



**KENDALL COUNTY, ILLINOIS  
SENIOR TAX LEVY  
AGENCY FUNDING REQUEST APPLICATIONS**

Date \_\_\_\_\_

Name of Agency Requesting Funds \_\_\_\_\_

Name of Executive Director \_\_\_\_\_

Name & Title of Contact Person \_\_\_\_\_

Agency Address \_\_\_\_\_

Phone \_\_\_\_\_ Ext: \_\_\_\_\_

Fax \_\_\_\_\_

Email \_\_\_\_\_@\_\_\_\_\_

**TWELVE (12) COPIES OF THIS COMPLETED APPLICATION INCLUDING  
YOUR AGENCY'S MOST RECENT FISCAL BUDGET AND  
AUDITED FINANCIAL STATEMENTS MUST BE SUBMITTED  
NO LATER THAN 4:00 P.M. ON MONDAY, MARCH 4, 2024**

EMAIL TO: **KENDALL COUNTY FINANCE COMMITTEE**  
at **KCAdmin@kendallcountyil.gov**

**CHANGES TO THIS APPLICATION FORMAT WILL NOT BE ACCEPTED**

**PRESENTATIONS MAY OR MAY NOT BE SCHEDULED BY THE FINANCE & BUDGET  
COMMITTEE, IF PRESENTATIONS ARE SCHEDULED, YOU WILL BE NOTIFIED OF  
THE PRESENTATION DATE AND SCHEDULE**

**AGENCY INFORMATION**

- a) Name of agency requesting funds: \_\_\_\_\_
- b) Type of organization: (Click one)
- c) Number of years serving Kendall County senior residents: \_\_\_\_\_
- d) Counties served: (list all) \_\_\_\_\_
- e) Agency fiscal year: \_\_\_\_\_ / \_\_\_\_\_ to \_\_\_\_\_ / \_\_\_\_\_  
month/year month/year

**BUDGET INFORMATION**

- a) Amount requested: \$ \_\_\_\_\_
- b) Amount requested previous year: \$ \_\_\_\_\_
- c) Amount awarded previous year: \$ \_\_\_\_\_
- d) Amount your agency expends to transport Kendall County seniors: \$ \_\_\_\_\_
- e) Agency Budget Summary:
  - Agency's Total Revenue previous fiscal year: \$ \_\_\_\_\_
  - Agency's Total Expenditures previous fiscal year: \$ \_\_\_\_\_
- f) Percentage of grant funds allocated to administrative costs and employee benefits: \_\_\_\_\_ %
- g) **Attach a copy of your agency's most recent Fiscal Budget and Audited Financial Statements.**
- h) Describe any budgetary concerns, impacts of state budget cuts, or decreases in other grant funding that directly impact your agency's services to Kendall County seniors:

i) Describe specific reductions in services to Kendall County seniors if your agency is not granted the requested funds from the Senior Tax Levy:

j) List your agency's fundraising efforts in the past two years:

Year	Type of Activity	Budgeted Goal	Amount Raised
_____	_____	\$ _____	\$ _____
_____	_____	\$ _____	\$ _____
_____	_____	\$ _____	\$ _____
_____	_____	\$ _____	\$ _____
_____	_____	\$ _____	\$ _____

k) List your agency's other grant requests in the past two years:

Year Received	Funding Source	Grant Program	Amount Requested	Amount Awarded
_____	_____	_____	\$ _____	\$ _____
_____	_____	_____	\$ _____	\$ _____
_____	_____	_____	\$ _____	\$ _____
_____	_____	_____	\$ _____	\$ _____
_____	_____	_____	\$ _____	\$ _____

**SENIOR CLIENT INFORMATION**

	<u>Fiscal Year</u> Current	<u>Fiscal Year</u> Next
a) Number of senior clients in Kendall County	_____	_____
b) Number of senior service hours in Kendall County	_____	_____
c) Number of Kendall Co. senior clients on waiting list	_____	_____
d) Number of Kendall County senior clients served at or below 150% of official poverty level	_____	_____

**e) List the number of individual Kendall County seniors served by each of your agency's programs:**

Number of individual seniors served \_\_\_\_\_

**Senior Programs Offered (Unduplicated Stats)**

_____	_____
_____	_____
_____	_____

**PROGRAM SERVICE INFORMATION**

**a) Summarize how requested funds will be used by your agency to promote senior independence:**

**b) Briefly describe your agency's senior programs and services in Kendall County that are not duplicated by another agency:**

**c) Summarize the strength of your agency's senior programs and services:**

**d) List the number of full time staff, part time staff and volunteers with corresponding job titles your agency dedicates to serve Kendall County seniors (ex. 2 full time Case Managers, 4 part time Program Managers, 1 Volunteer Receptionist, 3 part time Drivers, 1 Volunteer Driver):**

**e) List hours of senior program operation and current capacity to increase program, based on current staffing and funding:**

**f) List the dollar amount of all program fees seniors must pay to receive your agency's services and explain how the fee is determined:**

**g) Describe any duplicate senior services provided by your agency and explain why the duplication is occurring and remains justifiable:**

**h) Describe your agency's collaboration with other agencies serving seniors in Kendall County:**

**i) Explain any significant senior program changes your agency made last year and/or is planning to make next year:**

**j) List future goals for your senior program(s):**

**k) How do you measure the following?**

**Community needs:**

**Attainment of program goals:**

**Client outcomes:**

**KENDALL COUNTY SENIOR TAX LEVY APPLICATION FOR FUNDING**  
**APPLICANT'S CERTIFICATIONS AND ASSURANCES**

1. By signing below, the undersigned certifies that he/she is duly authorized to sign this application on the applicant's behalf.
2. This application has been duly authorized by the governing body of the applicant's organization. If awarded grant funds, the applicant agrees to comply with all regulations and guidelines applicable to the grant award.
3. By signing below, the undersigned certifies that, to the best of his or her knowledge and belief, all information provided in this grant application and its attachments are true and correct.
4. The applicant understands and agrees that this application is a public document and may be subject to disclosure pursuant to the Illinois Freedom of Information Act.
5. Applicant agrees that Kendall County reserves the right to terminate or modify a grant award at any time for any or no reason.
6. If awarded senior tax levy grant funds, the applicant shall use the grant funds only for the purposes as set forth in the applicant's grant application, unless the applicant receives prior written approval from Kendall County to use the grant funds for another purpose. Kendall County reserves the right to require the applicant to repay any or all awarded grant funds not used in accordance with the applicant's grant application.
7. The applicant shall not discriminate against any client, employee and/or any other person on the basis of race, color, sex, national origin, ancestry, religion, age, marital status, order of protection status, military status, veteran status, unfavorable discharge from military service, sexual orientation, pregnancy, genetic information, disability and/or any other basis prohibited by federal, state and/or local laws, regulations and ordinances.
8. The applicant agrees to maintain a fiscal accountability and management system, which documents and traces all of the applicant's revenues and expenditures. The applicant shall provide Kendall County and its authorized representatives with access to any and all of the applicant's records, which are reasonably necessary for Kendall County to confirm the applicant uses the grant funds pursuant to the applicant's grant application. The applicant shall be responsible for preparing any and all reports requested by Kendall County to assist Kendall County in auditing the applicant's use of the grant funds.
9. Applicant shall retain all records regarding use of grant funds for a period of three years after receipt of the funds from Kendall County.
10. Applicant shall have an annual audit performed by an independent public accountant, certified and licensed by the State of Illinois, which is conducted in accordance with *Government Auditing Standards*. Applicant shall provide Kendall County with a copy of the applicant's audit findings within seven (7) calendar days after receipt of Kendall County's request.
11. Applicant certifies to the best of its knowledge and belief, that:
  - a. Applicant is not presently debarred, suspended, proposed for disbarment, declared ineligible, or voluntarily excluded from covered transactions by any Federal or State agency and/or any unit of local government.

- b. Within a three-year period preceding the submission of this grant application, the applicant and/or its principals have not been convicted of or had a civil judgment rendered against them for commission of fraud or a criminal offense in connection with obtaining, attempting to obtain, or performing a public (Federal, State or local) transaction or contract under a public transaction; violation of Federal or State antitrust statutes or commission of embezzlement, theft, forgery, bribery, falsification or destruction of records, making false statements, or receiving stolen property.
  - c. Applicant and its principals are not presently indicted for or otherwise criminally or civilly charged by a government entity (Federal, State or local) with commission of any of the offenses enumerated in part (b) of this certification.
  - d. Within a three-year period preceding the submission of this grant application, the applicant has not had one or more public transactions (Federal, State or local) terminated for cause or default.
  - e. Applicant is not barred from contracting with a unit of the State or local government as the result of a violation of Section 33E-3 or 33E-4 of the Criminal Code of 1961 of the laws of the State of Illinois. These violations concern the criminal offenses of bid-rigging, bid rotating, or kickback in regard to public contracts.
12. Applicant agrees to comply with all relevant provisions of the Drug Free Work Place Act (30 ILCS 580/1 et seq.), the Americans with Disabilities Act (42 U.S.C. 12101 et Seq.) and all other applicable Federal and State laws and regulations.
13. Applicant shall indemnify, hold harmless and defend with counsel of Kendall County’s own choosing, Kendall County, its officials, officers, employees, including their past, present, and future board members, elected officials and agents from and against all liability, claims, suits, demands, proceedings and actions, including costs, reasonable fees and expense of defense, arising from, to, any loss, damage, injury, death, or loss or damage to property (collectively, the “Claims”), to the extent such Claims result from the applicant’s negligent or willful acts, errors or omissions in its operations and/or the use of the grant funds. Nothing contained herein shall be construed as prohibiting Kendall County, its officials, directors, officers, agents and employees, from defending through the selection and use of their own agents, attorneys and experts, any claims, suits, demands, proceedings and actions brought against them. Pursuant to Illinois law, 55 ILCS 5/3-9005, any attorney representing Kendall County, under this paragraph, shall be approved by the Kendall County State’s Attorney and shall be appointed a Special Assistant State’s Attorney, as provided in 55 ILCS 5/3-9005. Kendall County’s participation in its defense shall not remove the applicant’s duty to indemnify, defend, and hold Kendall County harmless, as set forth above.

**With my signature, I am certifying and assuring compliance with numbers 1 through 13 above.**

\_\_\_\_\_

**Agency Name**

\_\_\_\_\_

**Date**

\_\_\_\_\_

**Authorized Signature**

\_\_\_\_\_

**Title**