ELK GROVE TOWNSHIP (EGT) AGENCY GRANT APPLICATION 2019-2020
In order to be considered for a grant, please fill out the ENTIRE application.

Applicant: _____ Phone: _____

Address: _____

Contact Person/Title: _____

Email: _____

2019-2020

Application Date: _____ Amount Requested: $_____

2019-2020 Grant Amount Request as a % of the Agency's Total 2019-2020 Budgeted Inc: _____%

Grant Amount 2018-2019: $_____ Grant Amount 2017-2018: $_____

Are all programs, services, activities and facilities provided by you or your

organization available to all residents of Elk Grove Township? _____

If no, please explain _____

Total # EGT residents served by program? 2018/19: _____ 2017/18: _____

Program Name: _____

Total budget amount for the program funded by EGT: _____

Percent of your TOTAL budget generated by fundraising: _____

Amount of money in reserve: $_____

Number of year's organization has been in operation: _____

Does your organization have by-laws: Yes _____   No _____

If no, please explain: _____

Day, time & location of your board meetings: _____

Are you open to township representatives attending? _____

Please explain in detail the program(s) that Elk Grove Township would be funding.

Program Name(s):_____

Description:_____

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