



GRAYSLAKE PARK DISTRICT

Grant-In-Aid Program

Purpose and Intent

The purpose and intent of a grant program is to aid the families who do not participate in park activities, due to lack of funds available because of lower income, illness in the family, unexpected and temporary debt situations, etc. Benefits of structured recreation and participation in programs are obvious and financial difficulties in a family often prohibit children from these benefits.

Funding

Funding of the program shall be obtained as follows:

1. Registration form option of contributing \$1.00 toward the grant program.
2. Publicity and public awareness
3. Direct solicitation to various groups, area businesses and local merchants.

Grant Program

Grant will be based on a percentage of funding by the Park District and participants, or 100% grant in to the participate in extreme cases. Individuals applying for a grant will submit their application to the Park District. Committee consisting of the President, Recreation Committee Chairperson and the Executive Director will review all applicants.

The following will serve as guidelines:

1. All participants must reside with in the boundaries of the Grayslake Community Park District.
2. An application for must be completed once a year. All application forms expire at the calendar year end.
3. Applications may be submitted at any time during the year, but must be renewed by the start of the new calendar year.
4. Applicants whose income changes during the year must notify the Park District. This is based on an honor system.
5. All participants in the program will be given a special membership letter and card. That card must be presented each time at program registration.
6. Applicants into the program will be notified as to acceptance within 20 working days.

7. All programs, including summer camps and field trips are included, should funding be available at the time of registration.
8. There will be a maximum grant level per participant and per family. Each participant will be allowed one activity per season. The Park District brochure defines a season.
9. Any resident 19 years or older and living at home will be considered for a grant based on their income alone.
10. Payment by the participant must be paid in full seven days prior to the start of the program.

Financial Guidelines

<u># of Family Members</u>	<u>Monthly Income Below</u>
1	\$900.00
2	\$1250.00
3	\$1490.00
4	\$1630.00
5	\$1770.00
6	\$1855.00

II. FINANCIAL RESOURCES

1. Public Assistance

Do you receive Public Assistance _____ Yes _____ No
(if yes, check all that apply)

AGENCY

CONTACT PERSON

_____ Public School	_____
_____ Avon Township	_____
_____ Fremont Township	_____
_____ Warren Township	_____
_____ Subsidized Housing	_____
_____ Other	_____

2. Employment

Families must submit a copy of the most current federal income tax return or W-2; or if that is not available, submit two recent pay stubs from each wage earner listed below.

Please complete the following:

_____ Husband: Employer _____
Address _____
Employer Phone () _____

For year 20_____ **Gross Yearly Income \$** _____

_____ Wife: Employer _____
Address _____
Employer Phone () _____

For year 20_____ **Gross Yearly Income \$** _____

_____ Other: Employer _____
Address _____
Employer Phone () _____

For year 20_____ **Gross Yearly Income \$** _____

***TOTAL EMPLOYMENT INCOME \$** _____

3. Other Cash Resources (check all that apply)

Amount per month x 12 = Yearly Total

___ Alimony \$ _____ x 12 = \$ _____

___ Child Support \$ _____ x 12 = \$ _____

___ Unemployment Compensation \$ _____ x 12 = \$ _____

___ Current Savings (Parents & Children) \$ _____ = \$ _____

___ Assets, i.e. Properties, CD's, etc. \$ _____ = \$ _____

___ Death Benefits \$ _____ = \$ _____

___ Other, _____ \$ _____ = \$ _____

**** TOTAL OTHER CASH RESOURCES** \$ _____

****FINANCIAL RESOURCES SUMMARY**

* TOTAL EMPLOYMENT INCOME \$ _____

** TOTAL OTHER CASH RESOURCE \$ _____

****** GRAND TOTAL FINANCIAL RESOURCES** \$ _____

III. EXTENUATING EXPENSES

The following information will assist us to better understand any extenuating financial circumstances you incur.

1. Medical Expenses not covered by insurance: \$ _____ (Not including Deductibles)

Please specify medical condition resulting in the expense(s): _____

2. Child Care \$ _____ per month @ 12 months = \$ _____

Name of provider: _____ Phone #: _____

3. Credit Card Debt (only if over \$5,000) Total = \$ _____

4. Other, please specify: _____ \$ _____
 _____ \$ _____
 _____ \$ _____

5. Please explain the extenuating circumstances that necessitate applying for financial assistance. (If additional space is needed, please add a sheet)

IV. SIGNATURE

I fully understand that the Park District will keep the financial and extenuating circumstances outlined above confidential. Furthermore, I understand that it is my responsibility and obligation to notify the Park District of any changes in financial status.

Applicant's Signature

Date

FOR OFFICE USE ONLY

GRANT TOTAL FINANCIAL RESOURCES \$ _____

LESS EXTENUATING EXPENSES \$ _____

ADJUSTED INCOME \$ _____

FAMILY SIZE _____

PARK DISTRICT % SUBSIDY GRANTED: **100** **75** **50** **25** **DENIED**

FAMILY % OF CONTRIBUTION: **0** **25** **50** **75** **100**

Approved _____ Date _____ Deputy Director

Approved _____ Date _____ Executive Director

Comments or restrictions for this grant-in-aid: _____

