Application No. Date Received:

Grant No. Grant Amount:

# KANE COUNTY RIVERBOAT FUND PROGRAM APPLICATION 2010

Print Form

Fields have limited text areas. If additional space is needed, attach separate page.

THIS SECTION FOR APPLICANTS:

Applicant Organization:

Contact Person:

Mailing Address:

Phone: Fax: E-Mail:

FEIN:

Project Focus Area:

- ☐ Education
- ☐ Environment
- ☐ Economic Development

Amount Requested:

What geographic area of the County will this project benefit? (Indicate specific cities, villages, or designate by N,S,E,W, or entire County, for example)

Population that will benefit from this project? Check all that apply.

| | | | | |
|---|---|---|---|---|
| ☐ Children or Youth | ☐ Seniors | ☐ Physically Disabled | ☐ Mental Health | ☐ Populations in Crisis |
| ☐ Housing Needs | ☐ Health Issues | ☐ Financial Support | ☐ All County Residents | ☐ Other - Describe below |

Describe Other Populations Served, if needed:

Number of people benefitting from this project:

Please provide a brief project description and the goals of your project.

(A detailed description should be provided in your Executive Summary)

☐ Yes ☐ No Have you previously received Riverboat funding?

Please provide Kane County Grant Number:

☐ Yes ☐ No Have you previously received Community Development Block Grant funds from Kane County?

Please list any project collaborators you will be partnering with.

☐ Yes ☐ No 1. Is this project for capital expenses and not for ongoing operating expenses?

☐ Yes ☐ No 2. Is this application for a political organization or one that can influence legislation?

☐ Yes ☐ No 3. Is this project for research funding?

☐ Yes ☐ No 4. Does this project support a special event, goodwill, program advertising or special interest magazine?

☐ Yes ☐ No 5. Is this project request from an individual?

☐ Yes ☐ No 6. Does this project support travel expenses for tours, expeditions, or trips for individuals or groups?

☐ Yes ☐ No 7. Does this project request funds for deficit spending, payment of interest or taxes?

☐ Yes ☐ No 8. Is this project for an annual fund campaign?

☐ Yes ☐ No 9. Is this project or any part thereof outside of Kane County?

☐ Yes ☐ No 10. Does this request underwrite fund-raising events or performances?

☐ Yes ☐ No 11. Does this project fund a loan?

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PROJECT BUDGET

Project Expenses: Please list expenses for which you expect to be reimbursed only Contractor quotes, cost estimates and other documentation must accompany this application.

| | | | |
|---|---|---|---|
| Expense for: | | Amount | |
| Expense for: | | Amount | |
| Expense for: | | Amount | |
| Expense for: | | Amount | |
| Expense for: | | Amount | |
| | | TOTAL | |

Project Funding: Please list any other funding sources for this project only. Please attach any documentation.

| | | | | | |
|---|---|---|---|---|---|
| Source: | | Amount Committed | | Date Committed | |
| Source: | | Amount Committed | | Date Committed | |
| Source: | | Amount Committed | | Date Committed | |
| Source: | | Amount Commtited | | Date Committed | |

If fundraising will be part of your funding source, please briefly indicate plans and attach separate page if necessary.

## PROJECT TIMELINE

Project Start Date

Milestone Date 1 Description:

MIlestone Date 2 Description:

Milestone Date 3 Description:

MIlestone Date 4 Description

Expected Completion Date:

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## PROJECT DETAILS

Please provide a synopsis of the following.
Further details can be provided in your Executive Summary and other supporting documentation

Community Benefits:

Anticipated Long-Term Results:

Performance Measurements and Documentation will include:

Relevance to Kane County:

Best Practices to be Employed:

If you do not receive the full funding requested, what other sources will you use to complete this project?

DOCUMENTATION REQUIRED

All applications and documentation must be received by the due date.
Incomplete applications will be rejected.

All applicants must provide:

- ☐ Attachment A - One page Executive Summary providing project information
- ☐ Attachment B - Contractor Quotations and other Cost Estimates
- ☐ Attachment C - Certifications or Licenses pertaining to this project or personnel required to carry out this project
- ☐ Attachment D - Board resolution authorizing this application and allowing execution of documents necessary to complete this project

Not-for-profit Corporations must provide:

- ☐ Attachment E - Organizational Overview and History
- ☐ Attachment F - Organizational Goals and Objectives
- ☐ Attachment G - Proof of tax status from Internal Revenue Service, i.e., 501(c)3 - not-for-profit corporations only
- ☐ Attachment H - Organization's current fiscal Budget )
- ☐ Attachment I - List of Board of Directors and Corporate Officers )

OPTIONAL DOCUMENTATION

Other information which may prove helpful in consideration of your application may include the following:

- ☐ Attachment J- Drawings or photographs
- ☐ Attachment K - References and/or Letters of Support
- ☐ Attachment L - Complete project overview and description

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The Applicant certifies that they have read and fully understand the guidelines that govern the Kane County Riverboat Fund Program. The Applicant certifies that all information furnished in/with this application is true and complete to the best of the Applicant's knowledge and belief. If any information provided herein changes following the submission of this application, the Applicant agrees to notify Kane County immediately. The Applicant acknowledges that Kane County may verify any information contained in/with this application, and submission of this application shall constitute the Applicant's authorization for Kane County to complete such verification as it deems necessary to determine the accuracy of this application and its suitability for funding. The Applicant understands and agrees that if false information is provided in/with this Application, which has the effect of increasing the Applicant's advantage, Kane County may disqualify this Application and deem the Applicant ineligible to receive any funds in the future.

The Applicant understands that Kane County retains the right to reject any and all applications, and, in its sole determination, to waive minor irregularities. The Applicant acknowledges by execution of this Application that the County will make such determinations with the fullest discretion allowable by law. The Applicant will at all times indemnify and hold harmless Kane County against all losses, costs, damages, expenses and liabilities of any nature directly or indirectly resulting from, arising out of, or relating to the County's acceptance, consideration, approval, or disapproval of this Application and the issuance or non-issuance of funds herewith.

The Applicant further certifies that they do not discriminate on the basis of race, religion, color, sex, age, handicap or national origin and that they are duly authorized by board resolution to cause this document to be executed.

Signed: _____

Date: _____ Print Name _____

SUBMISSION REQUIREMENTS: Please submit two original, scanned, or electronic signed copies of this form and all supporting documentation on 8-/2 x 11 paper, one-sided, un- bound with no staples. Folders or binder clips are recommended.