



2009 FISCAL YEAR

CITY OF DES PLAINES
1420 MINER STREET
DES PLAINES, ILLINOIS 60016
847-391-5480

Application for Social Service Agency funding.

I. Applicant Information:

Name of Agency _____

Address _____

Phone _____

Contact Person _____ Title _____

Years agency has existed: _____ Agency's fiscal year: _____ to: _____

Funding amount requested: _____

How would you use this funding? _____

Have you ever received city funding? _____ If so, when and what amount? _____

II. Agency Purpose:

a. Mission statement:

b. Population served:

c. Provide a brief description of your agency, including statistics that support the need in the City of Des Plaines for the services your agency provides:

d. Explain how you evaluate your agency's effectiveness:

e. During the past 12 months how many corporate City of Des Plaines residents were served by your agency? Please use the enclosed street guide to determine residency qualification.

Average monthly _____ Approximate monthly cost per resident \$ _____

f. What percentage of all your clients are corporate City of Des Plaines residents? _____

g. Geographic area served _____

III. Organization Information: Briefly explain your agency's hierarchy.

a. Do you use volunteers in your program? _____

If so, how many and in what capacities? _____

b. Do you provide bilingual services? (Indicate languages) _____

c. Describe your agency's participation in cooperative programs with other community agencies, service organizations and/or community businesses.

IV. Budget Information:

Fiscal Year: _____

| | <u>Last Year's Budget</u> | <u>Current Budget Estimate</u> |
|------------------------------|-----------------------------------|--|
| Administrative expenses | _____ | _____ |
| Programs (include name) | _____ | _____ |
| Salaries and fringe benefits | _____ | _____ |
| Direct program cost | _____ | _____ |

Please include a copy of your organization's most recent financial statement prepared by an independent auditor.

V. Major Funding Sources over \$50,000:

| | <u>Source</u> | <u>Amount</u> |
|----|---------------|---------------|
| 1. | _____ | _____ |
| 2. | _____ | _____ |
| 3. | _____ | _____ |

a. Have you implemented any new fund raising efforts this year? _____ If so, please explain.

Please furnish a copy of your liability insurance or letter indicating your willingness to sign a hold harmless agreement for the City. If not previously submitted, please include a current certificate of proof of incorporation as a not-for-profit organization.

Prepared by _____ Date _____

Title _____