



TO: Non-Profit Human Service Agencies
FROM: Shiva Mohsenzadeh, Supervisor
DATE: September 17, 2024
RE: Northfield Township Human Services Funding Application

Enclosed is the 2024 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.

To be considered for funding, agencies must be a 501(c)(3) organization that provides services to Northfield Township residents. Particular priority will be given to agencies that address the most pressing and basic needs of Township residents and are in line with the Township's Strategic Plan, such as **behavioral and mental health, shelter and safety, services for people with disabilities, programs that help reduce poverty, and employment programs.**

Please keep in mind that there is a limited amount of funding available through the annual Human Services application process. For this year's process, there is \$650,000 available. Over the past two years, we have experienced a record number of agencies applying for funding through this annual process, with 49 agencies applying last year. Consequently, Northfield Township cannot guarantee stable funding for every agency from year to year.

We are incorporating a rubric into our evaluation process. The rubric is attached to the application for your information. The Township Board always has the final say in approving funding recommendations for each applicant.

Completed applications, including all attachments, must be received by **4:30 p.m. on Friday, October 25, 2024. No applications will be considered after that date.** Please return applications to the Northfield Township office located at 2550 Waukegan Road, Suite 100, Glenview, IL 60025, or email them to roxanne.dunn@northfieldtownship.com.

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 via email at roxanne.dunn@northfieldtownship.com.

We appreciate your dedication to serving our community and look forward to reviewing your applications.



**HUMAN SERVICES FUNDING:
Agency Application**

Date: _____

Agency Name: _____

Address: _____

Executive Director: _____ **Telephone:** _____

Email: _____

Board Secretary: _____ **Telephone:** _____

Email: _____

Contact person if other than Executive Director: _____

Requested amount: \$ _____

1. How would Northfield Township funds be used in line with our strategic priorities (i.e., any of the following: **behavioral and mental health, shelter and safety, services for people with disabilities, programs that help reduce poverty, and employment programs**)?

2. Previous Northfield Township funding history:

	2021	2022	2023
Requested:	_____	_____	_____
Received:	_____	_____	_____

3. Please define the mission of your agency.

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

5. 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: _____.

6. Northfield Township recognizes that, in some cases, assisting clients can be quite intensive and time consuming. Please respond to this question only if your agency tracks the hours spent servicing clients:
Last year's total number of hours spent servicing clients: _____ Last year's total number of hours spent servicing Northfield Township residents: _____ Average number of hours spent per Northfield Township resident: _____ Number of Northfield Township residents you expect to serve this year: _____.

7. Please provide estimated revenue for your agency's current fiscal year: \$ _____, estimated expenses: \$ _____.

8. How many months of reserve funds does your agency have?

9. How does your agency diversify its revenue sources?

10. Do you collaborate or have partnerships with other agencies? _____ If yes, please detail the partnership(s):

11. Have you had any changes in your agency within the last 12 months (i.e. leadership, personnel or operational)? _____ If yes, please elaborate:

12. What is your agency's policy on user fees?

13. If any of the services are covered by Medicaid or private health insurance, what efforts are made to obtain reimbursement?

14. Does your agency offer a sliding fee scale? _____ If yes, what factors determine the fee a client pays?

15. Does your agency have a non-discrimination policy in place?

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 or Executive Director	Printed Name	Date
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Person Preparing Application	Printed Name	Date
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Please include all the following items when submitting your funding request:

- An original of the application fully completed and signed by your board president or 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.
- Latest organizational budget.
- A list of the agency’s board of directors.
- 501(c)3 determination letter.

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 Friday, October 25th, 2024.

**Northfield Township
Attn: Roxanne Dunn
2550 Waukegan Road, Suite 210
Glenview, IL 60025**