



2019-2020 Community Partnership Application

FORM 1 – ORGANIZATION INFORMATION

A. GENERAL

ORGANIZATION:					
LOCAL ADDRESS:					
CITY:		STATE:		ZIP CODE:	
PHONE: (w/ area code)		FAX: (w/ area code)		EIN #	
WEBSITE:					
HEADQUARTERS ADDRESS:					
HQ CITY:		HQ STATE:		HQ ZIP CODE:	
HQ PHONE: (w/ area code)		HQ FAX: (w/ area code)			
CEO / ED:		E MAIL:			

B. MISSION

ORGANIZATION MISSION STATEMENT:	
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C. REQUEST FOR FUNDING

TOTAL AMOUNT REQUESTED FROM DUPAGE TOWNSHIP:	
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SUMMARIZE THE BREAKDOWN ON HOW YOUR AGENCY WILL DISTRIBUTE FUNDING AMONG PROGRAMS

PROGRAM NAME	CATEGORY AND AGE GROUP	AMOUNT OF FUNDING TO BE APPLIED	PROGRAM NAME	CATEGORY AND AGE GROUP	AMOUNT OF FUNDING TO BE APPLIED
Example: Heart Health	H – SC	\$2,000			

Please indicate the appropriate letter in the category column: (H) – Health; (R) – Recreation; (P) – Public Safety; (E) – Environmental Protection; (PT) – Public Transportation; (L) Libraries; (D) Development of Business; (S) Senior Services

Please indicate the age group are program participants. If more than one age group is serviced, list all that apply: (Y) Youth (up to age 18); (SC) Senior Citizens (65 or older); (A) Adults (age 18 to 64)

YOUR TOTALS FROM THE ABOVE PROGRAM BREAKDOWN WILL EQUAL THE TOTAL AMOUNT YOU ARE REQUESTING FROM DUPAGE TOWNSHIP



FORM 2 – GOVERNANCE and COMMUNITY INVOLVEMENT

A. GOVERNANCE

# OF BOARD MEMBERS:		# OF TIMES YOUR BOARD MEETS ANNUALLY:		# OF BOARD MEMBERS ALLOWED PER BYLAWS	
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HOW ARE BOARD MEMBERS SELECTED: APPOINTED ELECTED

WHAT IS THE CURRENT POLICY ON BOARD ROTATION:

HOW OFTEN DOES THE BOARD REVIEW YOUR CEO'S PERFORMANCE & COMPENSATION

DATE YOUR BY-LAWS WERE LAST UPDATED

PRESIDENT:		TERM ENDS:		COMPANY AFFILIATION:	
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VICE PRESIDENT:		TERM ENDS:		COMPANY AFFILIATION:	
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B. COMMUNITY INVOLVEMENT

DOES YOUR AGENCY PROVIDE SERVICES WITHIN THE DUPAGE TOWNSHIP AREA YES NO

IF NO, PLEASE EXPLAIN

HOW MANY DUPAGE TOWNSHIP RESIDENTS WILL THE FUNDS REQUESTED SERVE

DO YOU VERIFY THAT RESIDENTS LIVE WITHIN DUPAGE TOWNSHIP? YES NO

IF NO, PLEASE EXPLAIN

IF YOU ARE A 501C3 ORGANIZATION, ARE YOU IN COMPLIANCE WITH ALL IRS AND STATE REGULATORY AGENCIES? YES NO

IF NO, PLEASE EXPLAIN

DUPAGE TOWNSHIP FEELS COLLABORATION AMONG AGENCIES IS KEY TO COMMUNITY SUCCESS.

NAME AND BRIEFLY DESCRIBE SOME OF YOUR KEY COLLABORATIVE PROGRAMS WITH OTHER ORGANIZATIONS



FORM 4 – PROGRAM INFORMATION

Complete Form 4 for **EACH** program you are submitting for funding. (Use a separate Form 4 for EACH program.)

PROGRAM NAME:	
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DUPAGE TOWNSHIP FUNDING NEEDED FOR STATED PROGRAM:	STATED PROGRAM BUDGET:
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<p>PROGRAM DESCRIPTION & OUTCOMES:</p> <p>Must include: * Description of Program * Goals of Program * Program Target Population * Any other information that will help DuPage Township understand your need for the township to fund this program</p>	
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<p>PROGRAM ASSESSMENT:</p> <p>HOW DO YOU DETERMINE THIS PROGRAM'S EFFECTIVENESS:</p>	
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<p>HOW OFTEN ARE THE PROGRAM'S PERFORMANCE OBJECTIVES AND OUTCOMES REVIEWED:</p>	
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<p>DID THIS PROGRAM MEET THE GOALS SET IN THE LAST DUPAGE TOWNSHIP FUNDING APPLICATION? IF NO, INCLUDE EXPLANATION.</p>	
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NUMBER OF DUPAGE TOWNSHIP RESIDENTS SERVED BY PROGRAM & CORRESPONDING DEMOGRAPHICS

BY TOWNSHIP FUNDING YEAR	Projected 2020 (4/1/19 – 3/31/2020)	On Target 2019 (4/1/18 – 3/31/19)	PROVIDE EXPLANATION FOR ANY % OF CHANGE \geq/\leq 10%

BY CALENDAR YEAR	2019 (1/1/19 – 12/31/19)	2018 (1/1/18 – 12/31/18)	PROVIDE EXPLANATION FOR ANY % OF CHANGE \geq/\leq 10%

#'S SERVED IN CALENDAR YEAR 2018	
MALE	
FEMALE	
TOTAL	

ETHNICITIES SERVED		
	NUMBER	PERCENTAGE
WHITE		
BLACK		
LATINO		
OTHER		
TOTAL		100%

**ECONOMICALLY DISADVANTAGED		
	NUMBER	PERCENTAGE
WHITE		
BLACK		
LATINO		
OTHER		
TOTAL		

**\$23,850 annual income per non-farm family of four <http://aspe.hhs.gov/poverty/14poverty.cfm>



FORM 5 – PROGRAM DOLLARS PROVIDE FOR COMMUNITY

Please give **five (5)** specific examples of what programs, services, etc. DuPage Township Tax Dollars Fund
Note, you do NOT need examples for every amount, simply five examples. Choose various amounts and programs.
Example: \$2 a week will provide one counseling session for two families.

\$104 / \$2 A WEEK:	
\$156 / \$3 A WEEK:	
\$260 / \$5 A WEEK:	
\$312 / \$6 A WEEK:	
\$416 / \$8 A WEEK:	
\$520 / \$10 A WEEK:	
\$1,040 / \$20 A WEEK:	
OTHER: (ENTER YOUR OWN PROGRAM DOLLAR EXAMPLE FOR AMOUNT NOT LISTED)	



FORM 6 – IMPACT STORY

Impact stories assist DuPage Township in “telling your story” which helps to increase awareness and support in the community. Tell ONE story that impacted a client through a program funded by DuPage Township that demonstrates why it is important to give.

Alias names or initials may be used to protect the privacy of your clients.

<p>TELL THE STORY: USE WHO, WHAT, WHERE, WHEN AND CALL TO ACTION. USE DETAIL.</p>	
<p>OUTCOME: WHAT IS THE LONG-TERM OUTCOME?</p>	

Please return the application package along with the following documents:

1. If you are a 501c3 organization, a copy of your determination letter from the IRS
2. A completed Form W9 (can be found at www.irs.gov)
3. A copy of your current year budget
4. A copy of your most recent tax return or Form 990
5. A copy of your most recent annual financials or financial audit report (if you are required to have audited financial statements)