

**WEST DEERFIELD TOWNSHIP COMMUNITY SERVICES
ADVISORY COMMITTEE FUNDING PROGRAM**

Funding Proposal Application Form: Please submit one complete hard copy or a PDF no later than January ____, 2025 to:

Alyson Feiger, Township Supervisor
West Deerfield Township
601 Deerfield Road
Deerfield, IL 60015
admin@westdeerfield.org

West Deerfield Township 2025 Funding Priorities:

-Programs/Projects/Agencies which support West Deerfield Township’s mission of administering public funds to provide responsive, efficient and compassionate services and support for West Deerfield Township residents.

Consideration will be given based on the following criteria:

- number of West Deerfield Township residents served;
- percent of agency’s clients comprised of West Deerfield Township residents;
- percentage of the agency’s total budget funded by West Deerfield Township.

Restriction:

Only *Not-for-Profit* organizations that serve West Deerfield Township residents on a non-sectarian basis may apply. Individuals, public schools or other taxing bodies or their subsidiaries, and Charitable Foundations, are not eligible to apply.

Deadline and Calendar:

Application deadline is January ____, 2025 for submission of one hard copy via delivery or mail to the West Deerfield Township office, 601 Deerfield Road, Deerfield, IL 60015, OR one PDF of the complete application with all required attachments to admin@westdeerfield.org . Applications with missing information are considered incomplete; fax copies are not accepted. Funding applications will be reviewed and decided upon generally within two months.

Application Remarks and Required Attachments List (required for paper or electronic application):

- Completed application cover page and narrative
- Proof of Not-for-Profit incorporation status OR a copy of IRS determination letter
- Financial statement for last complete fiscal year (IRS Form 990 or audit report)
- Most recent complete Agency budget including sources of funding and program vs administrative expense

Signature of Chief Administrative Officer

Printed Name

Date

Signature required on hard copy only; print name on PDF copy. Contact us with any questions before submitting your application: 847-945-0614. Please save as a PDF with your agency's name (not "West Deerfield Township").

**WEST DEERFIELD TOWNSHIP COMMUNITY SERVICES ADVISORY COMMITTEE
FUNDING PROGRAM
Funding Application Form Year 2025**

General Information

Organization

Name _____

Organization

Address _____

Phone/Fax/email _____

Website _____

Chief Administrative Officer & Title _____

Contact Person/Information (if different) _____

Funding Request: How would West Deerfield Township funds be used? _____

Name of Project/Proposal:

Amount requested from West Deerfield Township Funding Program in 2025
\$ _____

Amount received from West Deerfield Township Funding Program in 2024
\$ _____

Number of Agency's clients who live in West Deerfield Township* _____

Percent of Agency's clients who live in West Deerfield Township* _____

*See www.westdeerfieldtownship.org for township boundaries

Narrative Requirements

Please submit a narrative, addressing the following points (as briefly as possible):

- Organization introduction: purpose, target audience, programs
- Program description

Attachments: See complete details on prior page under Application Remarks and Required Attachments List. Note that the application is not complete without the attachments as specified.

Assurances: If funding is awarded, the applicant assures the West Deerfield Township Board of Trustees that the funds will be administered by the applicant; that any funds received under this program shall be used solely for the described activities; that the applicant has read and will conform to the program guidelines; that the signing and filing of this application has been performed by an official authorized to represent the applicant organization; and the filing of this application has been duly approved by the governing board of the organization.