

# **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 1<sup>st</sup>, 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:

John R. Brandmeyer Jr.  
Rock Island Township Supervisor  
2827 7<sup>th</sup> 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:

John R. Brandmeyer Jr.  
Rock Island Township Supervisor  
2827 7<sup>th</sup> Avenue  
Rock Island, IL 61201  
309/788-3417 (office)  
309/373-1422 (cell)