

Gold Hill Township
PO Box 618
Shawneetown, IL 62984

Rick Gill, *Supervisor*
Matt Martin, *Clerk*

Trustees

Gary Vickery
Steve Wood
Nathan Golden
Ryan Smith

**GOLD HILL TOWNSHIP
2024 - 2025 COMMUNITY PARTNERSHIP APPLICATION**

The Gold Hill Township Board is awarding Community Partnership Grants with a maximum award amount of \$500. The Board will review requests for funding from non-profit community organizations on a monthly basis. It may also consider public safety or community support funds to government taxing bodies, as permissible by law. Requests will be reviewed monthly, at regular board meetings on the 3rd Monday of each month at 395 W. Marshall Ave in Shawneetown, Illinois.

The Township Board reserves the right to limit the amount of community partnership money available to any individual organization. Any funding to governmental taxing bodies or their subsidiaries, such as libraries, schools, or public safety organizations, must serve the residents of the Township, and funds will be given for specified purposes only. If your organization is such an entity, please complete the second page, "Indemnification" portion of the application.

It is your duty to determine the timing appropriate to your community partnership request. If you fail to submit a request by the deadline, you will forfeit the opportunity to receive timely funding. Requests must be received by the Township no later than 1 week prior to the consideration meeting. Due to the limited availability of funds, an organization which meets eligibility requirements shall not receive more than two (2) approved requests per fiscal year, and the Township Board may limit the amount of any partnership.

NOTE: Notwithstanding past experience, there is no guarantee that future requests will be approved. **Recipients may be asked for an accounting.** If a community partnership is awarded, and there are surplus funds not used for the stated purpose, the balance shall be returned to the Township. Incomplete applications are considered unqualified for funding. Be sure to specify the payee on the form, both name and address, and please note that the checks are issued to organizations, not individuals. Additional information may be requested upon review, but please provide detailed responses to the questions in the application.

Completed applications can be mailed to the Township Office at the above address.

Rick Gill, Supervisor

GOLD HILL TOWNSHIP COMMUNITY PARTNERSHIP APPLICATION

(Effective April 1, 2024 through March 31, 2025)

Name of Organization: _____

Address of Organization: _____

Organization Phone: _____ Organization E-Mail: _____

Website of Organization: _____

Legal form of entity: _____ 501(c)(3) - Provide your letter from IRS. - IL

Not for Profit; provide certificate of Good Standing or a status screen shot from:

http://www.cyberdriveillinois.com/departments/business_services/corp.html

Contact Person for Application (Name, Phone, E-Mail): _____

Provide a Description of the Organization and its mission:

Please provide the names and contact information of the officers and directors of your organization:

Amount Requested for Community Partnership Grant : \$ _____

Please provide a detailed description of how your organization would allocate the funding from Gold Hill Township, if awarded.

Specify anticipated benefits to Township residents:

_____ Date _____ Applicant's Signature and Title

FOR OFFICE USE ONLY

COMMUNITY PARTNERSHIPS AWARDED IN PREVIOUS FISCAL YEARS

2024-25 \$ _____
2023-24 \$ _____
2022-23 \$ _____
2021-22 \$ _____
2020-21 \$ _____
2019-20 \$ _____

2024-25 Community Partnership Approved by Township Board on _____ Amount \$ _____

2024-25 Community Partnership Denied by Township Board on _____

Supervisor