



ELK GROVE TOWNSHIP (EGT) AGENCY GRANT APPLICATION 2021-2022
In order to be considered for a grant, please fill out the ENTIRE application.

Applicant: _____ **Phone:** _____

Address: _____

Contact Person/Title: _____

Email: _____

Application Date: _____ **2021-2022**
Amount Requested: \$ _____

2021-2022 Grant Amount Request as a % of the Agency's Total 2021-2022 Budgeted Inc: ____%

Grant Amount 2020-2021: \$ _____ **Grant Amount 2019-2020:** \$ _____

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? 2020/21: _____ **2019/20:** _____

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: _____

