



## 2021 Norridge Cares Community Grant Application

Through the 2021 Norridge Cares Community Grant program, Norridge Cares seeks to provide resources and financial assistance to the residents and businesses of Norridge, Illinois.

### Grant details:

- **Grant proposals will be accepted from 9:00 a.m. on April 16, 2021 until 5:00 p.m. on July 1, 2021 at the Norridge Village Hall, located at 4000 N. Olcott Ave.; Norridge, IL 60706 – Attention: Kathy Gaseor**
- Approved grants will be funded only once and are not renewable.
- Applicants may reapply in subsequent years.
- In 2021, up to \$20,000 in grants will be funded.
- Grant applicants will be notified no later than October 1, 2021 if their grant has been selected for funding and for what amount.

### Criteria for selection:

- Applicants must live, attend school, or work full-time in Norridge, Illinois.
- Proposals must lead to improvements in the lives of the residents or businesses of Norridge, Illinois and/or improvements to physical spaces contained within the Norridge, Illinois boundaries.
- Applicants may be required to present their proposal in person to the Norridge Cares Executive Board at a Directors' Meeting.

### Written proposal guidelines:

- Proposals must document a specific need for a specific population or physical space within Norridge, Illinois.
- Proposals must:
  - Detail the request. Include the population to be served by the grant and the anticipated number of people expected to be impacted by the proposal.
  - Describe the relevance of the proposal to the Mission of Norridge Cares.
  - Supply relevant data to substantiate the request.
  - Include a detailed budget.
  - Contain two letters of support for the improvement.
- The applicant must include a statement of commitment to submit a report and evaluation of the completed project to the Norridge Cares Board of Directors and to disseminate the results of the project to the community through collaboration with local media.

If you have any questions, please contact Kathy Gaseor at 708-583-5756 or by email at [norridgecares@gmail.com](mailto:norridgecares@gmail.com).

***Mission Statement of Norridge Cares is to identify the needs of the members of our community, to secure funds to support those needs through local business and residential fund-raising campaigns, as initiated by the Board in its sole discretion; to allocate funds, as determined by the Board, based on identified community needs; to serve as a catalyst for community problem solving; and to otherwise operate exclusively for charitable purposes.***

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Please complete the fields below and attach the completed application to your completed proposal.

Date of Application: \_\_\_\_\_

Applicant Name: \_\_\_\_\_

Applicant Address: \_\_\_\_\_  
Street Address City State

Applicant Telephone Number: \_\_\_\_\_

Applicant Email Address: \_\_\_\_\_

Grant Amount requested: \$ \_\_\_\_\_

Intended Population to be Served by the Grant: \_\_\_\_\_

Proposed Project Initiation Date: \_\_\_\_\_

Anticipated Project Completion Date: \_\_\_\_\_

Make check payable to: \_\_\_\_\_

Please provide the contact information for the individuals supplying your letters of support:

### Letter #1

- Supplied by: \_\_\_\_\_
- Telephone Number: \_\_\_\_\_
- Email Address: \_\_\_\_\_
- Relationship to the Applicant: \_\_\_\_\_

### Letter #2

- Supplied by: \_\_\_\_\_
- Telephone Number: \_\_\_\_\_
- Email Address: \_\_\_\_\_
- Relationship to the Applicant: \_\_\_\_\_

For administrative use only: .....

Date reviewed: \_\_\_\_\_ Approved/Denied: \_\_\_\_\_ Amount approved: \$ \_\_\_\_\_

Initiation date: \_\_\_\_\_ Completion date: \_\_\_\_\_ Evaluation due date: \_\_\_\_\_