# Dear Applicant:

Thank you for your interest in the Manhattan Park Foundation Resident Grant Program. It is the intent of the Park District and the Park Foundation that every resident should have the opportunity to participate in recreational programs. To assist in achieving this goal, this program was developed to offer assistance to participants who reside within the park district boundaries and are facing financial hardships.

We have enclosed the Manhattan Park Foundation Resident Grant Program qualifications and guidelines which are used to determine eligibility for assistance in Park District programs. Please review this information and familiarize yourself with the requirements prior to submitting any applications. As much as we strive to accommodate all those who request assistance, we are limited by the funds available for this program. In order to assist as many families as possible, applicants may only be provided a partial grant. All applicants will be required to provide proof of residency and family information. <u>Please be aware the Resident Grant Program is currently only available for anyone under the age of 18</u>.

As always, the information shared with the Park District on the Financial Assistance Application is confidential and not a matter of public record. If you have questions regarding the process, please contact

Lacinda Shawver, Business Operations Supervisor, at LShawver@ManhattanParks.org or 815-478-3324 ext. 207.

Jay Kelly

Executive Director Manhattan Park District







# Manhattan Park District Financial Assistance Application



To be considered for the Resident Grant Program, please complete this form and submit all required documentation to the Hansen Community Center, 397 S. State Street. This application will be used to verify the need of financial assistance for programs that take place May 1, 2023 – April 30, 2024. The Manhattan Park District may require additional documentation if deemed necessary at any time.

| Dat         | teF   | ull Name        |  |                            |   |           |
|-------------|---|-----------------|--|----------------------------|---|-----------|
| Rel         | lationship to Program Particip  | ant(s)          |  |                            |   |           |
| Ad          | dress   |                 |  |                            |   |           |
| City        | У   |                 | State                                    |                            | Zip   |           |
| Soc         | cial Security Number (For Fed   | eral 1099G      | Form):                                   |                            |   |           |
| Но          | me Phone  | Wo              | rk Phone                                 |                            | Cell  |           |
| Em          | nail Address  |                 |  |                            |   |           |
| Но          | usehold Size  |                 | Are there dual in                        | ncomes in th               | ne household? ☐ Yes ☐ No                    |           |
| Adj         | justed Gross Income as stated   | d on Federal    | l Tax Return (Anr                        | nual Salary) _             |   |           |
|             | applicants will be required to sistance application cannot be   |                 |  | -                          | idency and family information.<br>ed below. | Financial |
|             | bmit ALL required docume<br>ancial need (not required) w  |                 | • •                                      | mit any dod                | cumentation to help further                 | indicate  |
| * <u>SI</u> | IMPLE QUALIFICATION:  |                 |  |                            |   |           |
| ls y        | our child/children currently e  | nrolled in t    | he Manhattan Sc                          | hool District              | #114 free/reduced lunch prog                | gram?     |
| Ple         | ase circle: YES or NO   |                 |  |                            |   |           |
| Are         | e you a resident of the Manha   | ttan Park D     | istrict?(proof of r                      | esidency is re             | quired) Please circle: YES or               | NO        |
| Re          | quired Documentation:(Not   | required if you | r child currently qualifi                | es for Manhatta            | n School District #114 free lunch program   | <u>)</u>  |
|             | Driver's License or State ID.   | This must h     | nave your current                        | address.                   |   |           |
|             | 1 current utility bill showing  | current add     | dress (example: ¡                        | gas, electric              | or HOA).                                    |           |
|             | Copy of lease (if renting) or   | mortgage st     | atement (if own                          | home).                     |   |           |
|             | Program Registration Form is approved and your co-pay   |                 | _  | not be proc                | essed until the grant                       |           |
| DO          | OCUMENTATION TO FURTHER   |                 |  | – NOT REOI                 | LIIRED                                      |           |
|             | Current Illinois LINK stateme   |                 |  |                            |   |           |
|             | Social Security/Disability Inc  |                 | ,  |                            |   |           |
| offi<br>fro | eclare that all the information icials may verify this informat m the program and disqualifice information shared on this a | ion, and tha    | nt deliberate misi<br>ure financial assi | representationstance oppor | rtunities. I understand that                |           |

Date \_\_

| special circu | mstances: |  |  |      |  |
|---------------|-----------|--|--|------|--|
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# Manhattan Park Foundation Resident Grant Program



# **Resident Grant Program**

It is the intent of the Park District and the Park Foundation that every resident should have the opportunity to participate in recreational programs. To assist in achieving this goal, this program was developed to offer assistance to participants who reside within the park district boundaries and are facing financial hardships. .

#### Qualifications

All applicants must reside within the boundaries of the Manhattan Park District. Evidence of financial
need must be demonstrated to qualify for financial assistance. Factors defining need include household
size, family income or an extenuating financial situation such as excessive medical bills, or current
participation in public aid.

### **Limitations**

- Financial assistance is available for all programs for anyone under the age of 18.
- The Manhattan Park District reserves the right to place financial assistance recipients in alternate sections of the requested program.
- Financial assistance funds will be limited to a maximum of \$250 per household per season. (Spring/Summer -April 1 August 31, Fall September 1 December 31, Winter January 1 March 31) This does not guarantee that each applicant will receive \$250 in assistance, only that a maximum exists.
- Limited funds are available for financial assistance and will be awarded in accordance with the park district fiscal year.
- The Manhattan Park Foundation has final authority on the distribution of funds to ensure that the funds are made available to as many households as possible.

See Procedures and Guidelines on reverse side

### **Procedures and Guidelines**

- Persons requesting financial assistance must complete the Financial Assistance Application <u>along with a completed program registration form</u>. All supporting paperwork necessary to verify financial eligibility must accompany these forms. Applications submitted without financial documentation <u>cannot</u> be considered.
- Once the Financial Assistance Application Form has been reviewed and financial need has been proven, the application will be valid for one fiscal year. However, the Park Foundation reserves the right to request further documentation if deemed necessary at any time.
- Once accepted, each registration form must indicate a request for financial assistance to be applied.
- Completed applications, supporting documentation and registration forms should be submitted at least two weeks prior to the start of the program. Awarding of financial assistance funds does not ensure continued approval for succeeding sessions.
- All information submitted is confidential and is not a matter of public record.
- All information in the application must be true and accurate. Financial assistance funds are legally recoverable if paid and awarded on the basis of false information supplied by the applicant and will nullify the request for future requests.
- Financial assistance is awarded on the basis of need and availability of funds. The Manhattan Park Foundation reserves the right to approve either partial or full funding or deny an applicant's requests.
- Please note: A 1099 G form will be submitted to the federal government and a copy provided to all applicants who receive financial assistance.

### Submit Applications and supporting required documentation to:

Lacinda Shawver Manhattan Park District 397 S. State Street Manhattan, IL 60442

#### **Registration Office Hours**

See Website for current hours www.manhattanparks.org

Application and associated documents will be reviewed by the Executive Director as applicable. Following verification of the information supplied, applicant will be notified as to disposition of request.