

## **2019 DeKalb Township Grant Application and Request**

*Please limit all answers to 500 words*

1. Agency Contact information
  - a. Agency Name
  - b. Agency Head
  - c. Address
  - d. Phone/fax
  - e. Website
  - f. Email
  - g. Application contact person and information
2. 2019 FUNDING REQUEST \$ \_\_\_\_\_
3. Agency Mission.
4. Programs/services provided by the agency this year.
5. Identify and briefly describe the program or programs DeKalb Township's grant will specifically support.
6. What is the agency's client service area?
7. Unduplicated individuals served in DeKalb Township
  - a. 2016
  - b. 2017
  - c. 2018
8. Please identify the target age demographic for the program(s) for which you are requesting funding.
  - a. 0-8
  - b. 9-18
  - c. 19-55
  - d. 56+
9. What are the agency's major accomplishments over the past year?
10. What assessment methods is the agency using to ensure effective programs and services?
11. What are the agency's goals for 2019, including but not limited to:
  - a. Public Awareness
  - b. Volunteer Participation
  - c. Staff Capability
  - d. New Programs
  - e. Fundraising
12. Does the organization receive other government funding (Federal, State, County, Municipal, Townships)? If so who and how much?

13. Calendar of fundraising activities agency and auxiliary agencies conduct on an annual basis.
14. Does your agency receive matching funds? If so, from whom and does money from the township count for matching purposes?
15. How many paid employees does your agency have? What is the breakdown of part time/full time employees? Does organization use interns?