

WHEELING TOWNSHIP AGENCY
2017-18 APPLICATION FOR FUNDING
GENERAL INSTRUCTIONS

Completed applications must be returned to Wheeling Township by September 23, 2016

General Application Requirements

The following provides a brief description of the mandatory components of the application package. The application package must include and address each component. An incomplete application may be considered unqualified for consideration.

Program Information

Every question must be answered. Be specific on government and non-government funding on page 1-list each funding source by name. If you need additional space use a separate page and attach to application. Please put your program name at the top of each page in the upper right hand corner.

Budget

The budget should be completed using current year operating information. A budget narrative may be included if further explanation is needed on how fringe benefits were calculated, why particular items of supplies or equipment must be purchased, etc.

Attachments

Should include:

- 12 Copies of the Application for Funding signed and dated
- 12 Copies of the current budget (including itemized revenues by source)
- 12 Copies of the Agency certification (form provided)
- 1 Copy of the Certificate of Insurance
- 1 Copy of the Articles of Incorporation
- 1 Copy of the Agency by-laws
- 1 Copy of the Agency audit (most recent)
- 1 Copy Form 990 and AG990IL

THE APPLICATION MUST NOT BE ALTERED IN ANY WAY OR IT WILL BE REJECTED.

IN-KIND FUNDING		
Wheeling Township In-Kind Funding *		\$
Other In-Kind Funding		\$
*Agencies occupying space in the Wheeling Township Community Center should include rent in basement @ \$12.00 per square foot and second floor @16.00 per square foot.		

Program Information

Describe the services provided by the program (include unit of service by activity)

WHEELING TOWNSHIP CURRENT CLIENT DEMOGRAPHICS

Gender	0-4 Years	5-17 Years	18-24 Years	25-64 Years	65 & Older
Female					
Male					
Total					

Ethnicity	0-4 Years	5-17 Years	18-24 Years	25-64 Years	65 & Older
Caucasian					
African American					
Hispanic/Latino					
Native American					
Asian/Pacific Islander					
Other					
Total					

Number of Clients Served	2015-16
Total number clients served for the ENTIRE agency	
Total number Wheeling Township clients served	
Total number direct service hours provided to Wheeling Township clients	

Define eligibility requirements for services (e.g. income, age, geographic location)

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**Provide estimated timeline for when specific activities will be conducted and/or completed.
Some activities may be ongoing and should be so noted**

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Provide days and hours services are available

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**Explain any fees charged for this program, including use of sliding scale fees.
Please attach a fee schedule**

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Identify demand for this service from the community

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Explain why your agency is best suited to undertake this program

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Describe how the agency will publicize Wheeling Township funding

Discuss efforts to collaborate with other northwest suburban agencies providing similar services, eliminating duplication of efforts

Describe participation of volunteers and estimate the value of volunteer hours

Describe Fundraising/Outreach Efforts

If a professional fundraiser is hired, list total amount raised by the fundraiser and total fees and expenses paid to the fundraiser

Objectives

State client based outcome objectives (Tell what the client will get out of these services, e.g. client will get and keep a job for at least 6 months):

Identify strategy to achieve objectives (e.g. client will attend job skill workshop and be appropriately placed in employment):

Identify method of measuring outcome objectives (e.g. caseworker and client report):

Provide outcome objective results for previous year:

Provide any changes that are being made in the program as a result of the previous outcomes:

Identify major staff positions responsible for this program (must represent the equivalent of at least one full-time staff member)

Position	Qualifications (Include degree, if applicable)

Describe recent implementation of cost reduction measures

Other pertinent information

Budget

A. Salaries-List each position by title (top 3 positions only)		
Position/Title	Salary (Include bonuses, deferred comp, and all other allowances)	Fringe Benefits

B. Occupancy-Include only: Facility, rent, usage charges, utility charges, building and grounds services, supplies and property insurance	
Item	2016-17 Cost
	\$
	\$
	\$
	\$

C. Program-direct client contact employees/consultants, supported/transitional living programs-include rent, client transportation, utilities for facility	
Item	2016-17 Cost
	\$
	\$
	\$

D. Percent (%) All administration costs are to total budget-include only non-client contact expenses	
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AGENCY CERTIFICATION

Please mark "YES" or "NO" as appropriate next to each statement and initial each. Your initials certify the accuracy of each statement. Supporting documents may be requested at a future date and must be supplied upon request.

Initial	YES	NO	
_____	<input type="checkbox"/>	<input type="checkbox"/>	Agency maintains a personnel policy manual
_____	<input type="checkbox"/>	<input type="checkbox"/>	Agency has Audited Financial by independent CPA
_____	<input type="checkbox"/>	<input type="checkbox"/>	Agency has a non-discrimination policy
_____	<input type="checkbox"/>	<input type="checkbox"/>	Agency has a sexual harassment policy
_____	<input type="checkbox"/>	<input type="checkbox"/>	Agency has a grievance procedure
_____	<input type="checkbox"/>	<input type="checkbox"/>	Agency has the capacity to financially administer grant funds
_____	<input type="checkbox"/>	<input type="checkbox"/>	Agency has an effective fiscal management system in place
_____	<input type="checkbox"/>	<input type="checkbox"/>	Agency maintains liability insurance coverage If yes, amount of coverage _____ Name of insuring agency _____
_____	<input type="checkbox"/>	<input type="checkbox"/>	Agency pays all federal and state required payroll taxes
_____	<input type="checkbox"/>	<input type="checkbox"/>	Agency maintains fidelity bond coverage for employees handling agency accounts If yes, amount of coverage _____ Name of insuring agency _____ If no, what would cost of coverage be _____
_____	<input type="checkbox"/>	<input type="checkbox"/>	Agency has by laws in place Date accepted _____ Date last amended _____

Print name of person initialing above

Signature of person initialing above

Title