



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

**FY 2021 HUMAN SERVICES FUNDING  
APPLICATION  
Twelve Months Funding 1/1/21 to 12/31/21**

**APPLICATION MUST BE RECEIVED NO LATER THAN 5:00 P.M. ON NOVEMBER 6, 2020.  
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 Number of Estimated Program Participants: \_\_\_\_\_

Total Number of Estimated 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 any 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.

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: \_\_\_\_\_

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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 6, 2020 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 6, 2020 to:  
[joanne.rouse@cityofdekalb.com](mailto:joanne.rouse@cityofdekalb.com)

**OFFICE USE ONLY:**

Date Application Received: \_\_\_\_\_

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

Denied