

MORaine TOWNSHIP GRANT PROGRAM
777 Central Avenue • Highland Park, Illinois 60035 • 847-432-3240
<http://morainetownship.org>
2010-2011 Grant Guidelines & Review Process

Mission Statement

Moraine Township government administers public funds to provide responsive, efficient and compassionate services and support for residents in need.

Eligibility & Scope

The Moraine Township Grant Program is available to not-for-profit organizations providing direct programs and/or services on a non-sectarian basis for the benefit of people residing and/or working in Moraine Township. (Please carefully note the boundaries of Moraine Township when computing statistical information on your client base. See Application Form for specific percentages, and our website for a boundary map.) Programs and/or services provided should complement the mission of, but not duplicate services provided by, Moraine Township. The Moraine Township Grant Program gives special priority to addressing needs of the elderly, youth, persons with disabilities, and the economically disadvantaged.

Restrictions

- A. Not-for-profit organizations, institutions or associations that serve Moraine Township residents and/or workers on a non-sectarian basis may apply.
- B. Individuals are not eligible for direct grants.
- C. Public schools and other taxing bodies (including their subsidiaries) are not eligible for direct grants.
- D. Charitable foundations & other entities requesting funds primarily for (re)distribution are not eligible.
- E. Moraine Township's Grant Program will consider general operating, program, and project support; and in limited cases, capital expense proposals.

Deadline & Calendar

- A. Deadline for application is February 1, 2010 for funding to be awarded in FY10-11 (April 1, 2010 to March 31, 2011). Applicants must submit one copy of the completed application, as well as all required supplementary documents.
- B. Deliver or mail (do not fax) by February 1 to the Moraine Township office, 777 Central Avenue, Highland Park IL 60035. Incomplete or late applications will not be considered.
- C. Grant applications will be reviewed and decided upon within two months.

Application Remarks & Required Attachments List

- A. Organizations may submit only one application per annual grant period, although multiple program categories are permitted, and may be funded selectively, at the Committee's and Board's discretion.
- B. Applicants must provide one copy of the following information with their application:
 1. proof of not-for-profit incorporation status, OR copy of IRS determination letter
 2. copy of applicant's approved by-laws (if nonprofit association)(NB: Renewing grantees may provide a letter of assurance that nonprofit status continues to be in force.)
 3. financial statement for last complete fiscal year (990 or auditor's report)
 4. most recent complete agency budget, preferably for the proposal year
 5. project/proposal budget for this grant, if different from entire agency budget

Review Process

A Citizen Grant Advisory Committee will review all applications and make recommendations to the Board of Trustees. **All required attachments must be provided by the due date or an application will be deemed incomplete, and disqualified.** Applicants in the final round may be asked to appear in person before the Committee or Board, or undergo a site visit. Applications will be evaluated on the basis of how successful the applicant is expected to be in complementing the mission of Moraine Township; meeting the stated goals of their proposal; filling a unique or undermet need; achieving client/beneficiary and community support; and demonstrating sound fiscal management. **Midterm reports, generally at a Board meeting, will be required.**

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Grant Proposal Application Form

Submit one complete copy by February 1, 2010 to

Mari Barnes, Supervisor

Moraine Township • 777 Central Avenue • Highland Park, Illinois 60035

I. General Information

Organization Name: _____

Organization Address: _____

City _____ State _____ Zip _____

Phone _____ Fax _____ Hours _____

E-Mail address: _____ Web site: http:// _____

Chief Administrative Officer: _____ Title _____

Contact Person (if different): _____ Title: _____

Address (if different): _____ Phone: _____

• This is a request to fund: general operating program project capital expense

• Name of Project/Proposal: _____

NOTE: In computing statistical information, most clients served should be from Highwood (count 100% zip 60040) and Highland Park (count 85% zip 60035). Of client statistics reported below, no more than 7% should be from Deerfield (zip 60015) and 4% from Lake Forest (zip 60045).

• Overall agency: state the number of persons residing/working in Moraine Township your group serves & the approximate agency population Moraine clients constitute: _____ # served= _____ % agency clients

• Amount Requested from Moraine Township Grant Program for FY10-11: \$ _____

• What percentage of the total budget are you asking Moraine Township to fund? _____ %

• For this proposal, how many Moraine Township residents/employees are served? _____ # served = _____ % proposal

• Amount received last year, if any: \$ _____

II. Proposal Narrative Requirements

Please submit a narrative divided into categories conforming to the order listed below, addressing the following points. Brevity is appreciated, but use what you need to make your case according to the Moraine Township Grant Guidelines.

- introduce your organization (purpose, history, audience, governance, overall programs)
- proposal description (location, dates, target audience, etc.)
- proposal goal(s) and how you will evaluate its success
- community involvement (e.g., use of volunteers, client demand for services, coordination with other agencies, etc.)

III. Attachments

- nonprofit status document(s), as appropriate, per current year's Guidelines
- agency fiscal reporting forms, as appropriate, per current year's Guidelines (990, audit)
- budgets for overall agency and for this proposal budget (if separate), showing
 - (1) income sources - *in this order* - individuals, corporations, foundations, businesses, government, board fundraising; fees/earned program income; investment income; and in-kind if applicable
 - (2) expenses - including percentages of administration vs program
 - (3) percentage of the proposal budget Moraine Township is being asked to fund

IV. Assurances

If the grant is awarded, the applicant assures the Moraine Township Board of Trustees that the funds will be administered by the applicant; that any funds received under this grant shall be used solely for the described activities; that the applicant has read and will conform to the program guidelines; that the filing of this application by the undersigned, officially authorized to represent the applicant organization, has been duly approved by the governing board of the applicant organization on the date supplied below.

Chief Administrative Officer: _____

Program Director (if applicable): _____ Date: _____

*Contact us with any questions before submitting your application - (847) 432-3240
This form may be replicated by applicant. Please do not use smaller than 10 point Times font.*