

FUNDING CRITERIA

- Must be an incorporated agency, with proof of not-for-profit status for one year minimum and not another taxing body(Board Policy).
- Services provided should be of a type that a Township might otherwise provide directly or indirectly to its residents.
- Service available to all Vernon Township residents.
- Frequency of Township referrals and agency response.
- On site visits; Town Board Members, at their discretion, may visit individual sites.
- You must submit a copy of your application and please include any other information pertaining to your agency.
- The Service Agreement Contract must be returned and signed by a signatory representative of your organization for your application to be considered. Please note that the request of proof of insurance with Vernon Township as additionally insured.
- Township must receive the application by February 1st.

Vernon Township Social Service Funding Application

Agency Name _____

Contact Name & Title _____

Agency Address _____

Telephone Number _____ Fax Number _____

E-Mail Address _____

Accreditation from Professional or Govt. Unit _____

What Type of License for Staff Members _____

Brief Statement of Purpose:

Amount Requested: \$ _____ Total Budget: _____

Amount Received from Township Last Year \$ _____

Township funding is what percentage of your total budget? _____

What percent of your operation is funded by:

_____ Other Townships	_____ Village	_____ County
_____ Federal	_____ State	_____ Other,specify

*Please lists townships, village, and/or county which funded your operation

How many Vernon Township residents did you serve last year? _____

How many client hours served to our township last year? _____

What is the total amount of clients served? _____

1. What is your primary service area? _____

2. Are all of your programs, services, activities, and facilities provided by your agency available to residents of Vernon Township?

_____ Yes _____ NO (If no, attach detail statement)

3. Is your operation age or gender specific? _____ Yes _____ No

If yes, whom are you seeking service for? _____

4. Do you charge for your services _____ Yes _____ No

If Yes, do you charge on a sliding scale _____ Yes _____ No

Please explain how charges are determined: _____

5. Do you use volunteers in your program? _____ Yes _____ No

If Yes, how many? _____

How are they utilized? _____

6. Please give a brief description of your agency _____

7. If Township funds are awarded, specifically, how would they be used?

8. Please explain any major changes that have occurred in your agency in the past year (i.e., new personnel, programs, goals, facilities, etc.....)

9. Have you implemented any new fund raising efforts this year?

10. If you have been a recipient of Township funds in the past, please briefly explain how these funds were utilized. _____

11. Please attach a copy of your organization last fiscal year certified audit.

12. Show status of Non-for-profit

All applications must be submitted by February 1st.