



164 East Lincoln Highway
DeKalb, Illinois 60115
815.748.2000 • cityofdekalb.com

**FY 2022 HUMAN SERVICES FUNDING
APPLICATION
Twelve Months Funding 1/1/22 to 12/31/22**

**APPLICATION MUST BE RECEIVED NO LATER THAN 5:00 P.M. ON NOVEMBER 5, 2021.
INCOMPLETE APPLICATIONS AND/OR LATE SUBMISSIONS WILL NOT BE CONSIDERED.**

Agency Name: _____

Mailing Address: _____

Agency Director: _____

Contact Person: _____

Telephone No.: _____ Email Address: _____

Name of Person Responsible for Completing Quarterly Report: _____

Telephone No.: _____ Email Address: _____

Program Description: _____

Twelve Month Program Budget: \$ _____

Amount of Funding Requested: \$ _____

% of Total Program Budget: _____%

Total Estimated Number of Program Participants: _____

Total Estimated Number of DeKalb Residents to be Served: _____

Estimated DeKalb Residents as % of Total Participants to be Served: _____%

The following documents must accompany the application:

1. A current listing of the agency's Board of Directors and terms.
2. The current annual operating budget for the agency and a detailed budget for the program requesting funding.
3. A detailed narrative explaining the program to be funded, its potential impact, and anticipated outcomes to be achieved. Be specific about the population to be served and the benefits derived from your services. Include any descriptive materials regarding the history and mission of the agency that would help augment the application.
4. Documentation of the agency's 501(c)(3) status.
5. Completed W-9 Form.
6. Copy of agency's most recent financial audit. For small agencies that do not perform an annual audit, financial statements certified by a professional accountant can be submitted.

The City of DeKalb retains the right to request any and all additional information from the agency it may determine necessary in making funding decisions. This may include articles of incorporation or any other information deemed appropriate.

The undersigned hereby certifies the information contained in this application is true and accurate to the best of their knowledge and belief.

Name of Authorized Signer: _____

Title: _____

Signature: _____

Date: _____

Please submit the application using one of the following methods:

- Via regular mail to be received no later than 5:00 p.m. on November 5, 2021 to:

City of DeKalb
Attention: Joanne Rouse
164 East Lincoln Highway
DeKalb, Illinois 60115

- Via email dated no later than 5:00 p.m. on November 5, 2021 to:
joanne.rouse@cityofdekalb.com

OFFICE USE ONLY:

Date Application Received: _____

Approved – Annual Amount Awarded \$ _____ / \$ _____ per quarter

Denied