



ATTENTION! Please review this year's memo, application & rubric carefully. There have been several changes made to this year's process of which your agency should be aware.

TO: Non-Profit Human Service Agencies
FROM: Shiva Mohsenzadeh, Supervisor
DATE: September 22, 2025
RE: Northfield Township Human Services Funding Application

Enclosed is the 2025 Northfield Township Human Services funding application. To be considered for funding, agencies must be a 501(c)(3) organization that provide 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 priorities, which are **behavioral and mental health, shelter and safety, services for people with disabilities, programs that help reduce poverty, and employment programs.**

This year, Northfield Township is prioritizing funding programs that provide "direct services" to our residents. The Township defines direct services as hands-on programs and activities that interact directly with clients to meet their immediate needs, such as providing shelter, or counseling. Education and advocacy programming are not considered direct services. Additionally, the number of Township residents served will be weighted more heavily during the application review process.

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. We experience a high number of agencies applying for funding through this annual process; **consequently, Northfield Township cannot guarantee stable funding for any agency from year to year.**

Please note: Agencies that received funding during the 2024-2025 cycle may ask for no more than a 2% increase over the previous year's funding. Applicants that have not previously received funding must limit their requests to no more than \$5,000. Requests beyond these parameters will not be reviewed or considered eligible for funding.

We have incorporated a rubric into our evaluation process. The Northfield Township Board of Trustees makes the final determination on all funding requests.

Completed applications, including all attachments, must be received by **4:30 p.m. on Monday, October 27, 2025**. No applications will be considered after that date. Please return applications to the Northfield Township office located at 2550 Waukegan Road, Suite 210, 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. Please define the mission of your agency.

2. How would Northfield Township funds be used in line with one or more of our strategic priorities, which are **behavioral and mental health, shelter and safety, services for people with disabilities, programs that help reduce poverty, and employment programs?**

3. Previous Northfield Township funding history:

	2022	2023	2024
Requested:			
Received:			

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:

- a. Last year's total number of clients: _____ b. Number of Northfield Township residents served last year: _____ c. Number of Northfield Township residents you expect to serve this year: _____.

6. What percentage of residents as noted in Question 5b received "direct services," as defined in the application memorandum? _____

7. Northfield Township recognizes that provision of some services can be time intensive for providers. Please respond to this question only if your agency tracks the hours spent serving clients:

- Last year's total number of hours spent serving all clients: _____
- Last year's total number of hours spent serving Northfield Township residents: _____
- Last year's average number of hours spent per Northfield Township residents: _____

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

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

10. How does your agency diversify its revenue sources?

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

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

13. How are the services or program(s) for which you are seeking funding unique within our community?

14. Describe how your agency establishes goals and measures progress or outcomes. Be specific and include data from the past year when possible. Measures should evaluate effectiveness of service delivery when possible.

14. What is your agency’s policy on user fees?

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

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

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 Monday, October 27th, 2025.

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