



# ROCKFORD PARK DISTRICT

## *Recreation Support Grants 2017*

### ***Investment in Our Youth***

Serving youth ages 5-19

### ***REC CONNECTION***

Serving individuals with disabilities of all ages

### **Application Deadline:**

**March 17, 2017**

#### **MAILING ADDRESS:**

Kellie Olivencia  
Rockford Park District  
401 S. Main St.  
Rockford, IL 61101

#### **E-MAIL ADDRESS:**

[kellieolivencia@rockfordparkdistrict.org](mailto:kellieolivencia@rockfordparkdistrict.org)

#### **Phone**

(815) 987-1605 (V) 888-871-6171 (TTY)

#### **Web site**

[www.rockfordparkdistrict.org/recgrants](http://www.rockfordparkdistrict.org/recgrants)

### **2017 RECREATION SUPPORT GRANTS**

The Rockford Park District values community organizations and their ability to offer diverse, well-supported, safe recreational activities for the health, well-being, fun, and entertainment of youth, teens, and persons with disabilities. The Park District would like to support such organizations to “do what they do best” and together leverage resources to provide positive outlets and enriching environments through recreation programs.

#### **ROCKFORD PARK DISTRICT WELCOMES PROPOSALS FROM:**

Organizations and agencies that embrace and incorporate recreation as a means to enhance the quality of life and develop lifelong skills. **Must provide a 501(c)(3) not-for-profit organization status verification letter issued by the IRS.**

Faith-based programs are eligible to submit a grant request, provided there are no religious practices or activities presented at District supported programs. The activity would also need to comply with the eligibility requirements detailed below.

**TARGETED OUTCOMES FOR YOUTH AND TEENS:**

- Exposure to diverse recreational and activities
- Promoting positive social interaction with peers
- Activities that foster character development
- Improving health and increasing physical activity
- Providing unique and unduplicated programs within the Rockford Park District.

**ELIGIBILITY:**

- Must primarily serve Rockford Park District residents
- Preference will be given to programs that offer unique activities or opportunities.
- Must be free or offer fee assistance for income-restricted participants
- Must be open to the general public and actively solicit new participants
- Must not require any specific membership or affiliation
- Must be in a good standing relationship with the Rockford Park District
- Must be inclusive and accessible to participants of all abilities
- Must not discriminate on the basis of race, color, national origin, age, or disability.

**FUNDING PERIOD**

June 2016 – December 2016 – priority on non-school and evening hours

**RECREATION SUPPORT GRANTS AVAILABLE**

**1) Investment in Our Youth - *For youth ages 5-19***

For programs that provide recreation activities for youth. Grants provided in the form of vouchers for field trips to Rockford Park District facilities.

**2) REC CONNECTION - *For individuals with disabilities of all ages***

For agencies serving individuals with disabilities to provide recreation programs. Grants will not exceed \$2,500 per request for the 2017 cycle.

**USE OF VOUCHERS**

Vouchers for trips to Rockford Park District facilities may only be used on a single date. They may not be carried over to an additional date.

**APPLICATIONS & DEADLINE**

Applications may be downloaded from the Rockford Park District web site and e-mailed **or** mailed to the addresses below (**e-mail preferred**). Applications must be postmarked by **March 17, 2017 to be eligible for consideration.**

Rockford Park District  
Attn: Kellie Olivencia  
401 S. Main St.  
Rockford, IL 61101

[kellieolivencia@rockfordparkdistrict.org](mailto:kellieolivencia@rockfordparkdistrict.org)

Late or incomplete applications **will not be considered** AND the Rockford Park District is not responsible for misdirected applications.

## **NOTIFICATION OF AWARDS**

Applicants will be notified of grant determination no later than April 7, 2017.

## **GRANT RECIPIENT REQUIREMENTS**

- Acknowledge the Rockford Park District as a sponsor or partner in all printed and electronic promotional materials (official logo provided).
- Welcome representatives of the Rockford Park District, who may periodically observe program operations.
- Supply monthly attendance figures (forms will be provided).
- Be willing to present results and outcomes.

## **QUESTIONS**

Rockford Park District team members are available to provide resources to your recreation program endeavors. Please don't hesitate to contact us with questions, information on community activity resources, completing monthly reports, etc.

1. Kellie Olivencia  
(815) 987-1605  
E-mail: [kellieolivencia@rockfordparkdistrict.org](mailto:kellieolivencia@rockfordparkdistrict.org)
2. Danielle Potter  
(815) 987-1628  
E-mail: [daniellepotter@rockfordparkdistrict.org](mailto:daniellepotter@rockfordparkdistrict.org)

## **ROCKFORD PARK DISTRICT BOARD OF COMMISSIONERS**

Jack L. Armstrong, Vice President  
Julie Elliott  
Ian Linnabary, President  
Scott Olson  
Tyler Smith

Tim Dimke, Executive Director  
Jay Sandine, Asst. Executive Director

**Please keep pages 1 – 3 for your reference.**



# ROCKFORD PARK DISTRICT

## Recreation Support Grant Application

*This is an application for*

\_\_\_\_ **Investment in our Youth**  
*For youth ages 5-19*

\_\_\_\_ **REC CONNECTION**  
*For individuals with disabilities of all ages*

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

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

Address: \_\_\_\_\_ City & Zip: \_\_\_\_\_

Telephone: \_\_\_\_\_ Fax: \_\_\_\_\_

Web address: \_\_\_\_\_

FEIN or Tax Exempt #: \_\_\_\_\_

Name of Agency Director: \_\_\_\_\_

Telephone: \_\_\_\_\_ E-mail: \_\_\_\_\_

Name of Person Submitting This Application: \_\_\_\_\_

Telephone: \_\_\_\_\_ E-mail: \_\_\_\_\_

1. The information provided in this application and supplemental documents is true and correct.
2. All ELIGIBILITY and GRANT REQUIREMENTS listed above, are or will be fulfilled throughout the duration of the program.
3. I further understand that non-compliance with all or any portion of the grant's requirements may eliminate my organization from future support grant awards.

**If your agency's grant application is approved, you will be required to sign a form certifying the above.**



Where will program meet? (Include address, if not held at organization's location.)

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7. Total projected number of unduplicated participants \_\_\_\_\_

Number of unduplicated participants by age  
\_\_\_\_\_ Ages 5-12      \_\_\_\_\_ Ages 13-15      \_\_\_\_\_ Ages 16-19      \_\_\_\_\_ Ages 20-54  
\_\_\_\_\_ Ages 55+

8. Describe the characteristics of the participants being served.

9. Number of staff assigned to conduct activities (hands on) each time you meet: \_\_\_\_\_

10. Number of volunteers assigned to conduct activities (hands on) each time you meet: \_\_\_\_\_

Required age of volunteers: \_\_\_\_\_

11. Do staff and volunteers have an orientation/training process? \_\_\_\_\_ Yes \_\_\_\_\_ No  
*If yes, what are the topics and how many hours do they receive?*

12. Are criminal background checks performed on staff and volunteers? \_\_\_\_\_ Yes \_\_\_\_\_ No

13. Are there other collaborative partners working with this program? \_\_\_\_\_ Yes \_\_\_\_\_ No  
*If yes, list organizations and their role with the partnership:*

15. How will you measure whether the program reached its intended outcomes with the participants?

