

**A FORCE FOR GOOD: CHICAGO POLICE DEPARTMENT'S PROGRAM
TO STRENGTHEN COMMUNITY SERVING NOT-FOR-PROFITS**

2018-2019 PROGRAM APPLICATION

1. Save this application to your computer as: **FFG-5_xxx_app** (for **xxx** type your organization's legal name, but do not use spaces).
2. Please use your computer to complete this brief application.
3. Navigate through the application fields by using your computer's TAB key or mouse cursor, and use the space bar or mouse cursor to check a box. To remove a checked box, use your mouse cursor to unclick the box.
4. **IMPORTANT:** Do not scan this .pdf application after completion before emailing to us. Please scan your signature page (page 2), and the required attachments, and email along with application to: ForceforGood@chicagopolice.org. Deadline: **12 Noon - Friday, May 4th.**

**REQUIRED ATTACHMENTS
CHECK APPROPRIATE BOX BELOW AND ATTACH DOCUMENTS.**

To validate your application: Please sign, scan, and email the completed application and following attachments to forceforgood@chicagopolice.org.

1. IRS 501(c)(3) or 501(c)(6) Status Letter
2. Current Financial Statements or IRS Form 990 (include all pages)
3. Current State of IL Certificate of Good Standing (dated 2016 or later)
 - *What is an IL Certificate of Good Standing?* [Click here for IL State website](#), or cut and paste this URL: http://www.cyberdriveillinois.com/departments/business_services/corp.html
4. Current Board of Directors List for your organization

Please sign and scan the completed application and your attachments to:
forceforgood@chicagopolice.org - by 12 Noon, Friday, May 4, 2018

Need assistance? Please contact the **Force for Good Team** at:
forceforgood@chicagopolice.org or (312) 745-5752.

NOTE: The **FFG** Technical Assistance Application Workshop will be held on Wednesday, April 18, 2018, from 10 a.m. to 12 Noon.

To attend: Please use our Signup Genius link [here](#) from your computer, or you can cut and paste this URL to signup: <http://www.signupgenius.com/go/9040844aea72fa46-ffground>.

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| 1. Tell us About Your Organization: Legal Name, Leadership & Contact Information | |
|--|------|
| Legal Name of Organization | |
| Chief/Principal Executive (Name/Title) | |
| Phone number | |
| Address | |
| Chicago, IL Zip Code | |
| PRIMARY CONTACT (if same as above, leave blank) Name/Title | |
| Mailing Address (if different from organization address) | |
| Chicago, IL Zip Code | |
| Contact Phone number | |
| Contact Email | |
| AUTHORIZATION TO SUBMIT APPLICATION | |
| I declare that the statements provided in this application and information submitted in connection with this application for the determination of selection and participation in the Force for Good Program are true and correct. | |
| Please print or type and sign below | |
| Name of Chief/Principal Executive | |
| Title | |
| Signature _____ | Date |

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2. Tell Us More About Your Agency, 501c Status, Social Media & Revenue

Date of Incorporation as a non-profit

Is your Organization A: Community-Based Faith-Based

Check Your 501c status: 501(c)(3) 501(c)(6)

Please tell us about your service population: Male Female Other

Check all that apply.

- | | | |
|---|---|---|
| <input type="checkbox"/> Newborn (0-4 weeks) | <input type="checkbox"/> Young Adult (18-25) | <input type="checkbox"/> Ex-Offender |
| <input type="checkbox"/> Infant (4 weeks -1 year) | <input type="checkbox"/> Adult (26-64) | <input type="checkbox"/> Family |
| <input type="checkbox"/> Toddler (2-3 years) | <input type="checkbox"/> Elder (65 and older) | <input type="checkbox"/> Immigrant |
| <input type="checkbox"/> Preschooler (4-6 years) | | <input type="checkbox"/> Veteran |
| <input type="checkbox"/> School-aged (6-12 years) | | <input type="checkbox"/> Other (please specify) |
| <input type="checkbox"/> Adolescent (13-17) | | |

What is your primary field of service for the community and population that you serve?
Check all that apply.

- | | |
|--|--|
| <input type="checkbox"/> Afterschool | <input type="checkbox"/> Mentoring |
| <input type="checkbox"/> Arts/Dance/Music | <input type="checkbox"/> Social Services/Support |
| <input type="checkbox"/> Childcare | <input type="checkbox"/> Substance Abuse/Education/Treatment |
| <input type="checkbox"/> Economic Development | <input type="checkbox"/> Re-Entry Services/Support |
| <input type="checkbox"/> Education | <input type="checkbox"/> Restorative Justice |
| <input type="checkbox"/> Emergency Services | <input type="checkbox"/> Veteran Services/Support |
| <input type="checkbox"/> Gang Intervention/Prevention | <input type="checkbox"/> Violence Prevention |
| <input type="checkbox"/> Housing/Homeless Support | <input type="checkbox"/> Workforce/Employment |
| <input type="checkbox"/> Immigrant Advocacy/Services | <input type="checkbox"/> Youth Services |
| <input type="checkbox"/> Mental Health/Behavioral Health | <input type="checkbox"/> Other (please specify) |

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What was your Annual Budget in 2016? Please check one:

- Under \$10,000 \$100,000-\$500,000 \$750,000-\$1,000,000
 Under \$100,000 \$500,000-\$750,000 Over \$1,000,000

What was your 2017 Revenue Total?

Do you receive any private sector or foundation grant funding? Yes No

Do you receive any State, Federal, County or City grant funding? Yes No

Do you receive City of Chicago grant funding through CDBG/CDGA? Yes No

Please provide the URL for your social media sites (Website, Instagram, Facebook, Twitter)

Website:

Facebook:

Other:

Instagram:

Twitter:

Are you or your organization on LinkedIn? Yes No

What is your LinkedIn email address?

3. Tell Us About Your Mission, Service and Commitment to Participation

Describe your organization's mission or primary purpose (400 words or less):

Do you have a written and current Strategic Plan? Yes No

Term of your current strategic plan (if applicable): 1 year 3-5 years Other

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What has your organization accomplished in the last 3 years that you are especially proud of? Please include specifics for community(s) and populations served, demographics, and any other information that you would like to include:

What community or communities do you serve?

What Police District(s) do you work in?

Do you presently work with any local Community Policing Office(s)? Yes No

Name of Community Policing Officer(s) or District contacts if applicable:

What are your organization's greatest challenges?

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Please describe the extent and nature of crime, and the underlying issues, in your service area (take as much space as needed):

In your own words, explain how your organization contributes to furthering public safety in the community or communities you serve (take as much space as needed):

What do you hope to accomplish by participating in the Force for Good Program?

