

Program Name and Description. If Individuals participate in the program more than once (i.e. repeat visits) please explain. If your program has an education or awareness component, e.g., presentations of groups of high school students, please describe those efforts and results in the space below:

PROGRAM #2. Please include only numbers of individuals directly served in each program.
 (Example: A child in counseling is 1 person even though the entire family came in for a family session.)

Year End Date	2023 - 2024			2024-2025			2025-2026	
	Caseload			Current Caseload			Forecast	
Program Name	Total # individuals Serviced in all	Total # individuals serviced from Palatine Township	Total # appointments	Total # Individuals Serviced in all	Total # individuals serviced from Palatine Township	Total # appointments	Total # Anticipated to Receive Services	Number From Palatine Twp.

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SECTION 3: Explain any RECENT IMPLEMENTATION OF expense/cost reduction, financial streamlining, and impact of other funding. Include any impact the State of Illinois Funding has had on your organization.

SECTION 4. PALATINE TOWNSHIP FUNDING BY PROGRAM

Program Name	2024 grants awarded from <u>all</u> other sources	2024 grant awarded from Palatine Township	Total Funding from all sources	2025 Funding Request from Palatine Township	2025 Funding Request as % of Agency's Total 2024 Budgeted Income
Total					

SECTION 5. TRACKING PARTICIPATION IN PALATINE TOWNSHIP SUPPORTED PROGRAM(S).

What percentage of Palatine Township residents participating in your program have some level of insurance, Medicaid, or any other coverage, that will cover the services provided? Are claims filed? If not, state the reason. Please be as detailed and accurate as possible. If you do file the claim, what percentage of the invoiced amount bill is received?

SECTION 6. COMPENSATION. List the percentage of salary increase average for the past 3 years:

YEAR	Administration Increase	Staff Increase	Number of Staff	Number of Volunteer Hours
2024				
2023				
2022				

SECTION 7. EMPLOYEE SALARY REPORTING DURING PREVIOUS FISCAL YEAR. Provide the information below for your organization’s two highest compensated employees.

	NAME	TITLE	YEARS EMPLOYED	YEARS IN POSITION	
1					
2					
	SALARY	BONUS	BENEFITS	EXPENSE REIMBURSEMENT	TOTAL
1					
2					

SECTION 8. DESCRIBE CHANGES AFFECTING THE NEED OF PALATINE TOWNSHIP RESIDENTS FOR THE SERVICES PROVIDED BY YOUR AGENCY.

SECTION 9. PARTICIPATION REPORT. Describe method(s) your agency uses to measure and report outcomes for the program(s) for which funding is being requested. Include results.

SECTION 10. Enclose a current audit or financial disclosure from your agency. If funding allocation is approved, you will need to list Palatine Township as co-insured on your insurance and to provide Palatine Township with a copy of the policy.

SECTION 11. ADDITIONAL QUESTIONS

Does your program charge a fee for services? _____ Do you file an insurance claim for the services provided by the program(s) you are applying for? _____

Amount of money in reserve \$ _____ How many months of your budget would that amount cover? _____

How many years has your organization has been in operation? _____

If awarded, how do you plan to publicize funding from Palatine Township? _____

Please provide percentage of revenue received for the specific program from:

Sources	Fees	Grants	State of IL	Village of Palatine	Other Villages	Fund-raising	Other Townships	Other
%								

What percentage of your agency's total revenue is used for:

Services	Administration	Fundraising

To your knowledge, does any other agency provide the same or similar services to Palatine Township residents as does your agency? _____ If yes, please provide the agency name(s) _____

Do you collaborate or have partnerships with other agencies in general, or for this specific program? If yes, please detail the partnership(s) _____

Are all programs, services, activities and facilities provided by your agency available to residents of Palatine Township, and does your agency serve the entire Palatine Township area? _____

Does your agency provide any mental health services? If yes, please explain in detail _____

Please provide proof of your registration with the State of Illinois, as well as proof of any accreditation.

Please provide a copy of the following if applicable:

- Proof of your Organization's Registration with the State of Illinois
- Annual Report with the State of Illinois
- Your Organization's by-laws
- A list of your Board Member's names, contact information, and compensation

Signature	Date	Printed Name	Title
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Please submit the completed application no later than 4:00 PM (CT) on September 30, 2024

The completed funding request form can be emailed to HNC@PalatineTownship-il.gov

Or mailed to:

Palatine Township
Attention: Catherine Veller
721 S. Quentin Road
Palatine, IL 60067