



## Stephenson County Youth Diversion Funding Application

Date \_\_\_\_\_

\_\_\_\_\_  
Organization Name

\_\_\_\_\_  
Program Name

\_\_\_\_\_  
Fax

\_\_\_\_\_  
Contact Person

\_\_\_\_\_  
Phone Number

\_\_\_\_\_  
e-mail

\_\_\_\_\_  
Mailing Address

\_\_\_\_\_  
City

\_\_\_\_\_  
State

\_\_\_\_\_  
Zip

\_\_\_\_\_  
EIN

Mission/Purpose of Organization:

Short Description of Project requesting funding for:

Amount of funding requested: \_\_\_\_\_

Total Project Budget: \_\_\_\_\_

\_\_\_\_\_

**Need or Issue Statement: Describe the need or issue the proposed project will address. Please address/include the following:**

Clearly define the community need for the project. (Submit data if available to support the need)

Show evidence of community support for the project. (Up to 3 letters of support)

Is this a new, expanded or continuing program? (Provide explanation):

Population to be served by this program/project: (Include number to be served as well as age range)  
**\*Important note: Individuals being served must be under the age of 18 and must not currently be engaged by virtue of court intervention.**

Describe the short term and long term goals of the proposed project:

Describe the action steps, activities, and strategies that will be taken to implement and achieve the above-mentioned goals):

List anticipated outcomes and objectives that will be achieved as a result of this project:

What is the timeline for this project? (Include start and end date):

If this project/program does not receive funding from the County, will you receive funds elsewhere?

How will this project/program be sustained?

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**Please submit 8 complete copies plus 1 original for a total of 9 copies.** If more space is needed, please type answers on separate paper in the order of the questions listed above.

**Funding Deadlines**

Funding Cycle 1

Funding Application Due Date: April 1st

Funding Awards Announced: April 15th

Funding Cycle 2

Funding Application Due Date: October 1st

Funding Awards Announced: October 15th

Funding Applications may not be reviewed if all of the above mentioned information is not included. **Complete applications MUST reach the Stephenson County Administrator’s Office by 4:00 pm. on the above due dates. No exceptions.**

Stephenson County is an equal opportunity organization. All qualified applicants will receive consideration for funding without regard to race, color, religion, gender, gender identity or expression, sexual orientation, national origin, genetics, disability, age, or veteran status.

Applications may be submitted via mail or delivered to:

Stephenson County Court Services Committee  
C/O Georgia Newcomer - County Administrator  
50 W Douglas St. Suite 1002  
Freeport, Illinois 61032

For questions contact the Stephenson County Administrator at 815-235-8277 or [gnewcomer@stephensoncountyil.gov](mailto:gnewcomer@stephensoncountyil.gov)

Signature of Organization's Executive Director or Board President:

\_\_\_\_\_ Date \_\_\_\_\_

Signature of Contact Person: \_\_\_\_\_

The Stephenson County Court Services Committee requires a follow-up report if your funding is approved. Note: If you have applied for and received funding previously, additional funding will not be considered until a follow-up report from your previous funding is on file with the Committee. (See page 4)

## Stephenson County Youth Diversion Funding Report Form

To Funding Recipient:

The Stephenson County Court Services Committee evaluates the funding distribution program. An important element of this process is to utilize information identifying how the Committee supported your organization.

**This funding report MUST be submitted within 60 days of completion of your project. An organization will not be considered for future funding unless the final Funding Report has been submitted and approved by the Stephenson County Court Services Committee.**

Please fill out the following narrative and submit the report to:

Stephenson County Court Services Committee  
C/O Georgia Newcomer - County Administrator  
50 W Douglas St. Suite 1002  
Freeport, Illinois 61032

<b>Name of Organization</b>	<b>Date of Report</b>
<b>Person Filing the Report</b>	<b>Director</b>
<b>Project Description</b>	<b>Amount of Funding</b>

1. Describe the achievement of the goals of the project:
  
2. Describe the population that was impacted by the project (specifically referring to geographic location, age and other descriptors) and the number served:
  
3. List the outcomes/objectives that were achieved by this project (refer to your funding application). Include any data that was collected:
  
4. If the project/program will continue, what financial resources will sustain the project?