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**PO Box 616**

**Geneva, Illinois 60134**

**KCSRsecretary@gmail.com**

Thank you for your interest in applying for our Kane County Senior Resources Grant. As an integral part of our KCSR Mission Statement, our organization is committed to supporting the dignity and independence of the seniors of Kane County. Thank you in advance for the service to seniors that your organization provides.

Please note that special consideration will be given, but is not limited to, KCSR’s annual focus for 2019 : “Service to Veterans”.

Along with the completed application form, please also include:

1. Copy of your organization’s 501C3 letter
2. Your organization’s annual budget

Completed applications, 501C3 documentation and annual budget information must be received no later than Friday, November 22, 2019 to be considered. Applications can either be mailed to the KCSR PO Box or emailed to: **kcsrsecretary@gmail.com**

Please note that applications are not accepted by Board members or at monthly meetings.

On behalf of our Kane County Senior Resources members and the seniors we serve, thank you for your participation!

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**Grant Application:**

**P.O. Box 616**

**Geneva, Il 60134**

Mission Statement: In an effort to enhance the dignity and independence of seniors, and to improve the quality of life for seniors in Kane County, the Senior Service Providers (KCSR) will **cooperatively plan for new program development, advocate for the rights of seniors, work toward appropriate legislation and provide community education.** The group will exchange and engage in coordination by providing a forum for the exchange of information through regular meetings.

Name of Organization:

Date of Application:

Contact Person:

Phone:

Email:

Description of how the organization will use the funds; describe the specifics of the project/use of grant award and how it will affect seniors. (Please provide a budget for your project/intended use of grant as well).

How does the $1000 impact your organization? Give as many details as possible.

What percentage of this money will go directly to helping seniors themselves?

What percentage of services does your organization provide by geographic location:

Within Kane County?

Outside of Kane County but within 50mi?

Over 50 mi outside of Kane County?

Total 100%

What percentage of your organization’s services are provided to:

65 y/o and older population? %

Describe how your organization serves those individuals indicated in our annual focus and how this grant would go to serving them.

What percentage of your organizations revenue is derived from:

Government sources?

Other organizations/foundations?

Internal fundraising programs?

Fees to members or service recipients?

What percentage of your organization’s total expenses are directly for services?

What is the size of your overall annual budget?

Is applicant in good standing with KCSR? Yes No

This Application will be measured using a Rubric tool to determine eligibility.