2026 DEKALB TOWNSHIP
HUMAN SERVICES FUNDING APPLICATION

TIPS FOR COMPLETING THE APPLICATION

- ✓ Answer every question in the order presented. If a question does not apply, briefly explain why.
- ✓ Keep responses concise and easy to read—generally no more than one or two short paragraphs per question.
- ✓ Bullets or numbered lists may be used when helpful.
- ✓ Unless otherwise requested, limit your responses to the programs or projects for which you are seeking funding.
- ✓ You may attach supplemental information that is relevant to your funding request.

1. AGENCY INFORMATION

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

Does your agency operate on a calendar year or fiscal year?

☐ Calendar year ☐ Fiscal year If fiscal year, provide the beginning and ending dates.

2. CLIENT DEMOGRAPHICS

Total number of <u>unduplicated</u> clients served during your agency's most recently completed fiscal or calendar year _____

Approximate number of those clients who were DeKalb Township residents _____

3. FUNDING REQUEST

Amount Requested from DeKalb Township: $_____

4. **PROGRAM/PROJECT DESCRIPTION**

Describe the program or project for which DeKalb Township funding is requested. Include:

- The purpose of the program or project and the services to be provided
- A proposed implementation timeline
- A minimum of two (2) specific and measurable goals

If you are requesting general operating support rather than funding for a specific program or project, describe how the funds will be used and the expected benefit to DeKalb Township residents.

5. **PROGRAM/PROJECT BUDGET**

What is the total budget for the proposed program or project?

Attach a complete program or project budget and clearly identify the expenses that would be paid with DeKalb Township funds.

If you are requesting general operating support, attach your agency's operating budget and clearly identify the expenses that would be supported by Township funds.

6. **PARTNERSHIPS AND COLLABORATION**

Describe any existing partnerships or collaborations that contribute to the success of the proposed program or project? If none, indicate "Not applicable".

7. **TARGET POPULATION AND COMMUNITY NEED**

a. Describe the need or problem this program will address, including any relevant data, trends, or community observations.

b. Who will be served by the proposed program or project? Describe how your agency will identify, reach, and effectively serve this population.

c. Explain how this project or project is distinct from—or complements—other services available in the community.

8. **OUTCOME MEASUREMENT**

Describe how your agency will collect and evaluate data to measure progress toward the goals identified in section 4 and determine the success of the program or project.

9. **TOWNSHIP FUNDING HISTORY**

If your agency previously received Township funding, briefly describe the results achieved with those funds. Select and identify one funding award for this question, not every year.

How would the program or project be affected if the requested amount is only partially funded or not funded?

10. **CURRENT FUNDING SOURCES**

List all sources of funding or revenue supporting your agency during the current fiscal or calendar year. For each source, provide the amount and indicate its status.

S - Secured (S): Awarded or received
P – Pending: Requested, but not yet awarded
PR – Projected: Anticipated revenue, such as fundraising proceeds or client fees

Funding Source	**Amount ($)**	**Status (S/P/PR)**
United Way	$_____	_____
City Government (by name)	$_____	_____
DeKalb Township	$_____	_____
Other Township (by name)	$_____	_____
County Government (by name)	$_____	_____
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

3. Organizational Capacity

Briefly describe your agency's experience and capacity to successfully implement the proposed program or project.

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Authorization and Signature

Organization Name: _____

As the authorized representative of the organization named above, I certify and acknowledge the following:

A. Accuracy of Application

The information provided in this application and its attachments is complete and accurate to the best of my knowledge. If funding is awarded and accepted, the organization agrees to comply with all applicable funding requirements.

B. Use of Funds

If funding is awarded, the organization agrees to use the funds in accordance with the approved application and any funding agreement issued by DeKalb Township. Any material change in the use of funds must receive prior written approval from DeKalb Township.

C. Implementation

The organization agrees to begin using the awarded funds for the approved purpose within 90 days after receiving the funds unless a different schedule is approved in writing by DeKalb Township.

D. Organizational Status

The organization certifies that it:

- Is organized or registered as a not-for-profit organization in Illinois;
- Has maintained its not-for-profit status for at least 12 months before the application deadline;
- Is currently active and in good standing with the State of Illinois, as applicable; and
- Has received federal tax-exempt status from the Internal Revenue Service.

Attach a copy of the organization's current IRS determination letter confirming its federal tax-exempt status. Do not submit an Illinois sales-tax exemption certificate in place of the IRS determination letter.

By signing below, I certify that I am authorized to submit this application on behalf of the organization and that I have read and agree to the certifications above.

Authorized representative's printed name:

Title:

Signature:

Date:

Funding awarded through this cycle is intended for services provided from January 1, 2027 through July 1, 2027.

Applicants are expected to be notified of funding decisions no later than December 16, 2026.