



**HOMER TOWNSHIP, WILL COUNTY, ILLINOIS
RESOLUTION NUMBER: HT2013-06/10**

Policy Rule regarding application, evaluation and administration of funding requests to provide services to Homer Township Residents

1. All requests should be submitted in writing to the attention of the Township Supervisor:
 - a. By mail: Homer Township Administration Center, 14350 W. 151st Street, Homer Glen, IL 60491
 - b. By fax: (708) 301-7043
 - c. By email: office@homertownship.com
2. Requests should include the Township approved Funding Request Application completed in its entirety. Incomplete applications may result in rejection of the application or a denial of the request.
3. Funding awards are made based upon a fund available basis in accordance with the yearly allotment set forth by the budget adopted by the Homer Township Board of Trustees.
4. Eligibility:
 - a. The services provided in exchange for the funding request must benefit and provide direct assistance to Homer Township residents. Please submit an itemization of the number of Homer Township residents served by the organization during the previous year. (Be prepared to submit a detailed, confidential summary of the names and addresses of the clients served from the township prior to disbursement of funds.)
 - b. Not-for-profit, 501C-3, tax exempt and documented charitable organizations shall provide proof of status.
 - c. A private not-for-profit corporation or community service association shall have been in existence at least one year before receiving funds to be eligible to receive funds from the township. All other groups shall have been in existence for at least two years.
 - d. The organization must demonstrate responsible bookkeeping, accounting practices and a need for financial assistance within their organization.
 - e. Provide a description of the intended purposes of the funding request and an estimation of cost.
 - f. The petitioner shall provide information indicating what portion of the organization's revenue is used for administrative purposes compared to that used for providing the actual services.
 - g. The applicant shall provide an overview of their organization and the geographic service area or territory restrictions.
 - h. The organization must be non sectarian and apolitical in nature and mission; unless they can demonstrate that the service they provide is available to the public without discrimination; regardless of any affiliation.
5. Funding Priority Considerations:
 - a. Not-for-profit, 501C-3, tax exempt and documented charitable organizations located within the boundaries of Homer Township or containing the name "Homer Township" in their identity will be given the highest considerations.
 - b. Groups serving local residents will be considered above those serving a larger region.
 - c. Organizations that make a formal presentation to the Township Board will be given an elevated consideration for funding.
6. If funding is available and the requestor meets the application and eligibility requirements; the application submissions will be forwarded to the Township Board for review.



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- 7.** The Town Board will either direct the Supervisor to invite a representative from the requesting organization to make a formal presentation at a future meeting of the Board of Trustees OR to deny the request.
- 8.** The Township Supervisor will coordinate an availability date with the organization for placement on a meeting agenda; however, an invitation to present does not assure that the funding request will be approved by the Township Board.
- 9.** After the presentation and upon consideration of the Board, the Township Supervisor will notify the applicant of an approval for funding or denial of the request.
- 10.** If funding is approved, the organization must provide recognition of the contribution made by the residents of “Homer Township” in its publications, website and/or other customary method of acknowledgement of its contributors.
- 11.** Township officers and employees are bound to follow the provisions of the Homer Township Ethics Ordinance (HT100404) and are prohibited from having interest in township contracts (50 ILCS 105/3). In addition to avoiding statutory conflicts which result from a public officer’s pecuniary interest in a contract let by the public entity, public officials and requesting organization representatives must exercise care to avoid common law conflicts of interest which may occur even though the official may not commit a statutory offense.



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Application Request for Funding

Please complete the following application. Incomplete applications may result in rejection of the application or denial of the request. If more space is required applicant may attach additional pages by identifying the numbered item as it applies to the additional response. Additional supporting documents may also be attached.

1. Name of the organization: _____
2. Website: _____
3. Mailing address of the organization: _____

4. Address of organization's main office: _____

5. Organization contact representative: _____
6. Phone number & email address for contact representative: _____

7. Description of type of Organization (Not-for-profit, 501C-3, tax-exempt, governmental, community service organization, etc): _____

8. Describe the purpose/mission of the organization: _____

9. Name of program or event funds are requested: _____

10. Identify the overall population served and geographic service area of your organization: _____

11. Indicate specific number of Homer Township residents served in previous year(s) and identify the service(s) they received: _____

12. The amount requested and reason financial assistance required: _____

13. Are financial records kept for your organization: _____ Audits performed: _____
Explain accounting practices followed: _____



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I, as an authorized agent of (applicant organization name), do hereby certify to the best of my knowledge and belief, the above information is true, correct and complete. I certify that the filing of this application has been duly approved by the governing board of the organization. I acknowledge that I have read and agree to comply with all requirements of the program guidelines; and assure that the funds will be administered as described for use in our application.

Authorized Agent:

Title: _____

Date: _____