

ROCK ISLAND TOWNSHIP

APPLICATION FOR FUNDING

COVERSHEET

The following guidelines apply to all agencies and organizations interested in applying for funding from Rock Island Township.

Mission Statement: To professionally, courteously, equitably and efficiently administer General Assistance, property assessment and other programs and to properly maintain the Township Hall and property for the benefit of Township residents and the building's tenants.

Priorities

Rock Island Township has an open application process, but gives preference to funding requests that will:

- Primarily benefit Rock Island Township residents (or an award that is proportional to the percentage of Township beneficiaries compared to the total program)
- Benefit (equal weight):
 - Youth (17 or younger)
 - Senior Citizens (65+)
 - Veterans

Eligibility Requirements

Applications / request for funding will be considered from:

- Legally constituted non-profit organizations (an applicant may use a fiscal agent, but the agent must be a legal non-profit and provide evidence confirming this status)
- The organization's budget for the program or activity for which funds are being requested must be equal to or less than \$10,000.
- Exceptions to the \$10,000 budget limit are the St. Joseph's Meal Site and the Sacred Heart Food Pantry.

Timing

Applications will be accepted year round, but with the fiscal year starting on April 1st, requests that are made late in the fiscal year may be rejected due to a lack of funding. Applications may be delayed and considered during the following fiscal year.

Application / Request Format

ALL requests must include the Rock Island Township Request for Funding form (attached). The application asks for contact information, Federal tax id number, program title, short program description, amount requested, budget, number of beneficiaries, new or continuing program, other funding sources for this activity (approved or pending) and first time or on-going request. Beyond these items,

the request can consist of a letter, narrative or other format that addresses the evaluation criteria.

Evaluation Criteria

Rock Island Township will apply the following factors in assessing the benefits and impacts of a funding request:

- Cost per unit of service (e.g. – cost per person or family, cost per case, etc.)
- Number of beneficiaries and characteristics (to determine if the priority populations are benefiting)
- Percentage of Rock Island Township residents compared to total program
- How Rock Island Township benefits from the proposed program or activity
- One time request or on-going program support?
- Amount and percentage of administrative funds
- Leverage – financial, volunteer, other
- Evidence of partnership or coordination with other service providers
- On-going or new program?
- If program was funded previously, did it meet its performance goals?
- Expectation of future funding request
- Secondary impacts, if any

Reporting and Administrative Requirements

- Quarterly, semi-annual, annual and/or end of program performance report specifying program impact and performance (this will be determined by the nature and complexity of the request)
- Receipts must be provided for capital, equipment or other purchased items prior to reimbursement by the Township
- Location (address) of purchased items – e.g. – address of community garden. Capital items purchased with Township funds shall remain in the Township unless a release is approved by the Town Board
- Rock Island Township shall be given credit for funding a program or activity as part of any written material associated with a project or as part of all news releases. Credit shall be referenced as: “This project or activity is funded (in part) by a grant from Rock Island Township.”
- All reporting requirements must be filed before future requests will be considered.

All questions and completed applications should be directed to:

Alan M. Carmen
Rock Island Township Supervisor
2827 7th Avenue
Rock Island, IL 61201
309/788-3417 (office)
309/373-1422 (cell)

ROCK ISLAND TOWNSHIP REQUEST FOR FUNDING

1. CONTACT INFORMATION

Name of Organization _____

Legal Name (as designated on 501c3) _____
(if different than above)

Address: _____

Phone: _____ Fax: _____

E-mail _____ Website: _____

Executive Director: _____

Current Board President: _____

Primary Contact: _____ Title: _____
(if different than above)

Phone: _____ E-Mail: _____
(if different than above)

2. AGENCY INFORMATION

IRS 501(c)(3) Nonprofit?

- Yes (Please attach IRS designation letter)
 No (Please attach written agreement from the fiscal agent, including evidence of nonprofit status)

Federal ID # _____

3. APPLICATION INFORMATION

Type of Grant Requested:

- Capital Program/Project
 General Operating Support Other: _____

Name of Program/Project/Campaign: _____

Amount Requested: _____

Total Program/Project Budget: \$ _____

Total Organizational Budget for 1 year \$ _____ Fiscal Year End: \$ _____

ATTACH ADDITIONAL PAGES AS NEEDED

State your organization's mission:

Summarize the proposal and how it fits with the Township's mission (see cover sheet) and grantmaking priorities:

Have you previously applied to Rock Island Township?

- Yes If so, when? _____ Amount of funds awarded? _____
 No

Is this request being submitted exclusively to the Township?

- Yes
 No If no, list other funders _____

Is this a one time only request?

- Yes
 No If no, is activity part of multi-year or on-going effort (# of years yet to come)? _____

List of three largest funders in the last fiscal year and grant amount.

1. Funder _____ Grant Amount _____
2. Funder _____ Grant Amount _____
3. Funder _____ Grant Amount _____

List the proposal's target population and geographic area of impact (all Rock Island Township residents, % of clients that are Rock Island Township residents, etc. Use separate page.)

4. CERTIFICATION

AGREEMENT

I certify, to the best of my knowledge, that all information included in this proposal is correct. The tax-exempt status of this organization is still in effect. If a grant is awarded to this organization, the proceeds of that grant will not be distributed or used to benefit any organization or individual supporting or engaged in unlawful activities.

Signature of Executive Director /
Applicant's Representative

Date

Return completed applications or direct questions to:

Alan M. Carmen
Rock Island Township Supervisor
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Rock Island, IL 61201
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