

# Agency Application: Submission #17

## Section 1: Contact Information

### Agency Information

**Agency's Name**

Test Agency

**EIN #**

#12-3456789

**Agency's Address**

Test Address

Test City, IL. 12345

**Mailing Address (if different)**

{Empty}

**Agency's Web Address**

[www.testagency](http://www.testagency)

### Executive Director

**First Name**

Test

**Last Name**

Test

**E-Mail**

[test@agency.com](mailto:test@agency.com)

**Phone and extension**

[123-456-7891](tel:123-456-7891)

Contact Person for the Grant

**First Name**

Test First

**Last Name**

Test Last

**E-Mail Address**

[Test@agency.com](mailto:Test@agency.com)

**Phone and extension**

[123-456-7891](tel:123-456-7891)

**Section 2: Organizational Information**

Organizational Information

**Mission and Vision**

oienotioiwyh

**Organization's History / Background**

dioeiutol;snieo

**Please specify the dates of your fiscal year (Jan-Dec, July-June)**

Jan - Dec

File Uploads

**Upload your 501c3 Letter**

{Empty}

**Upload your Annual Budget**

{Empty}

**Upload your completed Patriot Act Compliant Document**

{Empty}

**Upload your W-9**

{Empty}

**Upload your DEI Statement**

{Empty}

**Current list of your Board of Directors, including: Name, Board Position, E-mail Address**

{Empty}

**Upload your most recent 990 and Audited Financial Statements**

{Empty}

### Section 3: Program Information

Program Information

**Program Name**

euiyhe;o8i

**Program Address if different from Agency Address**

oeitroeih;souih

**Program Director / Coordinator Name**

eoig8hg eoitnoio

**Program Director / Coordinator Email**

[test@agency.com](mailto:test@agency.com)

**Program Director / Coordinator Phone and extension**

[123-456-7891](tel:123-456-7891)

Grant Proposal

**Program Description**

euwiouyhtr

**Amount Requested**

1.00

**Program Start Date**

Jan 1

**Program End Date**

Jan 31

**Statement of Need**

oiehoiueh

**Upload supporting documents**

{Empty}

**Describe the target population and client eligibility requirements for receiving services in this program.**

euiutyheoiuhu

**Describe any criteria that would make an individual ineligible for participation in the program.**

eiuyeiHW2iu

**Identify the activities that will take place to support this program / service.**

eoiujndoig

**Define the measurable expected outcomes**

{Empty}

**Will funding be used to support additional staff to support the program / proposed program?**

No

**Please explain your efforts to promote this program in the community.**

eoiehrowhnoih

**Does the program have, or has had in the past year, a waiting list for the**

**services? Please explain.**

euwhiutrehub;

**Describe your collaborative efforts with other agencies to achieve program goals.**

ewuhiuebi

**Upload your Program Budget, work plan**

{Empty}

## **Section 4: Mission Alignment**

Alignment

**Describe how your proposal aligns with Fox Valley United Way's mission**

euwie43ub

## **Section 5: DEI**

DEI

**Describe how you will support and advance racial, economic and health equity**

euwhieuhbiue3

**Provide a copy of your organizations DEI statement**

{Empty}

## **Section 6: Funding and Sustainability**

Funding and Sustainability

**Will this request fund the program or project in full?**

No

**What percentage of funding is requested from the Fox Valley United Way?**

1

**List the sources of that committed funding including amounts committed and type of funder (e.g. foundation, government, and private sector).**

ewuyei9hnoiueuhi

**What financial sustainability steps have you taken or do you plan to take so that this program is funded in the future?**

eowuy4e4houi

## **Section 7: Demographics**

Ages Group

**Prenatal to age 3**

1

**3 to 5**

{Empty}

**6 to 13**

{Empty}

**14 to 18**

{Empty}

**19 to 59**

{Empty}

**60 up**

{Empty}

**Prenatal to age 3**

2

**3 to 5**

{Empty}

**6 to 13**

{Empty}

**14 to 18**

{Empty}

**19 to 59**

{Empty}

**60 up**

{Empty}

**Race & Ethnicity**

**Black**

1

**Asian**

1

**Caucasian**

1

**Latino**

1

**Pacific Islander**

1

**Other**

1

**Black**

2

**Asian**

2

**Caucasian**

2

**Latino**

2

**Pacific Islander**

2

**Other**

2

Gender

**Male**

1

**Female**

1

**Transgender**

1

**Non-binary**

1

**Male**

1

**Female**

1

**Transgender**



1

**Non-binary**

1

Income Levels at or Below

**50-100% FPL**

1

**150-185% FPL**

{Empty}

**200-225% FPL**

{Empty}

**300 % - above FPL**

{Empty}

**50-100% FPL**

1

**150-185% FPL**

{Empty}

**200-225% FPL**

{Empty}

**300 % - above FPL**

{Empty}

County

**Kane**

1

**Kendall**

1

**Kane**

1

**Kendall**

1

City

**Aurora**

1

**Big Rock**

1

**Bristol**

1

**Campton Hills**

{Empty}

**Elburn**

{Empty}

**Geneva**

{Empty}

**Hinckley**

{Empty}

**Kaneville**

{Empty}

**La Fox**

{Empty}

**Little Rock**

{Empty}

**Maple Park**

{Empty}

**Millbrook**

{Empty}

**Montgomery**

{Empty}

**Mooseheart**

{Empty}

**North Aurora**

{Empty}

**Sandwich**

{Empty}

**Oswego**

{Empty}

**Plano**

{Empty}

**Plattville**

{Empty}

**St. Charles**

{Empty}

**Sugar Grove**

{Empty}

**Wasco**

{Empty}

**Yorkville**

{Empty}

**Aurora**

1

**Big Rock**

1

**Bristol**

-2

**Campton Hills**

{Empty}

**Elburn**

{Empty}

**Geneva**

{Empty}

**Hinckley**

{Empty}

**Kaneville**

{Empty}

**La Fox**

{Empty}

**Little Rock**

{Empty}

**Maple Park**

{Empty}

**Millbrook**

{Empty}

**Montgomery**

{Empty}

**Mooseheart**

{Empty}

**North Aurora**

{Empty}

**Sandwich**

{Empty}

**Oswego**

{Empty}

**Plano**

{Empty}

**Plattville**

{Empty}

**St. Charles**

{Empty}

**Sugar Grove**

{Empty}

**Wasco**

{Empty}

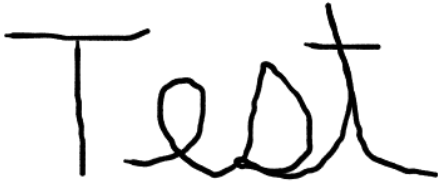
**Yorkville**

{Empty}

## Section 9: Grant Application Authorization

Signature is validation of the information provided

### Signature

A handwritten signature in black ink that reads "Test". The letters are cursive and somewhat stylized, with a large 'T' and a long horizontal stroke at the end.

### Name of Signer

wsiuyheiuhbi

### Title of Signer

aiuwebeiub