



## **MORaine TOWNSHIP GRANT PROGRAM 2018**

**777 Central Avenue Highland Park, IL 60035**

**847-432-3240 [clerk@morainetownship.org](mailto:clerk@morainetownship.org)**

**Grant Proposal Application Form:** Please submit one complete hard copy **plus** a PDF **no later than March 1, 2018** to: Anne Flanigan Bassi . Supervisor. Moraine Township . 777 Central Avenue . Highland Park IL 60035

### **Moraine Township 2018 Grant Funding Priorities:**

- Programs/Projects/Agencies which support Moraine Township's mission of administering public funds to provide responsive, efficient and compassionate services and support for Moraine Township residents.
- Programs/Projects/Agencies which give special priority to addressing the needs of economically disadvantaged elderly, youth and persons with disabilities living in Moraine Township.
- Consideration will be given based on the following criteria:
  - number of Moraine Township residents served;
  - percent of agency's clients comprised of Moraine Township residents;
  - percentage of the agency's total budget funded by Moraine Township;
  - percentage of the budget for the specific program funded by Moraine Township
- Consideration will be given for general operating and program support, and, in limited cases, capital expense proposals.

### **Restrictions:**

Only *not-for-profit* organizations that serve Moraine Township residents on a non-sectarian basis may apply. Individuals, public schools or other taxing bodies or their subsidiaries, and charitable foundations, are not eligible to apply.

### **Deadline & Calendar:**

**Application deadline is March 1, 2018:**

- Submit **one hard copy** of the application cover page and narrative **only** via delivery or mail to the Moraine Township office, 777 Central Avenue, Highland Park, IL 60035
- Submit a **PDF of the complete application with all required attachments (see below)** to [clerk@morainetownship.org](mailto:clerk@morainetownship.org).

Applications with missing information are considered incomplete; fax copies are not accepted. Grant applications will be reviewed and decided upon generally within two months.

**Review Process:** Applicants may be contacted for clarification or a site visit.

**Application Remarks & Required Attachments List** (required for both paper and electronic application):

- Organizations may submit only one application per annual grant period, although multiple program categories are permitted, and may be funded separately, at the Committee's recommendation and Board's discretion.
- **Completed application cover page and narrative must be submitted in both paper and electronic formats.**
- **In addition**, the **electronic submission must include the following**:
  - Completed application cover page and narrative
  - Proof of Not-for-Profit incorporation status OR a copy of IRS determination letter
  - Copy of applicant's approved by-laws (paper only - no PDF required)
  - Financial statement for last complete fiscal year (IRS Form 990 or audit report - paper only)
  - Most recent complete Agency budget including sources of funding and program vs. administrative expense
  - Program budget for this grant, if grant request is for a specific program



## **MORaine TOWNSHIP GRANT PROGRAM**

### **Grant Proposal Application Form Year 2018**

Organization Name \_\_\_\_\_  
Organization Address \_\_\_\_\_  
Phone/Fax/email \_\_\_\_\_  
Website \_\_\_\_\_  
Chief Administrative Officer & Title \_\_\_\_\_  
Contact Person/Information (if different) \_\_\_\_\_

**Funding Request (SELECT ONE):**    general operating                  program                  capital expense

**Name of Program:** \_\_\_\_\_

**Amount** requested from Moraine Township Grant Program for 2018: \$ \_\_\_\_\_

**Amount** received from Moraine Township Grant Program 2017, if any: \$ \_\_\_\_\_

**Number** of Agency's clients who live in Moraine Township\* \_\_\_\_\_

**Percent** of Agency's clients who live in Moraine Township\* \_\_\_\_\_%

**Number** of program's clients who live in Moraine Township\* \_\_\_\_\_

**Percent** of Program's clients who live in Moraine Township\* \_\_\_\_\_%

**Percent** of total budget (for this program) Moraine Township requested to fund \_\_\_\_\_%

**Percent** of overall agency budget Moraine Township requested to fund \_\_\_\_\_%

\* (See Moraine Township website for township boundaries at [morainetownship.org](http://morainetownship.org))

### **Proposal Narrative Requirements**

Please submit a narrative, divided into categories conforming to the order listed below, addressing the following points (as briefly as possible.)

- Organization introduction: purpose, history, target audience, governance, programs.
- Program/proposal description: location, dates, hours, target audience, including how you address needs of, and recruit, non-English speakers and needs of economically disadvantaged elderly, youth and persons with disabilities living in Moraine Township.
- Program/proposal goals and performance measures.
- Community involvement (e.g., use of volunteers, client demand for services, partnerships with other agencies, etc.)



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### **Grant Proposal Application Form Year 2018**

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**Attachments:** See complete details prior page under **Application Remarks & Required Attachments List. Note that the application is not complete without the attachments as specified.**

**Assurances:** If a 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 signing and filing of this application has been performed by an official authorized to represent the applicant organization, and the filing of this application has been duly approved by the governing board of the organization.

**Additional Requirement:** If your agency is awarded a 2018 grant, you are required to submit a written interim report per the terms of the acceptance contract, and **schedule a time to appear** before the Moraine Township Board of Trustees prior to April 1, 2019 to report on the use of the funds awarded to serve Moraine Township residents.

Signature of Chief Administrative Officer: \_\_\_\_\_ Date \_\_\_\_\_

Printed Name: \_\_\_\_\_

Signature of Program Director (if applicable) \_\_\_\_\_ Date \_\_\_\_\_

Printed Name \_\_\_\_\_

***(Signature required on hard copy only; name on PDF copy)***

Contact us with any questions before submitting your application: 847-432-3240  
Save as a PDF with **your agency's name** (not "Moraine Township")