



2025
APPLICATION FOR SOCIAL SERVICE GRANT
FUNDING

(Attach additional sheets as needed)

I. Organization Information

Agency/Organization: _____

Name: _____

Address: _____

City: _____

Phone: _____

Contact Person: _____

Title: _____

E-Mail Address: _____

Date of Incorporation: _____

Agency's Fiscal Year: _____

Agency Description: _____

Service Population: _____

Service Area: _____

What types of problems/needs have you identified in the Vernon Hills area and what impacts do they have on the community? _____

II. Service Information

Services Offered: _____

Service Site Locations: _____

Total non-duplicated count of Vernon Hills' residents served: _____

Total non-duplicated count of total service recipients: _____

Average contacts/resident (use most appropriate measure, ex: hours per week/month):

III. Funding Information

Total amount requested: _____

Previous Funds received from Vernon Hills: _____

Amount: _____ Year Received: _____

Funding Sources

Government Funding	FY 23/24		FY 24/25		Anticipated FY 25/26	
	Amount	Revenue % of Total	Amount	Revenue % of Total	Amount	Revenue % of Total

Non-Government Funding	FY 23/24		FY 24/25		Anticipated FY 25/26	
	% of Total		% of Total		% of Total	
	Amount	Revenue	Amount	Revenue	Amount	Revenue

Client Fees	FY 23/24		FY 24/25		Anticipated FY 25/26	
	% of Total		% of Total		% of Total	
	Amount	Revenue	Amount	Revenue	Amount	Revenue
TOTAL REVENUE						

IV. Expenditures

	FY 23/24	FY 24/25	Anticipated FY 25/26
Salaries			
Admin/Support			
Direct Services			
Benefits			
Admin/Support			
Direct Services			
Occupancy Related			
Client assistance			
TOTAL EXPENSES			

	FY 23/24	FY 24/25	Anticipated FY 25/26
Total no. of Employees			
Full time:			
Part time:			
TOTAL			
Volunteer Staff			

Coordination with/Distinction from other Service Providers

What services are offered that are unique to this agency/organization? _____

What other agencies in the area offer this same service? _____

What coordination efforts are made to avoid duplication of service? _____

VI. Long Range Plans

Describe any planned: _____

Expansion of services: _____

Expansion of Staff: _____

Expansion of Facilities: _____

Efforts to increase revenue: _____

Efforts to decrease costs: _____

VII. Documentation

Please be prepared to submit copies of the following documentation, if requested.

Budget
Long Range Plan
Audit
Insurance
Brochures