

**NORTHFIELD TOWNSHIP  
HUMAN SERVICES COMMISSION**



# Northfield Township

## HUMAN SERVICES COMMISSION Agency Application for Funding

Date: \_\_\_\_\_

Agency Name: \_\_\_\_\_

Address: \_\_\_\_\_

Executive Director: \_\_\_\_\_ Telephone: \_\_\_\_\_

Contact Person if other than Executive Director: \_\_\_\_\_

Requested Amount: \$\_\_\_\_\_

1. History of agency: when founded? \_\_\_\_\_, has provided service to Northfield Township residents since? \_\_\_\_\_ service area covered

2. How would Northfield Township funds be used? If funding was received last year, describe any change(s) since then. (Attach additional pages if necessary.)

3. Previous Northfield Township funding history:

	2006	2007	2008	2009	2010
Requested					
Received					

4. Please define the mission of your agency.

5. Please indicate whether your agency functions on a calendar year basis or a fiscal year. If a fiscal year, provide dates.
6. Please provide total number of client's \_\_\_\_\_; Northfield Township residents served last year \_\_\_\_\_; Northfield Township residents expected to be served this year \_\_\_\_\_.
7. Please provide estimated revenue for 2010 (FY-2011): \$\_\_\_\_\_, estimated expenses: \$\_\_\_\_\_.
8. Please provide percentage of revenue received from: fees\_\_\_\_%, grants:\_\_\_\_, United Way:\_\_\_\_%, fundraising:\_\_\_\_%, Northfield Township:\_\_\_\_% and other:\_\_\_\_%.
9. If an allocation of funds is made to your agency, what percentage of that allocation would be used to serve Northfield Township residents?\_\_\_\_\_
10. What percentage of your agency's total revenue is used for providing services:\_\_\_\_%, for administrative purposes\_\_\_\_%, for fundraising\_\_\_\_%.
11. To your knowledge, does any other agency provide the same services to Northfield Township residents as does your agency? \_\_\_\_\_ If yes, please provide the agency name(s):
12. What is the agency's fundraising goal for this year? \_\_\_\_\_ How is this to be raised?
13. Describe volunteer participation in your agency, including Board membership.
14. Have you had any major personnel or Board changes within the last year? If so, please elaborate.
15. What is your agency's policy on user fees? If any of the services are covered by Medicaid or private health insurance, what efforts are made to obtain reimbursement?
16. Are any agency services based on: sex\_\_\_\_, age\_\_\_\_, religion\_\_\_\_, ethnicity\_\_\_\_, other criteria:\_\_\_\_. If you answered yes to any of these, please explain.

## NORTHFIELD TOWNSHIP HUMAN SERVICES APPLICATION 2010

**Agency:** \_\_\_\_\_

We have reviewed the information contained on this application, and to the best of our knowledge and belief, all information submitted is true and correct.

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Board President	Printed Name	Date
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Person Preparing Application	Printed Name	Date
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### **Please include the following attachments with your completed application:**

1. Audit report for the last period audited along with a copy of the Auditor's management letter. If no management letter was submitted, please indicate that and give the reason. Please also provide data to support the salary schedule such as number of part-time and full-time employees, salary ranges, etc.
2. Budget for the year for which funds are being requested.
3. A list of the agency's board of directors.
4. Minutes of your last three board meetings.

### **Applications will receive final acceptance when the following documents have been received:**

1. An original and one copy of the application fully completed and signed by your board president and the person preparing the application.
2. Two copies of the audit and two copies of the supporting information required above.

You may also include optional information such as brochures or other supplemental material about your agency.

**Completed applications must be received by 4:30 p.m. on Tuesday, October 12<sup>th</sup> at the address below:**

**Northfield Township  
Attn: Gayle Zalatoris  
3801 West Lake Avenue  
Glenview, IL 60026**