



MAINE TOWNSHIP 2018- 2019 APPLICATION FOR AGENCY FUNDING

PLEASE READ ALL MATERIALS CAREFULLY!

Application Requirements

The following pages provide a brief description of the applying agency. Each section must be addressed. An incomplete application will be considered unqualified for funding. Please do not bind the original application, but you may use a paper clip, the copies may be stapled. We prefer applications to be copied double sided.

Program Information

Every question must be answered. If you need additional space use a separate page and attach to application.

Budget

The budget should include a **DETAILED** list of incoming revenue (please list separately specific names of grantors and amounts, as well, as other sources of interest income, etc.) and outgoing expenditures.

Attachments- MUST BE INCLUDED WITH APPLICATION!

- ❑ 14 copies of the Application for funding
- ❑ 14 copies of the Sliding Fee Scale (if applicable, attached to application)
- ❑ 14 copies of the Current Budget
- ❑ 1 copy of the **2017** Certificate of Good Standing (website printout is **not** acceptable)
- ❑ 1 copy of **most recent** Audit
- ❑ 1 copy of the Articles of Incorporation (First Time Applicants Only)

**MAINE TOWNSHIP
APPLICATION FOR FUNDING 2018 - 2019**

Agency Name _____

Address _____

Phone _____ Fax _____ Email _____

Contact Person _____ Title _____

Grant Contact Person _____ Title _____

Phone _____ Email _____

Brief Description of Agency

Agency Total Budget _____ Amount requesting from Maine Township _____

Agency Fiscal Year (e.g. March 2018-February 2019) _____

Total number of all unduplicated clients served this year at the agency _____

Total number of unduplicated Maine Township clients served directly this year _____

If your grant is restricted, what is the total number of unduplicated Maine Township clients served in the program(s) we fund? _____

What is the approximate number of Maine Township clients referred to other agencies?

Annual salary and title of the five highest paid full time (if applicable) employees.
Salary ranges are not acceptable.

1. _____

2. _____

3. _____

4. _____

5. _____

1. Has the agency ever received township funding?
If yes, list all years and the allocation amount.

2. What is the geographic service area of the agency?

3. Does the agency charge for services? Yes No

Does the agency offer a sliding fee scale?

Yes. Attach 14 copies of the sliding fee scale.

No. Please explain how charges are determined.

4. Are volunteers used within the agency?

Yes. Please indicate how many volunteers you have and how they are utilized.

No. Please give specific reasons for not using volunteers.

5. Does the agency provide any bilingual services?

Yes. Please indicate languages.

No

6. Does the agency request proof of U.S. citizenship from its clients?

Yes. Please describe briefly.

No

7. Does the agency participate in cooperative programs with any other community agencies? (e.g. social service, not-for-profits, municipal agencies, etc.) Please explain.

8. Does the agency participate in cooperative programs with any other service organizations? (e.g. Rotary, Kiwanis, Optimist, Women's League, etc.) Please explain.

9. Does the agency participate in cooperative programs with any community businesses? Please explain.

10. What percentage of funding does the agency receive from:

Maine Township _____ Foundations _____

Federal _____ Private donors _____

State _____ Municipalities _____

Other townships (list all townships and percentages)

Other (list all) _____ = 100%

11. What type of fund raising efforts has the agency had this year? Please list event names and specify the REVENUE and COSTS for fundraiser(s) and what program(s) the money was raised for.

12. What fundraising efforts are planned for next year?

13. How were the Township funds utilized from the previous funding year towards programs, client services and/or administrative costs?

14. Please explain any changes that have occurred in the agency in the past year (i.e. new program(s), expansion or deletion of program(s), personnel, administration, major purchases or facility, etc.).
15. How would your agency allocate the funding from Maine Township, if awarded?
16. Would any part of this grant be applied to a specific upgrade, repair, or renovation to your facility? If so, what work would be done?
17. For total staff, please give numerical breakdown.
- 1. Administration & Administrative Support _____
 - 2. Management of Service Providers _____
 - 3. Direct Service Providers _____
18. Number of certified staff members _____
19. What kinds of certification(s) are required for your service providers?
20. Number of licensed staff members _____
21. What kind of licensing is required for your service providers?
22. Please list all accreditations.
23. How would the agency be affected if
- Agency received a reduction in Township funding?
- There was a complete elimination of Township funding to the agency?