



## **Social Services Funding Allocation Guidelines 2024**

Cuba Township provides grant funding to social service organizations that provide services the Township might otherwise provide directly or indirectly to its residents. The authority for these grants is 60 ILCS 1/235-5(6), which allows the Township to tax for the purposes of providing services in cooperation with non-for-profit corporation, or nonprofit community services association.

The timeline for the process is as follows:

**November 15, 2023:** Applications will be available to 501(c)3 organizations serving Cuba Township

**January 9, 2024:** Application return date. No applications received after 4:00 PM will be considered. Two hard copies must be submitted to:

**Cuba Township  
Attn: Heidi Shannon  
28000 W. Cuba Road  
Barrington, IL 60010**

**January 11, 2024:** Copies of applications received will be provided to the Board for review.

**March 14, 2024:** Board votes to award Social Services Funding

**April 2024:** Funds will be allocated to awarded Agencies.

Board members will be asked their recommended amount for the organization's allocation. The allocation shall not exceed amount requested.

A Board member will recuse himself/herself in the event of a conflict of interest with a grant applicant.

## Cuba Township Application for Funding 2024

1. Name of Agency: \_\_\_\_\_

2. Proof of not-for-profit status: (attach)-Certificate of Good Standing available through Secretary of State.

Date of Incorporation: \_\_\_\_\_

Main Address:

Phone Number: \_\_\_\_\_ Email: \_\_\_\_\_

Contact Person: \_\_\_\_\_ Title: \_\_\_\_\_

3. Briefly Describe your organization and proposed programs for funding:

4. Amount Requested: \_\_\_\_\_

5. Percent Change from last year: \_\_\_\_\_

6. Percent of Agency Total Budget: \_\_\_\_\_

Please attach a copy of your budget and return with the completed application. This should include a detailed list of incoming revenue. (Please list any governmental, public, or private sources of funding your organization currently receives, including the total amount, frequency, and duration of support)

7. What is the total number of clients served this year? \_\_\_\_\_

8. What is the total number of Cuba Township residents directly served this year? \_\_\_\_\_

9. What is the total number of direct hours for Cuba Township Residents this year? \_\_\_\_\_

10. How can those numbers be verified?

11. Provide a breakdown of your organization's total number of staff, including salaries, titles, and positions

12. Have you ever received township funding? \_\_\_\_\_ If yes, specify dates and amounts:

13. What is your primary service area? Circle all that apply. Youth      Public Safety      Seniors  
Medical    Social Services    Drug/Alcohol    Education    Community Service    Health

14. Do you charge for your services? \_\_\_\_\_ Do you use a sliding fee scale? \_\_\_\_\_

15. Please explain how fees are determined.

16. Do you refer to or use services from other township agencies? If so, please describe:

17. Please describe how your organization plans to utilize the requested funding from Cuba Township.

18. How were the Township funds utilized from the previous years? Please specify details:

19. Do you receive State funding? \_\_\_\_\_ Any changes to funding recently?

20. Please provide the total amount of funding received from other agencies and what percentage that amounts to in comparison to your total budget?

21. Please explain any changes that have occurred in your agency in the past year. (Ex. new programs, leadership, expansion of programs or the facility)

22. Describe any new fundraising efforts this year. Please explain.

23. Please indicate local statistics pertaining to the Cuba Township area that would support the need in Cuba Township for the services you provide.

**I hereby certify that I am authorized to execute this application on behalf of the organization listed below and that statements contained herein are true and accurate.**

**Name of Applicant Organization:** \_\_\_\_\_

**By:** \_\_\_\_\_

**Authorized Representative**

**Printed Name:** \_\_\_\_\_

**Title:** \_\_\_\_\_

**Date:** \_\_\_\_\_

**SUBSCRIBED and SWORN to before me this \_\_\_\_\_ day of \_\_\_\_\_, 20\_\_\_\_\_.**

\_\_\_\_\_

**Notary Public**