



BERWYN TOWNSHIP PUBLIC HEALTH DISTRICT



2024 FITNESS EQUIPMENT GRANT GUIDELINES

The Berwyn Public Health District (BPHD) is an organization that works to further the health and wellness of our community. The goal of the Berwyn Public Health District is to improve the quality of life in the Berwyn, Illinois community by supporting and advancing the well-being and health of our residents. Working to alleviate and combat childhood obesity falls within the range of the BPHD goal. Furthermore, the BPHD considers outdoor play and exercise important to the physical and mental health of our children. BPHD would like to provide funds, when available, through a grant system to help combat the childhood obesity epidemic facing our community by helping eligible organizations purchase outdoor play-ground or fitness equipment.

ELIGIBILITY CRITERIA

Eligible organizations must:

- Be located in Berwyn, IL;
- Be a municipality, school district, park district, or a 501c3 non-profit corporation providing services to Berwyn youth within Berwyn city limits;
- Be able to enter into an agreement with BPHD that would include a Hold Harmless Agreement and/or other terms indemnifying BPHD from any and all liability;
- Be able to provide a Certificate of Insurance listing BPHD as a named insured on their liability insurance policy; Be able to provide plans and/or description of the play area and play area equipment that comply with the U.S. Department of Justice's 2010 ADA standards in Chapter 2, section 240.

GRANT PREFERENCES

When making grant decisions, we give preference to:

- Proposals that will have a direct impact on combating childhood obesity;
- Proposals for direct purchase of equipment;
- Proposals having the greatest access for residents with disabilities;
- Proposals having other identified sources of restricted project funding from the requesting applicant as well as other private and public sources;
- Proposals showing demonstrated financial commitment to the project by the Applicant;
- Applicants that have safety issues with their existing equipment or currently do not have playground equipment;
- Applicants that collaborate or are collaborating with similar organizations, rather than competing;
- Proposals that include sensory and tactile elements in the design;
- Proposals that open their facilities to the general use of the equipment and play area to all Berwyn youth on a daily basis;
- Proposals that make a contribution to the physical vitality of Berwyn;
- Applicants that charge in-district (Berwyn) organizations fees for use of facilities and fields that are equal to a median average dollar amount charged by local communities within a 5-mile radius of Berwyn or communities with similar demographics.

GRANT POLICY EXCLUSIONS

The Committee's grant policy generally excludes:

- Individuals;
- Religious organizations (for sectarian programs);
- General operating expenses;
- Loans or loan guarantees;
- Political or lobbying activities;



- Emergency financial assistance created by a lapse of public support;
- Contractors who practice discrimination based on race, color, religion, national origin, ancestry, age, sex, sexual orientation, marital status, physical or mental disabilities or any other class of individuals as prohibited by law.

GRANT CONDITIONS

- All grant award recipients will be required to enter into a grant agreement with BPHD and agree to comply with its terms.
- All materials submitted to BPHD become the property of BPHD and will not be returned. Information contained in the proposals submitted may be shared with third parties and outside organizations as part of the BPHD's review process.
- BPHD, at its discretion, may request a site visit and/or additional information to assist in its review and evaluation of the proposal.
- Grant awards must be used strictly in accordance with the proposal and budget submitted in writing to BPHD. A grant recipient must petition BPHD for permission to make any changes or alternate use of grant funds.
- If there are significant changes in a grant recipient's mission, structure or personnel (especially management staff) during the grant period, grant recipient must notify the Berwyn Public Health District as soon as possible.
- Grant recipients are responsible for the proper expenditure of funds and for maintaining adequate supporting records consistent with generally accepted accounting practices.
- Grant proposal may be returned for recommended changes in size and/or budget request amount.

REPORTING REQUIREMENTS

All grant recipients must submit a detailed final report on their activities within 13 months.

DEADLINE FOR SUBMISSION

- Completed grant applications will be accepted from **April 1 2024 through May 31, 2024**.
- Grant proposals may be submitted by mail or personal delivery to:
Berwyn Public Health District
Attention: Fitness Equipment Grant
6600 W. 26th Street
Berwyn, IL 60402
- Proposals may also be e-mailed to jacquelinepereda@berwynassessor.org. Please indicate **BPHD Fitness Grant** in the Subject Line of your email message.
- Proposals received or delivered after **May 31, 2024** will not be considered.
- Grant recipients and grant award amounts will be determined at the **June 10, 2024** Health Board Regular Meeting.

You will be notified once your grant has been approved or rejected. The Berwyn Public Health District may receive more requests than it can fund. There is no guarantee that any particular project or organization will receive funding. The Berwyn Public Health District reserves the right to modify the budgetary authority or to suspend the program at any given time.

INQUIRIES

For additional questions about the Berwyn Public Health District's grant guidelines, procedures or your proposal, please contact: Jacqueline Pereda, BPHD Board Secretary at (708)765-4519 or jacquelinepereda@berwynassessor.org

Learn more about the Berwyn Public Health District at www.berwyntownship.org.



2024 FITNESS EQUIPMENT GRANT APPLICATION

Please complete this form and provide the requested information below with your application.

Name of Project: _____

- Has organization applied for a Berwyn Public Health District grant in the past? YES NO If yes, date(s)? _____
- Is Organization based in Berwyn, Illinois? YES NO
- How many years has the Organization provided services supporting the needs of Berwyn residents? _____

A. Organization Information

Organization Name: _____ Year Incorporated: _____
Physical Address: _____
EIN Number: _____
Website: _____
Executive Director/Chief Executive Officer Name: _____
Title: _____
Phone: _____ Email: _____

B. Contact Information *(Person to receive communications regarding this application)*

Name: _____
Title: _____
Phone: _____ Email: _____

C. Grant Amount Requested \$ _____

D. Please submit responses to the following questions (4-page limit for responses)

1. Please describe the purpose of the grant you are seeking. *(not to exceed 300 characters)*
2. Evidence how your request meets our guidelines.
3. Is this project being done in conjunction with or in collaboration with any other organizations? If yes, please list and describe each organization's roles.
4. How many people/children would be served by the grant received from BPHD? Explain how they would be served.
5. List the budget for the specific project for which you are seeking funding.
6. List other private and public funding sources for this particular request. Detail amount received and amount to be received and any conditions for the commitments.
7. Describe the standards used to evaluate the success of the project you propose.



8. Describe your plan for the maintenance and upkeep of the equipment and/or facility.
9. If you have received a grant from the BPHD previously, how was it used, and how was the grant publicized?
10. Describe the purpose and size of your organization, its long-range objectives and the short-term goals of the project you want funded.
11. Please state the time frame in which the funds will be used.
12. Will your project be able to progress to completion if less than the amount requested is awarded?

E. GRANT APPLICATION CERTIFICATION

The undersigned executive officer of the applying organization hereby certifies that all information included in and attached as part of this application is complete and correct to the best of my knowledge.

I have read, understand and will abide by the Berwyn Health Public District Grant Guidelines. I understand that the Berwyn Public Health District will rely on the accuracy of this information. I authorize the Berwyn Public Health District to make inquiries and verify with any applicable third party any and all financial and other information provided in connection with this application without any additional consent required. Furthermore, we release and grant permission to the Berwyn Public Health District to use our names and likenesses, and to communicate as they see fit the award of our grant application.

Submitted by: _____

_____ <i>Signature</i>	_____ <i>Date</i>
_____ <i>Printed Name</i>	_____ <i>Title</i>

Submission of Application: Grant applications are reviewed on a rolling period, and awards are made based upon budgetary authority and availability. The Berwyn Public Health District reserves the right to modify the budgetary authority or to suspend the program at any given time