materials must be received by **4:00 p.m. on Thursday, July 31, 2025**. Late submissions will not be considered.

1. **Email a single PDF** to Mary Hess, Township Supervisor, at supervisor@dekalbtownship.org

2. **Deliver one hard copy** to:
   DeKalb Township
   2323 S. 4th Street
   DeKalb, IL 60115

REQUIRED DOCUMENTS
- Completed 2025 Application Form
- Agency's Current Fiscal Year Budget
- List of Current Board of Directors
- Most Recent Organizational Audit
- Most Recent IRS 990 Form

We recognize that more agencies are seeking township funding each year and understand the financial challenges caused by reductions in state and federal support. While our resources are limited, we remain committed to supporting our community partners and the residents we collectively serve.

If you have any questions, please contact Mary Hess, Supervisor, at (815) 758-8282, or email supervisor@dekalbtownship.org.

Thank you for your dedication to serving the DeKalb Township community.

2025 DEKALB TOWNSHIP
HUMAN SERVICE FUNDING APPLICATION

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

2. **CLIENT DEMOGRAPHICS**
   Total number of clients served in previous fiscal year _____
   Approximate number of those clients who were DeKalb Township residents _____

3. **FUNDING REQUEST**
   Amount Requested: $_____

4. **PROGRAM/PROJECT DESCRIPTION**
   Provide a detailed description of the program or project for which DeKalb Township funds will be used. Include:

   - A timeline for implementation
   - Two (2) specific and measurable goals

5. **PROGRAM/PROJECT BUDGET**
   What is the total budget for this program/project?
   Please attach a copy of the full program/project budget. Clearly indicate which line items would be supported by Township funds.

6. **FUNDING PLAN**
   What other sources of funding or revenue will you pursue to support the overall program/project budget?

7. **PARTNERSHIPS AND COLLABORATION**
   Are there any existing partnerships or collaborations that contribute to the success of this program/project? If so, please describe.

8. **TARGET POPULATION AND OUTREACH**
   Who is the intended population for this program/project? Briefly explain how you will identify, reach, and serve this group effectively.

9. **OUTCOME MEASUREMENT**
   Describe how you will collect and analyze data to evaluate success and measure progress toward the goals outlined in Question 4.

10. **CURRENT FUNDING SOURCES**
    Please list all sources of funding that support your agency's services for the current fiscal year. For each source, include dollar amount and funding status **Secured (S)** or **Requested, not received (R)**

Source	**Amount ($)**	**Status (S/R)**
United Way	$_____	_____
City Government	$_____	_____
DeKalb Township	$_____	_____
Other Townships	$_____	_____
County Government	$_____	_____
State Government	$_____	_____
Federal Government	$_____	_____
Fundraising	$_____	_____
Client Fees	$_____	_____
Other _____	$_____	_____
Other _____	$_____	_____
Other _____	$_____	_____
Other _____	$_____	_____

ADDITIONAL INFORMATION (for Agencies Operating Less Than 5 Years)
If your agency has been in operation for fewer than five (5) years, please respond to the following:

1. Origin and Purpose
What identified needs, research, or community feedback led to the founding of your agency?

2. Growth Projections
What are your projected plans for growth over the next five years in terms of:

- Financial resources
- Staffing/personnel
- Number of individuals served

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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 based on 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 and registered with the State of IL as a Non-Profit Organization? _____

_____
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. Please do not submit the State of Illinois tax exempt letter for purchases.

_____
Name and Title of Representative

_____ _____
Signature Date