



TO: Non-Profit Human Service Agencies

FROM: Shiva Mohsenzadeh, Supervisor

DATE: September 15, 2023

RE: Northfield Township Human Services Funding Application

Enclosed is the 2023 Northfield Township Human Services funding application. The Northfield Township Human Services Review Commission will evaluate all proposals and make funding recommendations to the Township Board of Trustees.

Priority will be given to agencies that address the most pressing and basic needs of Township residents such as **behavioral and mental health, shelter and safety, childcare services, substance abuse and youth services**. Additionally, consideration will be given to proposals that present solutions to the developing needs of residents due to changing demographics and economic situations.

To be considered for funding agencies must be a 501c3 organization that provides services to Northfield Township residents. Completed applications, including all attachments, must be received by **4:30 p.m. on Monday, October 16, 2023**. Please return applications to the **Northfield Township office** located at **2550 Waukegan Road, Suite 100, Glenview, IL 60025** or email roxanne.dunn@northfieldtownship.com. No applications will be considered after that date.

Additional copies of the application are available at <https://northfieldtownship.com/human-services-funding/>. If you have any questions, please contact Roxanne Dunn at the Northfield Township office (847-724-8300) or via e-mail at roxanne.dunn@northfieldtownship.com.



HUMAN SERVICES FUNDING: Agency Application

Date: _____

Agency Name: _____

Address: _____

Executive Director: _____ Telephone: _____

Email: _____

Contact person if other than Executive Director: _____

Requested amount: \$ _____

1. History of agency: When founded? _____ Has provided service to Northfield Township residents since? _____
Areas served? _____

2. How would Northfield Township funds be used? If funding was received last year, describe any agency change(s) since then. (Attach additional pages if necessary.)

3. Previous Northfield Township funding history:

	2019	2020	2021	2022	2023
Requested					
Received					N/A

4. Please define the mission of your agency. (Attach additional pages if necessary.)

5. Please indicate whether your agency functions on a calendar year basis or a fiscal year. If a fiscal year, provide dates.

6. Please provide:
Last year's total number of clients: _____ Number of Northfield Township residents served last year: _____
Number of Northfield Township residents you expect to serve this year: _____.
7. Please provide estimated revenue for 2023: \$ _____, estimated expenses: \$ _____.
8. Please provide percentage of revenue received from: Fees ____% Grants: ____% State of IL ____% Village of Glenview: ____% Village of Northbrook: ____% Village of Northfield: ____% United Way: ____% Fundraising: ____% Northfield Township: ____% other Townships: ____% and other: ____%.
9. If an allocation of funds is made to your agency, what percentage of that allocation would be used to serve Northfield Township residents? _____
10. What percentage of your agency's total revenue is used for:
providing services ____% for administrative purposes ____% for fundraising ____%?
11. How many months of reserve funds does your agency have?
12. What is the agency's fundraising goal for this year? _____ How is this to be raised?
13. To your knowledge, does any other agency provide the same services to Northfield Township residents as your agency? _____ If yes, please provide the agency name(s):
14. Do you collaborate or have partnerships with other agencies? _____ If yes, please detail the partnership(s):
15. Have you had any changes in your agency within the last 12 months (i.e. leadership, personnel or operational)? _____ If yes, please elaborate:
16. Describe volunteer participation in your agency, including Board membership.
- 17(a). What is your agency's policy on user fees?
- 17(b). If any of the services are covered by Medicaid or private health insurance, what efforts are made to obtain reimbursement?
18. Does your agency offer a sliding fee scale? _____ If yes, what factors determine the fee a client pays?
19. Are any agency services based on: sex ____, age ____, religion ____, ethnicity ____, other criteria ____? If you answered yes to any of these, please explain:

We have reviewed the information contained on this application, and to the best of our knowledge and belief, all information submitted is true and correct.

Board President	Printed Name	Date
-----------------	--------------	------

Executive Director	Printed Name	Date
--------------------	--------------	------

Person Preparing Application	Printed Name	Date
------------------------------	--------------	------

Please include all the following items when submitting your funding request:

- An original of the application fully completed and signed by your board president, executive director and the person preparing the application.
- Audit report for the last period audited along with a copy of the Auditor’s management letter. If no management letter was submitted, please indicate that and give the reason.
- Data to support the agency’s salary schedule such as number of part-time and full-time employees, salary, ranges, etc.
- Budget for the year for which funds are being requested.
- A list of the agency’s board of directors.
- Minutes of your last three board meetings.

You may also include optional information such as brochures or other supplemental material about your agency.

Completed applications must be received by 4:30 p.m. on Monday, October 16th, 2023.

**Northfield Township
Attn: Roxanne Dunn
2550 Waukegan Road, Suite 100
Glenview, IL 60025**