

HANOVER PARK FOUNDATION BOARD MEETING
COMMUNITY CENTER BOARD ROOM & ZOOM CONFERENCING APP
MEETING PHONE # 312-626-6799 MEETING ID: 883 3226 5039 MEETING PASSCODE: 944936
TUESDAY, DECEMBER 14, 2021 7:00 p.m.

1. **CALL MEETING TO ORDER**
2. **ROLL CALL**
3. **APPROVAL OF THE AGENDA**
4. **APPROVAL OF THE MINUTES** – No Minutes Available
5. **FINANCE**
 - A. **Motion to Approve** - Treasurer's Report (for the period ending October 31, 2021)
 - B. **Motion to Approve** – YES Account Update December 6, 2021
6. **OLD BUSINESS**
 - A. Charitable Games Operator's License Renewal 2022 Update
 - B. Update on Recruitment of New Trustees, Members, Volunteers: Roberto Sepulveda, Leah Munoz, Norma Colin & Luis Colin
7. **NEW BUSINESS**
 - A. **Review & Motion to Approve** – Membership Application for Belinda Mustafa to join Foundation
 - B. **Review & Motion to Approve** – 2022 HP Foundation Board Meeting Dates
 - C. HP Foundation Task Force Review & Discussion-Don Ortale, National Association of Park Foundations
 - D. **Motion to Approve** – HP Park Foundation Task Force Members
 - E. **Motion to Approve** – HP Park Foundation Task Force Meeting Dates
 - F. Discuss Chairman Elkins Magazine info & HPPD Playbook proposal
 - G. Wintrust Financial Corporation 2022 Sponsorships Update: Music/Movies in Park events – Trustees Cortes & Mustafa
 - H. Review YES Program Guidelines & Procedures
8. **CORRESPONDENCE**

NONE
9. **OTHER BUSINESS**
 - A. Next HP Foundation Task Force Meetings:
 - January 18, 2022, 7:00 p.m., CC Board Room & via Zoom
 - February 22, 2022, 7:00 p.m., Virtual via Zoom
 - B. Next Quarterly Foundation Board Meeting – Tuesday, March 22, 2022 @ 7:00 p.m. in CC Board Room & via Zoom
10. **ADJOURNMENT**

HANOVER PARK PARK FOUNDATION
TREASURER'S REPORT
for the period ending: OCTOBER 31, 2021

Beginning Balance: **\$43,956.79**

Revenues:

Interest earned - September 2021	\$	0.73
Interest earned - October 2021	\$	0.71
Deposits: 2021 Sponsorship		
9/20 Wintrust (Foundation Banner)	\$	1,000.00

Total Revenues **\$ 1,001.44**

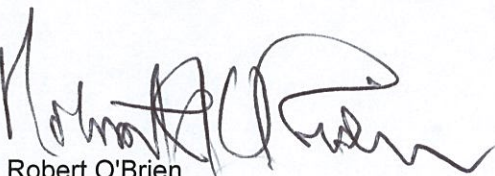
Expenses:

Illinois Dept of Revenue	Ck #1323 Charitable Gaming License	\$	400.00
Franca Byrne (U.S. Postal Service)	ck #1324 Charitable Gaming Mailing	\$	27.10

Total Expenses **\$ 427.10**

Ending Balance: General Account **\$44,531.13**

Respectfully Submitted,



Robert O'Brien
Secretary, Treasurer

Account Status
Youth Enrichment Supplement (Y.E.S.) Program
12-6-21

Item	Date	Donation	Deduction	Refund to Account	Running Balance
Starting Balance	8-12-17				\$5,124.04
Summer 2017 Programs			(\$3,607.00)		\$1,517.04
Donation – HP Park Foundation	1-8-18	\$2,000.00			\$3,517.04
Fall 2017 Programs			(\$1,563.00)		\$1,954.04
Donation – HP Park Foundation	3-29-18	\$2,000.00			\$3,954.04
Winter 2018 Programs			(\$2,291.00)		\$1,663.04
Donation – HP Park Foundation	6-25-18	\$2,000.00			\$3,663.04
Spring 2018 Programs			(\$2,159.00)		\$1,504.04
Donation – HP Park Foundation	9-24-18	\$2,000.00			\$3,504.04
Donation – HP Park Foundation	12-17-18	\$4,000.00			\$7,504.04
Summer 2018 Programs			(\$4,464.00)		\$3,040.04
Fall 2018 Programs			(\$2866.00)		\$174.04
Donation – HP Park Foundation	3-25-19	\$3,000.00			\$3,174.04
Winter 2019 Programs			(\$2,778.00)		\$396.04
Spring 2019 Programs			(\$345.00)		\$51.04
Donation – HP Park Foundation	7-5-19	\$3,500.00			\$3,551.01
Summer 2019 Programs			(\$1,985.00)		\$1,566.04
Fall 2019 Programs	12-3-19		(908.00)		\$658.04
Donation – HP Park Foundation	1-27-20	\$3,500.00			\$4,158.04
ACCOUNT BALANCE TO DATE:					\$4,158.04

Submitted by: **Kaleigh Pinones** Total given by HPPF **\$85, 950.00**

Use your mouse or Tab key to move through the fields. Use your mouse or space bar to enable check boxes.



Illinois Department of Revenue

RCG-1 Application for Charitable Games License

Register faster using **MyTax Illinois**, our online account management program, available on our website at tax.illinois.gov. If you have questions, visit our website or contact us weekdays between 8:00 a.m. and 4:30 p.m. at 217 785-5864 or email at rev.bptcg@illinois.gov.

Read this information first

To qualify for a license to conduct charitable games, your organization must

- be non-profit and have a federal exemption letter 501(c)(3), 501(c)(4), 501(c)(5), 501(c)(8), 501(c)(10), or 501(c)(19);
- have been organized and in existence in Illinois for at least the past five years or affiliated with and chartered by a national organization for two years and have had members carrying out the organization's goals during the applicable period; and
- not have any officers, directors, employees, workers, or operators of charitable games who have been convicted of a felony within the last 10 years or who have been convicted of a violation of Article 28 of the Criminal Code of 2012.

Step 1: Identify your organization

1 Federal employer identification number (FEIN)

FEIN: 36 - 3993084

2 Organization name:

Hanover Park / Park Foundation

3 Primary or legal business address:

1919 Walnut St

Street address - No PO Box number Apartment or suite number
Hanover Park IL 60133
City State ZIP

4 Mailing address if different from the address above:

In-care-of name

Street address or PO Box number Apartment or suite number
City State ZIP

5 Check the organization type that applies to you:

☐ Corporation ☐ S Corp (Subchapter S Corporation)

☒ Not-for-profit organization

6 Organizations applying for a new charitable games license must provide the following:

- A copy of your organization's bylaws and one of the following:
 - Constitution,
 - Charter, or
 - Articles of incorporation; and
- Copies of a single month's meeting minutes from each of the preceding five years, or if you are chartered by a national organization, for a single month from each of the preceding two years.
- A copy of your 501(c) letter from the Internal Revenue Service regarding your tax-exempt status.

Note: If renewing your license, you do not have to provide the above information.

7 Identify a contact person regarding your organization

Name: Mark Elkins Title: President

Phone: (630) 745 - 1452 Ext.: _____

FAX: (_____) _____ - _____

Email address: mark@arazuproperty.com

Step 2: Identify your officers and the person in charge

8 Provide the following information for the organization's officers and person in charge. If the officers in your organization change, you must file Schedule REG-1-O. Note: One person listed below must sign the application.

a Mark Elkins 340-50-6729 -----
President's name Social Security number

1127 BRENTWOOD CT, HANOVER PARK, ILLINOIS, 60133

Home address - No PO Box number City State ZIP

10 / 02 / 1964 (630) 745 - 1452
Date of birth Phone

b Bob O'Brien 088-48-9774 -----
Secretary's name Social Security number

751 Pennsylvania Dr Palatine IL 60074

Home address - No PO Box number City State ZIP

03 / 08 / 1955 (630) 546 - 2129
Date of birth Phone

c Bob O'Brien 088-48-9774 -----
Treasurer's name Social Security number

751 Pennsylvania Dr Palatine IL 60074

Home address - No PO Box number City State ZIP

03 / 08 / 1955 (630) 546 - 2129
Date of birth Phone

d Mark Elkins 340-50-6729 ----
Person-in-charge's name* Social Security number

1127 BRENTWOOD CT, HANOVER PARK, ILLINOIS, 60133

Home address - No PO Box number City State ZIP

10 / 02 / 1964 (630) 745 - 1452
Date of birth Phone

* Must be a member of the organization and be present for the entire event.

Step 3: Tell us about the gambling equipment used in your charitable games events

9 Does your organization own any of the gambling equipment you will use in your charitable games event? Yes ☐ No ☒

10 If "yes," you must complete Form RCG-9. If "no," provide the following information for all persons or organizations from whom you will purchase, lease, rent, or borrow any gambling equipment used at your charitable games event. Attach additional sheets if necessary.

Casino Party Suppliers

Name
5376 Pennywood Dr Lisle IL 60632
Street address - No PO Box number City State ZIP

Supplier's license number CS-00060

or if borrowed, charitable games license no. CG-

Name
Street address - No PO Box number City State ZIP

Supplier's license number CS-

or if borrowed, charitable games license no. CG-

Step 4: Tell us about your charitable games events

Provide the date, time, location, and provider's license number of each charitable games event. If at this time, you do not know when the events will be held you must submit the information on Form RCG-1-E no less than 30 days prior to the event. **Note:** You must complete and retain in your records Forms RCG-2 and RCG-10 for each of the events listed below.

First licensed year: First event

01 / 24 / 2022 12 : 30 a.m. to 12 : 30 a.m.
Month Day Year Hour Minute p.m. Hour Minute p.m.

1070 S Elmhurst Road

Street address - No PO Box number Apartment or suite number

Mount Prospect Cook IL 60056
City County State ZIP

Do you own or occupy this premises? Yes ☒ No

If no, enter the provider of premises license. CP- 1785

Second event

Month / Day / Year Hour : 00 a.m. to Hour : 00 a.m.
Minute p.m. Minute p.m.

Street address - No PO Box number Apartment or suite number

City County State ZIP

Do you own or occupy this premises Yes ☐ No

If no, enter the provider of premises license. CP-

Second licensed year: First event

Month / Day / Year Hour : 00 a.m. to Hour : 00 a.m.
Minute p.m. Minute p.m.

Provider premises license number CP -

Street address - No PO Box number Apartment or suite number

City County State ZIP

Do you own or occupy this premises? Yes ☐ No

If no, enter the provider of premises license. CP-

Second event

Month / Day / Year Hour : 00 a.m. to Hour : 00 a.m.
Minute p.m. Minute p.m.

Street address - No PO Box number Apartment or suite number

City County State ZIP

Do you own or lease this premises? Yes ☐ No

If no, enter the provider of premises license. CP-

Third event

Month / Day / Year Hour : 00 a.m. to Hour : 00 a.m.
Minute p.m. Minute p.m.

Street address - No PO Box number Apartment or suite number

City County State ZIP

Do you own or occupy this premises? Yes ☐ No

If no, enter the provider of premises license. CP-

Fourth event

Month / Day / Year Hour : 00 a.m. to Hour : 00 a.m.
Minute p.m. Minute p.m.

Street address - No PO Box number Apartment or suite number

City County State ZIP

Do you own or occupy this premises Yes ☐ No

If no, enter the provider of premises license. CP-

Third event

Month / Day / Year Hour : 00 a.m. to Hour : 00 a.m.
Minute p.m. Minute p.m.

Provider premises license number CP -

Street address - No PO Box number Apartment or suite number

City County State ZIP

Do you own or occupy this premises Yes ☐ No

If no, enter the provider of premises license. CP-

Fourth event

Month / Day / Year Hour : 00 a.m. to Hour : 00 a.m.
Minute p.m. Minute p.m.

Street address - No PO Box number Apartment or suite number

City County State ZIP

Do you own or lease this premises? Yes ☐ No

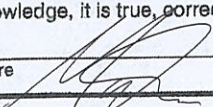
If no, enter the provider of premises license. CP-

Step 5: Pay your fee - (Note: The fee paid with your application is not refundable.)

Two year charitable games license fee is \$400. Make your check or money order payable to the "Illinois Department of Revenue."

Step 6: Sign below

Under the penalties of perjury, I state that I have examined this application and all attachments and other information required and to the best of my knowledge, it is true, correct, and complete.

Signature  Mark Elkins 12/6/2021
Printed name Date

Mail your completed form, with any required attachments and payment to:

OFFICE OF BINGO AND CHARITABLE GAMES 3-215
ILLINOIS DEPARTMENT OF REVENUE
PO BOX 19480
SPRINGFIELD IL 62794-9480

This form is authorized as outlined under the tax or fee Act imposing the tax or fee for which this form is filed. Disclosure of this information is required. Failure to provide information may result in this form not being processed and may result in a penalty.



1919 Walnut Avenue, Hanover Park, IL 60133

Phone: (630) 837-2468

Fax: (630) 837-9720

**HANOVER PARK
PARK FOUNDATION**

VOLUNTEER MEMBERSHIP APPLICATION

NAME: Belinda Mustafa

ADDRESS: 1270 Bristol Ln CITY/STATE/ZIP: HANOVER PARK IL

PHONE: 630 688 3075 EMAIL: belindamustafa@gmail.com

ARE YOU AT LEAST 18 YEARS OLD? ☐ YES ☒ NO

HAVE YOU EVER BEEN CONVICTED OR FOUND TO BE A CHILD SEX OFFENDER?
☐ YES ☒ NO

ARE YOU A RESIDENT OF HANOVER PARK? ☒ YES ☐ NO
IF YES, HOW MANY YEARS HAVE YOU BEEN A RESIDENT? 27

AVAILABILITY

TIME COMMITMENT (check all that apply)

- ☐ SHORT TERM (3 months or less) ☒ REGULAR WEEKLY SCHEDULE
☐ LONG TERM (more than 3 months) ☒ SPECIAL EVENTS
☒ OTHER: _____

DAYS/TIMES AVAILABLE (check all that apply)

	MONDAY	TUESDAY	WEDNESDAY	THURSDAY	FRIDAY	SATURDAY	SUNDAY
MORNING							
AFTERNOON							
EVENING	<input checked="" type="checkbox"/>		<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>		<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>

MONTHS AVAILABLE (check all that apply)

- ☒ JANUARY ☐ JULY
☒ FEBRUARY ☐ AUGUST
☒ MARCH ☐ SEPTEMBER
☒ APRIL ☐ OCTOBER
☐ MAY ☐ NOVEMBER
☐ JUNE ☐ DECEMBER



HANOVER PARK
PARK FOUNDATION

EXPERIENCE

WORK (Include current or most recent employment information including company name, job title, and a short position description.)

First Student - Bus Driver - Title MAX, General mg -
Panda Express, General mg - Sam's Club, marketing mg

EDUCATION (List your current grade in school or highest completed level of education.)

Degree med Asst

VOLUNTEER (List previous volunteer experiences including the organization/company name.)

H. Park Hurricanes - Red Cross - Children's ~~Ministry~~ Network

HOBBIES & SKILLS (Please tell us a little more about yourself.)

Painting, Baking, Painting

INTEREST IN HPPF

VOLUNTEER OPPORTUNITIES (Please check all your interests.)

- ☐ VOLUNTEER
- ☐ MEMBER
- ☐ TRUSTEE

WHY YOU WOULD LIKE TO BECOME A VOLUNTEER, MEMBER, OR TRUSTEE OF THE HANOVER PARK PARK FOUNDATION?

To make our Community Better

FOUNDATION AREAS THAT INTEREST YOU (Please check all your interests.)

- | | |
|--|--|
| <input type="checkbox"/> SPECIAL EVENTS (Youth Benefit Ball, Fiesta del Sol) | <input type="checkbox"/> GRANT WRITING |
| <input checked="" type="checkbox"/> FUNDRAISING | <input checked="" type="checkbox"/> RESEARCH & ASSISTANCE |
| <input type="checkbox"/> SPONSORSHIP | <input checked="" type="checkbox"/> GIFT GIVING |
| <input checked="" type="checkbox"/> VOLUNTEER OPPORTUNITIES | <input checked="" type="checkbox"/> MARKETING/SOCIAL MEDIA |
| <input checked="" type="checkbox"/> RECRUITMENT & COMMUNITY RELATIONS | <input type="checkbox"/> OTHER: _____ |

PLEASE RETURN APPLICATION TO:

Hanover Park Park Foundation
1919 Walnut Avenue, Hanover Park, IL 60133

HANOVER PARK PARK FOUNDATION

1919 Walnut Avenue * Hanover Park, Illinois 60133 * Telephone: (630) 837-2468

The Hanover Park Park Foundation Board Meetings will be held Quarterly on the 4th Tuesday of the month* at 7:00 PM in the Board Room of the Community Center

Unless Otherwise Stated

PROPOSED

2022 PARK FOUNDATION BOARD MEETING **DATES**

March 22, 2022

June 28, 2022

September 27, 2022

December 13, 2022*
2nd Tuesday

PROFESSIONAL SERVICES AGREEMENT
RELATING TO PARK FOUNDATION CONSULTING SERVICES
BETWEEN

THE HANOVER PARK PARK FOUNDATION
AND
THE NATIONAL ASSOCIATION OF PARK FOUNDATIONS

This Professional Services Agreement (the "Agreement") for professional services relating to the Park Foundation Consulting Services is entered into by and between the Hanover Park Park Foundation (Client), an Illinois non-profit corporation and an IRS recognized 501(c)(3) tax exempt organization and the National Association of Park Foundations (Consultant), an Illinois non-profit corporation and an IRS recognized 501(c)(3) tax exempt organization. This agreement is effective on the date of both parties signing the signature page of this agreement.

1. **Performance and Scope of Work.** Consultant shall perform and carry out in a timely and professional manner consistent with the services as outlined in the agreed upon scope of work (see Exhibit A). The parties expressly acknowledge that the Scope of Work for purposes of this Agreement relates solely to the services described in Exhibit A.

Additional services not set forth in Exhibit A, changes in work, changes in schedule, or any other unforeseen changes that might result in expenses during or beyond the agreed upon payment schedule must be agreed upon by both the Client and the Consultant and authorized in writing by the both parties prior to such work being performed or expenses incurred.

Subject to the terms of this Agreement, Consultant will, to the best of its ability and with the expected cooperation and commitment of the Client, render the services by the completion dates set forth in the agreed upon scope of work. Consultant agrees to exercise the highest degree of diligence and to use its expertise and creative talents in completing such services. In completing the services, Consultant agrees to provide its own equipment, tools and other materials at its own expense. Services not covered under the Scope of Work shall not be performed by Consultant without the prior written consent of the Client. Consultant will agree to assign Donald A. Ortale as the main consultant and has the right to assign other consultants from time to time as a means of completing the work as outlined in the scope of work.

2. **Compensation and Reimbursable Expenses.** The Client will pay Consultant a fee for services rendered under this Agreement in accordance with the schedule as outlined in Exhibit B.

Consultant, unless otherwise agreed upon by both parties, shall be responsible for all expenses (travel or otherwise) incurred by Consultant in performing the Services under this Agreement. In the unlikely event of early termination of this Agreement, Consultant will be paid undisputed fees and expenses for work which was completed as of the effective date of such termination. The Client will pay the Consultant for all undisputed invoices for services within thirty (30) days of the date of Consultant's invoice for such undisputed fees.

3. **Independent Contractor Relationship.** Consultant agrees that it is an Independent Contractor and that Consultant's relationship with the Client will be that of an Independent Contractor; nothing in this Agreement should be construed to create a partnership, joint venture, or employer-employee relationship. Consultant is not the agent of the Client and is not authorized to make any representation, contract, or commitment on behalf of the Client. Consultant will be solely responsible for payment of all taxes, all tax returns and payments required to be filed with or made to any federal, state or local tax authority with respect to Consultant's performance of Services and receipt of compensation and fees under this Agreement.

4. **Ownership of Work Product.** Consultant agrees that any procedures, policies, and/or strategies conceived, written, or created in the performance of work with the Client and under this agreement shall be deemed the property of the Client. Consultant agrees that any information or documents supplied by the Client shall be used by Consultant for this project only, and shall not be reused or reassigned for any purpose.

5. **Term and Termination.**
Term: The term of this Agreement shall be for a period of seven (7) months as outlined in Exhibit A. In the event that both parties agree that adjustments to the scope of work is needed and there is a need to extend this agreement it will be agreed upon by both parties on a month-to-month basis and in accordance with agreed upon fees.

Termination: The Client may terminate this agreement upon thirty (30) days prior written notice to the Consultant only in the event that the Consultant engages in any disloyal, dishonest or illegal conduct during the terms of this Agreement. The Consultant may terminate this agreement upon thirty (30) days prior written notice to the Client in the event that the Client fails to remain committed to the scope of work (defined as non-performance) on a monthly basis.

6. **Access to and Return of the Client Property.** Upon termination of the Agreement, Consultant shall surrender to the Client all documents, records and materials generated during the performance of any services under this Agreement by Consultant for the Client, related to the Client or previously provided by the Client.

GENERAL PROVISIONS

7. **Non-Discrimination.** Consultant represents that it and its subcontractors shall not discriminate against any volunteer, employee or applicant for employment to be employed in the performance of this Agreement because of race, religion, color, sex, disability, national origin or ancestry. Breach of this covenant may be regarded as a material breach of this Agreement.

8. **Governing Law.** This Agreement will be governed and construed in accordance with the laws of Illinois.

9. **Severability.** In case any one or more of the provisions contained in this Agreement shall, for any reason, be determined to be invalid, illegal or unenforceable in any respect, such invalidity, illegality or unenforceability shall not affect the other provisions of this

Agreement, and this Agreement shall be construed as if such invalid, illegal or unenforceable provision had never been contained herein.

10. **No Assignment.** This Agreement may not be assigned by Consultant without the Client's consent, except as stated in Section 1 above, and any such attempted assignment shall be void and of no effect. The rights and obligations of the Client under this Agreement shall inure to the benefit of and shall be binding upon its successors and assigns.

11. **Notices.** All notices, requests and other communications under this Agreement must be in writing and can be conveyed electronically via email. In the event that notices are sent via US mail, such mail can be sent via regular mail, by registered or certified mail, postage prepaid and return receipt requested, or delivered by hand to the party to whom such notice is required or permitted to be given. If mailed, any such notice will be considered to have been given five (5) business days after it was mailed. If delivered by hand, any such notice will be considered to have been given when received by the party to whom notice is given, as evidenced by written and dated receipt of the receiving party. Notices shall be addressed as follows:

TO THE CLIENT:

Mr. Bob O'Brien
Hanover Park Park Foundation
Hanover Park, IL
b.obrien@hpparks.org

TO CONSULTANT:

Mr. Donald A. Ortale
National Association of Park Found.
54 E. St. Charles Road, Suite #7
Villa Park, IL 60181
dortale@the-napf.org

Both parties agree to alert the other of any change in contact information including but not limited to change in client contact, change in consultant contact, and / or change in address.

12. **Survival.** The provisions of this Agreement relating to representations, warranties, and indemnification shall survive the termination of this Agreement.

13. **Entire Agreement.** This Agreement, including all exhibits incorporated herein by reference, is the final, complete and exclusive agreement of the parties with respect to the subject matter hereof and supersedes and merges all prior agreements, oral or written negotiations, and discussions between both parties. No modification of or amendment to this Agreement, nor any waiver of any rights under this Agreement, will be effective unless in writing and signed by both parties.

14. **Attorneys Fees.** In the event of any controversy, claim or dispute between the parties arising out of or related to this Agreement or the breach thereof, the prevailing party shall be entitled to the recovery of its reasonable attorney's fees and costs.

15. **Warranties.** Consultant expressly warrants that the services provided under this Agreement shall be performed in a timely manner, in a good and workmanlike manner and free from defects in accordance with industry standards. Consultant shall be responsible for the

professional quality, the technical accuracy and the coordination of the services to be provided under this Agreement. Consultant shall, without additional compensation, correct or revise any error or deficiency if the error or deficiency results from the negligence of Consultant, including any of its agents.

16. **Indemnification.** Consultant agrees to indemnify, defend and hold the Client and its officers, directors, employees and agents harmless from any and all losses, claims, liabilities, damages, costs and expenses which may result of or arising from: (i) a breach by Consultant of its obligations hereunder or arising from the acts or omissions of Consultant in performing its obligations hereunder; and (ii) any breach of any one or more of Consultant's representations, warranties, covenants or agreements contained herein.

17. **The Client's Premises/Facility.** Consultant agrees to take all action necessary while on the Client's premises (in the case of in-person visits to Client premises) to ensure that anyone performing work under this Agreement shall not jeopardize, injure, threaten or in any way compromise the health, safety and/or well-being of the person at the client's facility, including, but not limited to its employees. In addition, thereto, Consultant agrees to adhere to any and all applicable safety and procedure policies in place and used at the Clients facility.

18. **Insurance.** During the term of this Agreement, Consultant shall maintain director and officer insurance in such amounts as are reasonable and that may be requested by the Client.

19. **Execution of the Agreement.** The Client's execution of this Agreement is subject to and conditioned upon Consultant executing this Agreement and the Client receiving a fully executed original Agreement within ten (10) business days after the Clients execution hereof. In the event the Client does not receive a fully executed original Agreement executed by Consultant as set forth above, this Agreement shall be null and void and any and all of the Town's obligations hereunder shall terminate.

20. **Compliance with Laws.** In performing the services under this Agreement, Consultant shall comply with any and all applicable federal, state and local statutes, ordinances, plans, and regulations, including any and all regulations for protection of the environment.

21. **Confidentiality.** Consultant shall treat all information related to the scope of work and all information supplied to Consultant by the Client as confidential, proprietary information owned by the Client. Consultant shall not itself release or permit persons or entities under its control to release such information to third parties or to private or public agencies or make or permit persons or entities under its control to make public announcements or publicity releases relating to such information without the Client's written consent.

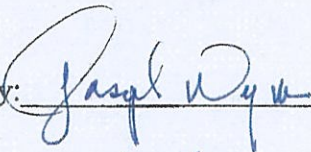
22. **Counterparts.** This Agreement may be executed in any number of counterparts, each of which shall be deemed to be an original and all of which shall constitute one and the same agreement.

SIGNATURE PAGE

IN WITNESS WHEREOF, the parties have caused this Agreement to be executed by their duly authorized representative.

THE CONSULTANT

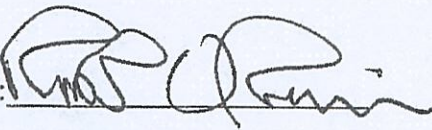
**NATIONAL ASSOCIATION OF PARK
FOUNDATIONS**

By: 

Date: 10/29/21

THE CLIENT

HANOVER PARK PARKS FOUNDATION

By: 

Date: 10/26/21

EXHIBIT A

MONTH ONE

ASSESSMENT OF CURRENT INFRASTRUCTURE

Desired Outcomes - Consultant and committee completely understand and have knowledge of the entirety of the organizations' history. Committee has a base line understanding of what policies and other "identifiers of the brand" need to be strengthened.

Review of all Foundation documents and history to date
Discuss desired future accomplishments and activities of the Foundation
Articles of Incorporation
Discuss MOU
Review of By-Laws
Review Mission Statement
Review Vision Statement
Review of past meeting minutes
Review of any policies already in place - including MOU
Review of promo materials - brochures, web site, social media
Discuss next month "to-do" list

Month Two

BOARD GOVERNANCE

Desired Outcomes - Understanding of the difference between a by-law and a policy/procedure. Agree on and establish various policies of the organization. Grow the board through developed and on-going recruitment strategies.

Develop and/or review draft of a memo of understanding

Begin the process of development of various policies (others as necessary) NOTE: this process will continue throughout the remaining months of the Scope of Work

Board Giving
Conflict of Interest
Gift Acceptance
Investment
Spending
Code of Conduct
Record retention

Board recruitment
Partnerships - sponsors
Partnerships - pro bono
Accounting
Public Relations
Meetings
Contracts
Confidentiality
Media Relations
Board of Director insurance
Liability insurance
Recognition Policies
Donor recognition
Board services
Volunteer
Volunteer Recruitment policy

Recruitment of new board members

Board Matrix
Develop job description
Develop Characteristic description
Develop desired "target list"
Establish contact
Set interviews schedule
Make offers to join board
Orientation

Month Three

Reassess progress to timeline - establish "catch up" schedule if needed
Continue the build out of Board governance

Month Four

FUND DEVELOPMENT

Desired Outcome - Establish diversified fund develop initiatives

Understand various methods of fund development
Determine three to five initiatives the best match master plan needs of the park agency
Initiate initial strategies to implement each
Incorporate strategies that help sustain fund balances at current levels.

Month Five

PUBLIC RELATIONS AND MARKETING

Desired Outcomes - Establish diverse public relations/media relations/marketing plan

Understand various components of PR/Media/Marketing plan

Determine three to five initiatives the best match PR/Media/Marketing plan of the park agency

Develop deeper understanding of each

Initiate initial strategies to implement each

Month Six

WORK WITH PARK STAFF - DEVELOP CULTURE

Desired Outcome - Understanding by the staff of the importance of inclusion of the park foundation into the park and recreation culture

Plan a minimum of one-hour meeting with committee and staff - share information the foundation has worked on throughout the year.

Ensure staff knows about the foundation, the roles of the staff, the roles of the foundation - the activities of the foundation

Other

Month Seven

DISCUSS THE ESTABLISHMENT OF A STRATEGIC PLAN

Desired Outcome - A Park Foundation strategic plan.

Plan 4-to-5 hour Board Retreat

Facilitate full board and Park Staff Board Strategic Planning session that will incorporate all of the work we have done into a plans and actions strategic plan.

Month Eight

IF NECESSARY – to finalize any details in the scope of work.

End of Scope of Work

EXHIBIT B

FEE PAYMENT SCHEDULE

The above scope of work will be conducted under the following consulting fee payment plan and invoiced accordingly.

The fee payment schedule, however will be as follows:

\$2500 - Due upon signing this agreement

\$5375 - Due no later than February 15, 2022, note- this includes NAPF renewal membership

\$5000 - Due no later than May 15, 2022

- - End of Agreement - -

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RIDER R-1 to Professional Services Agreement Relating to Park Foundation Consulting Services between the Hanover Park Park Foundation (the "Client") and the National Association of Park Foundations (the "Consultant").

Insurance Requirements for Professional Services

Consultant shall procure and maintain for the duration of the contract insurance against claims for injuries to persons or damages to property which may arise from or in connection with the performance of the work hereunder by the Consultant, its agents, representatives, or employees.

MINIMUM SCOPE AND LIMIT OF INSURANCE

Coverage shall be at least as broad as:

1. **Commercial General Liability (CGL):** Insurance Services Office Form CG 00 01 covering CGL on an "occurrence" basis, including products and completed operations, property damage, bodily injury and personal & advertising injury with limits no less than **\$1,000,000** per occurrence. If a general aggregate limit applies, either the general aggregate limit shall apply separately to this project/location (ISO CG 25 03 or 25 04) or the general aggregate limit shall be twice the required occurrence limit.
2. **Automobile Liability:** Insurance Services Office Form Number CA 0001 covering, Code 1 (any auto), or if Consultant has no owned autos, Code 8 (hired) and Code 9 (non-owned), with limits no less than **\$1,000,000** per accident for bodily injury and property damage.
3. **Workers' Compensation** insurance as required by the State of Illinois with Statutory Limits, and Employer's Liability Insurance with limits of no less than **\$1,000,000** per accident for bodily injury or disease.
(Not required if consultant provides written verification it has no employees)
4. **Professional Liability** (Errors and Omissions) Insurance appropriate to the Consultant's profession, with limits no less than **\$1,000,000** per occurrence or claim, \$2,000,000 aggregate.

If the Consultant maintains broader coverage and/or higher limits than the minimums shown above, the Client requires and shall be entitled to the broader coverage and/or higher limits maintained by the Consultant. Any available insurance proceeds in excess of the specified minimum limits of insurance and coverage shall be available to the Client.

Other Insurance Provisions

The insurance policies are to contain, or be endorsed to contain, the following provisions:

Additional Insured Status

The Hanover Park Park Foundation, its officers, officials, employees, and volunteers are to be covered as additional insureds on the CGL policy with respect to liability arising out of work or operations performed by or on behalf of the Consultant including materials, parts, or equipment furnished in connection with such work or operations. General liability coverage can be provided in the form of an endorsement to the Consultant's insurance (at least as broad as ISO Form CG 20 10 11 85 or both CG 20 10, CG 20 26, CG 20 33, or CG 20 38; and CG 20 37 forms if later revisions used).

Primary Coverage

For any claims related to this contract, the Consultant's insurance coverage shall be primary coverage at least as broad as ISO CG 20 01 04 13 as respects the Client, its officers, officials, employees, and volunteers. Any insurance or self-insurance maintained by the Client, its officers, officials, employees, or volunteers shall be in excess of the Consultant's insurance and shall not contribute with it.

Notice of Cancellation

Each insurance policy required above shall state that coverage shall not be cancelled, except with notice to the Client.

Waiver of Subrogation

Consultant hereby grants to Client a waiver of any right to subrogation which any insurer of said Consultant may acquire against the Client by virtue of the payment of any loss under such insurance. Consultant agrees to obtain any endorsement that may be necessary to affect this waiver of subrogation, but this provision applies regardless of whether or not the Client has received a waiver of subrogation endorsement from the insurer.

Self-Insured Retentions

Self-Insured retentions must be declared to and approved by the Client. The Client may require the Consultant to provide proof of ability to pay losses and related investigations, claim administration, and defense expenses within the retention. The policy language shall provide, or be endorsed to provide, that the self-insured retention may be satisfied by either the named insured or Client.

Acceptability of Insurers

Insurance is to be placed with insurers with a current A.M. Best's rating of no less than A: VII, unless otherwise acceptable to the Client.

Claims Made Policies

If any of the required policies provide coverage on a claims-made basis:

1. The Retroactive Date must be shown, and must be before the date of the contract or the beginning of contract work.
2. Insurance must be maintained and evidence of insurance must be provided ***for at least five (5) years after completion of the contract work.***

3. If coverage is canceled or non-renewed, and not **replaced with another claims-made policy form with a Retroactive Date** prior to the contract effective date, the Consultant must purchase "extended reporting" coverage for a minimum of **five (5)** years after completion of work.

Verification of Coverage

Consultant shall furnish the Client with original certificates and amendatory endorsements or copies of the applicable policy language effecting coverage required by this clause. All certificates and endorsements are to be received and approved by the Client before work commences. However, failure to obtain the required documents prior to the work beginning shall not waive the Consultant's obligation to provide them. The Client reserves the right to require complete, certified copies of any required insurance policies, including endorsements required by these specifications, at any time.

Subcontractors

Consultant shall require and verify that all subcontractors maintain insurance meeting all the requirements stated herein, and Consultant shall ensure that Client is an additional insured on insurance required from subcontractors.

National Association of Park Foundations

By: [Signature]

Title: Board Chairman

Date: 11/2/21

Hanover Park Park Foundation

By: [Signature]

Title: Trustee of Board Secretary

Date: 10/20/21

Treasurer

HANOVER PARK PARK FOUNDATION

1919 Walnut Avenue * Hanover Park, Illinois 60133 * Telephone: (630) 837-2468

The Hanover Park Park Foundation Task Force Meetings will be held Monthly on the 4th Tuesday of the month* at 7:00 PM in the Board Room of the Community Center

Unless Otherwise Stated

PROPOSED

2022 HP PARK FOUNDATION TASK FORCE MEETING DATES

January 18, 2022*
3rd Tuesday*

February 22, 2022 (Virtual thru Zoom)

April 26, 2022

May 24, 2022

July 26, 2022

August 23, 2022

October 25, 2022

November 29, 2022

Y.E.S.

(Youth Enrichment Supplement)

Financial Assistance Program

Provided by the Hanover Park Park Foundation

The purpose of the Youth Enrichment Supplement (Y.E.S.) program is to make recreation opportunities available to all children who live in Hanover Park or are within the boundaries of the Hanover Park Park District. Funds are available for children 18 years of age or younger of families experiencing financial hardship.

Financial Assistance Eligibility Criteria

Based on available funds, the Hanover Park Park District will attempt to provide financial assistance to those residents who meet the eligibility requirements. The Hanover Park Park District reserves the right to approve full or partial assistance or deny an applicant's request. Financial Assistance funds cannot be utilized for Rentals, Birthday Parties, and Daily Admission or court times at facilities, or Open Gym.

Eligibility Requirements:

- 1) Reside in Hanover Park or within the boundaries of the Hanover Park Park District and;
- 2) Receive general assistance, disability assistance, food stamps, or other pre-qualified governmental aid or;
- 3) is low income (falling within the range outlined by SNAP Guidelines) or;
- 4) has incurred an unusual amount of medical bills that have rendered the family unable to afford the cost of the program.

Financial Assistance Guidelines

1. The Y.E.S. application must be completely filled out and returned with your proof of income and proper documentation.
2. All applicants must submit the following when applying for assistance:
 - a. Proof of residency
 - b. Proof of income
 - c. Any supporting documentation if applicable

- d. Proof of incurred medical bills (if applicable). All applicable copies to be considered must be attached to application, must be dated no more than 6 months previous to application date and must clearly identify the name and address of the applicant.
3. If an applicant is applying under the "incurred an unusual amount of medical bills" criteria, an interview will take place with the Hanover Park Park District YES representative.
 4. If an application is approved, each child in the family will receive \$300 towards recreation programs. All assistance expire on April 30 each year. Monies do not roll over into the next year. A new application is required annually in concurrence with the Hanover Park Park District's fiscal year: May 1 through April 30.
 5. Applicants must fully utilize the program registered for. Applicants not fully utilizing the program will not be allowed financial assistance in the future. No refunds given.
 6. **Please allow 5 business days to process your request.**

FOR OFFICE USE ONLY:

Applicants Last Name: _____

Status: ☐ Approved

☐ Declined (Reason) _____

Signature of approving Representative _____

Date _____

Y.E.S. Application
DUE APRIL 30, 2019

Applications are accepted at the Community Center's main office front desk. You can also mail your application, including copies of required documentation to: Hanover Park Park District, ATTN: Main Office, 1919 Walnut Ave, Hanover Park, IL 60133 or by e-mail to e.goddard@hpparks.org. Submittal of application does not constitute approval. If you have additional questions or need additional information, please contact Estelle Goddard, Front Desk Staff at 630-837-2008 or by email at e.goddard@hpparks.org

Applicant Information

Applicant Name: _____ Date of Birth: _____

Address (City, State, Zip): _____

Home Phone: _____ Cell Phone: _____

Email Address: _____

Marital Status: (Select One) ☐ Single ☐ Married ☐ Widowed ☐ Divorced ☐ Separated

Housing Status: (Select One) ☐ Homeowner ☐ Rent ☐ Living w/ family/friends

☐ Other (please describe): _____

Please list names and ages of all dependents in the household including Spouse/Partner

*Dependent's First Name	Dependent's Last Name	Date of Birth	*Grade and Name of School	Relationship to Applicant

*Dependents must be legally defined as such.

*Grade and name of school must be listed for school aged children.

Document Verification

Copies of all documents must be included with application. Applications without required documentation will be returned via USPS.

Residency

Choose One: Option A or B

Option A (please select one item from below)	Option B (please select two items from below)
<input type="checkbox"/> Valid Driver's License with your current address <input type="checkbox"/> Valid State-Issued ID with your current address	<input type="checkbox"/> Voter Registration Card <input type="checkbox"/> Tax bill <input type="checkbox"/> Current Lease <input type="checkbox"/> Vehicle Registration <input type="checkbox"/> Home Phone Bill <input type="checkbox"/> Utility Bill

Income

Choose One: Option A, B or C

Option A	Option B
<input type="checkbox"/> Most recent SNAP/TANF award letter (Note: All dependents listed on page one of this application must also be listed on SNAP/TANF award letter)	<input type="checkbox"/> Most recent Federal tax return (Note: Children must be listed as dependents)
Option C (both sides required)	
Proof of Guardianship (Provide one of each child) <input type="checkbox"/> Birth Certificate <input type="checkbox"/> Court ordered letter awarding guardianship <input type="checkbox"/> Student Record	Proof of Income (Provide all available) <input type="checkbox"/> 1 month of paycheck stubs for all qualifying individuals <input type="checkbox"/> Unemployment compensation <input type="checkbox"/> Child support <input type="checkbox"/> Social Security/Disability <input type="checkbox"/> Current link statement <input type="checkbox"/> Other sources of income

Changes to YES Assistance Program Proposal

Overview of Current YES Program

Seasonal application process for each family.

Each child receives one recreation program not to exceed \$75.00 per season. If the selected program fee exceeds \$75.00 then the applicant is responsible for the balance at the time of registration.

If the program is less than \$75.00, the money does not roll over for another program.

Programs that are excluded: Birthday Parties, Preschool, Before & After School Club, All Trips and Camp Extended Care Options.

Options for YES Assistance Program

Option 1.A

Yearly application for each family instead of seasonally.

Each child in family receives \$400 a year to use on multiple programs for the entire year. Money expires within that year.

Currently when a family applies all 4 seasons, the amount is \$300 per child for the year.

YES would support all programs with the exception of a Birthday Party Package.

Currently it does not support Preschool and Before & After School Club. With these new changes, families will be able to utilize the YES programs to these programs. The \$400 would be subtracted equally into their 9 monthly bills (\$45/month off).

Option 1.B

Yearly application for each family instead of seasonally.

Each child in family receives \$300 a year to use on multiple programs for the entire year. Money expires within that year.

YES would support all programs with the exception of a Birthday Party Package

Preschool and Before & After School Club would be funded separately from other programs. Parents would receive a discount of 15% off per month. \$33/a month (\$297 for the year) off would be the highest discounted fee based on current fees.

Option 2

Yearly application for each family instead of seasonally.

A discount on programs instead of receiving a monetary amount.

The YES fund will supplement that discount.

25%, 50% and 75% discounts based on income level.

Benefits of updating our YES Program

Providing our residents with low-income more opportunities to participate in Park District Programs.

The programs that cost less will be selected by families approved for YES. Currently they are rarely selected since families feel like they are not getting their full benefit. For example an art class costs \$30 but soccer costs \$80. Parents chose the soccer to utilize the full \$75 versus "losing out" on \$45 had they chosen the art class.

Our programs will be more successful in regards to participation.

YES

Financial Assistance Program

HPPF Logo

Provided by the Hanover Park Park Foundation

The purpose of the Youth Enrichment Supplement (YES) program is to make recreation opportunities available to all children who live in Hanover Park or within the boundaries of the Hanover Park Park District through the participation in the Hanover Park Park District programs and facilities. The funds are available for children 18 or younger of families experiencing financial hardship.

Financial Assistance Eligibility Criteria

Based on the availability of funds, the Hanover Park Park District will attempt to provide financial assistance to those residents who meet the eligibility requirements. The Hanover Park Park District reserves the right to approve full or partial assistance or deny an applicant's request. Financial Assistance funds cannot be utilized for Rentals, Birthday Parties, and Daily Admission or court times at facilities, or Open Gym.

1. Reside in Hanover Park or within the boundaries of the Hanover Park Park District.
2. Receive general assistance, disability assistance, food stamps, or other pre-qualified governmental aid or
3. is low income (falling within the range outlined by HHS Poverty Guidelines **Or do we want to go with the SNAP guidelines? West Chicago does and we ask for that for proof of low income by having them provide that...If YES, I can insert a table that shows the income requirements**) or
4. due to dire circumstances, the family is unable to afford the cost of the program or
5. has incurred an unusual amount of medical bills that have rendered the family unable to afford the cost of the program or
6. **an individual who is directly referred by school staff, social service agencies, churches or community organization, who are aware of the family's needs and can provide verification of such need (do we want to keep this?)**

Financial Assistance Guidelines

1. The Scholarship application must be completely filled out and returned with your proof of income and proper documentation.
2. All applicants must submit the following when applying for assistance:
 - a. Proof of residency
 - b. Proof of income
 - c. Any supporting documentation if applicable
 - d. Proof of dire circumstance(s) or incurred medical bills (if applicable). All applicable copies to be considered must be attached to application, must be dated no more than 6 months previous to application date and must clearly identify the name and address of the applicant.
3. If an applicant is applying under the "dire circumstance" or "incurred an unusual amount of medical bills" criteria, an interview will take place with the Hanover Park Park District YES representative.
4. If application is approved, each child in the family will receive \$300 towards recreation programs. All assistance expire on April 30 each year. Monies do not roll over into the next year. A new application is required annually in concurrence with the Hanover Park Park District's fiscal year: May 1 through April 30.
5. Applicants must fully utilize the program registered for. Applicants not fully utilizing the program will not be allowed financial assistance in the future.
6. **Please allow 5 business days to process your request.**

FOR OFFICE USE ONLY:

Applicants Last Name: _____

Status: ☐ Approved

☐ Declined (Reason)_____

Signature of approving Representative_____

Date _____

Park District logo

YES Application

Applications are accepted at the Community Center's main office front desk. You can also mail your application, including copies of required documentation to: Hanover Park Park District, ATTN:Main Office, 1919 Walnut Ave, Hanover Park, IL 60133 or by e-mail to e.goddard@hpparks.org. Submittal of application does not constitute approval. If you have additional questions or need additional information, please contact Estelle Goddard, Front Desk Staff at 630-837-2008 or by email at e.goddard@hpparks.org

Applicant Information

Applicant Name: _____ Date of Birth: _____

Address (City, State, Zip): _____

Home Phone: _____ Cell Phone: _____

Email Address: _____

Marital Status: (Select One) ☐ Single ☐ Married ☐ Widowed ☐ Divorced ☐ Separated

Housing Status: (Select One) ☐ Homeowner ☐ Rent ☐ Living w/ family/friends

☐ Other (please describe): _____

Please list names and ages of all dependents in the household including Spouse/Partner

*Dependent's First Name	Dependent's Last Name	Date of Birth	*Grade and Name of School	Relationship to Applicant

*Dependents must be legally defined as such.

*Grade and name of school must be listed for school aged children.

Document Verification

Copies of all documents must be included with application. Applications without required documentation will be returned via USPS.

ResidencyChoose One: Option A or B

Option A (please select one item from below)	Option B (please select two items from below)
<input type="checkbox"/> Valid Driver's License with your current address <input type="checkbox"/> Valid State-Issued ID with your current address	<input type="checkbox"/> Voter Registration Card <input type="checkbox"/> Tax bill <input type="checkbox"/> Current Lease <input type="checkbox"/> Vehicle Registration <input type="checkbox"/> Home Phone Bill <input type="checkbox"/> Utility Bill

IncomeChoose One: Option A, B or C

Option A	Option B
<input type="checkbox"/> Most recent SNAP/TANF award letter (Note: All dependents listed on page one of this application must also be listed on SNAP/TANF award letter)	<input type="checkbox"/> Most recent Federal tax return (Note: Children must be listed as dependents)
Option C (both sides required)	
Proof of Guardianship (Provide one of each child) <input type="checkbox"/> Birth Certificate <input type="checkbox"/> Court ordered letter awarding guardianship <input type="checkbox"/> Student Record	Proof of Income (Provide all available) <input type="checkbox"/> 1 month of paycheck stubs for all qualifying individuals <input type="checkbox"/> Unemployment compensation <input type="checkbox"/> Child support <input type="checkbox"/> Social Security/Disability <input type="checkbox"/> Current link statement <input type="checkbox"/> Other sources of income

Y.E.S. **(Youth Enrichment Supplement)** **Financial Assistance Program**

HPPF Logo

Provided by the Hanover Park Park Foundation

The purpose of the Youth Enrichment Supplement (Y.E.S.) program is to make recreation opportunities available to all children who live in Hanover Park or are within the boundaries of the Hanover Park Park District. ~~through the participation in the Hanover Park Park District programs and facilities.~~ The Funds are available for children 18 years of age or younger of families experiencing financial hardship.

Financial Assistance Eligibility Criteria

Based on ~~the availability of~~ funds, the Hanover Park Park District will attempt to provide financial assistance to those residents who meet the eligibility requirements. The Hanover Park Park District reserves the right to approve full or partial assistance or deny an applicant's request. Financial Assistance funds cannot be utilized for Rentals, Birthday Parties, and Daily Admission or court times at facilities, or Open Gym.

Eligibility Requirements:

Formatted: Font: Bold, Underline

1. Reside in Hanover Park or within the boundaries of the Hanover Park Park District and;
2. Receive general assistance, disability assistance, food stamps, or other pre-qualified governmental aide or;
3. is low income (falling within the range outlined by HHS Poverty Guidelines Or do we want to go with the SNAP (WHAT IS SNAP) guidelines? West Chicago does and we ask for that for proof of low income by having them provide that...If YES, I can insert a table that shows the income requirements) or;
4. due to dire circumstances, the family is unable to afford the cost of the program or; What defines dire circumstances?
5. has incurred an unusual amount of medical bills that have rendered the family unable to afford the cost of the program or; (DO ME NEED PROOF OR CAN WE EVEN ASK FOR PROOF UNDER HIPPA?)
6. an individual who is directly referred by school staff, social service agencies, churches or community organization, who are awareaway of the family's needs

and can provide verification of such need (do we want to keep this?) HAVE WE RECEIVED SUCH REQUESTS IN THE PAST, IF SO HOW MANY ... IF NONE THEN WE CAN REMOVE IT

Financial Assistance Guidelines

1. The Y.E.S. Scholarship application must be completely filled out and returned with your proof of income and proper documentation.
2. All applicants must submit the following when applying for assistance:
 - a. Proof of residency
 - b. Proof of income
 - c. Any supporting documentation if applicable
 - d. Proof of dire circumstance(s) or incurred medical bills (if applicable). All applicable copies to be considered must be attached to application, must be dated no more than 6 months previous to application date and must clearly identify the name and address of the applicant.
3. If an applicant is applying under the "dire circumstance" or "incurred an unusual amount of medical bills" criteria, an interview will take place with the Hanover Park Park District YES representative.
4. If an application is approved, each child in the family will receive \$300 towards recreation programs. All assistance expire on April 30 each year. Monies do not roll over into the next year. A new application is required annually in concurrence with the Hanover Park Park District's fiscal year: May 1 through April 30.
5. Applicants must fully utilize the program registered for. Applicants not fully utilizing the program will not be allowed financial assistance in the future. DO WE EVER ASK FOR REPAYMENT?
6. **Please allow 5 business days to process your request.**

FOR OFFICE USE ONLY:

Applicants Last Name: _____

Status: ☐ Approved

☐ Declined (Reason) _____

Signature of approving Representative _____

Park District logo

Applications are accepted at the Community Center's main office front desk. You can also mail your application, including copies of required documentation to: Hanover Park Park District, ATTN: Main Office, 1919 Walnut Ave, Hanover Park, IL 60133 or by e-mail to e.goddard@hpparks.org. Submittal of application does not constitute approval. If you have additional questions or need additional information, please contact Estelle Goddard, Front Desk Staff at 630-837-2008 or by email at e.goddard@hpparks.org

Applicant Name: _____ Date of Birth: _____

Zip):

Home Phone: _____ Cell Phone: _____

Email Address: _____

Marital Status: (Select One) ☐ Single ☐ Married ☐ Widowed ☐ Divorced ☐ Separated

Housing Status: (Select One) ☐ Homeowner ☐ Rent ☐ Living w/ family/friends

☐ Other (please describe): _____

Please list names and ages of all dependents in the household including Spouse/Partner

[illegible]

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*Dependents must be legally defined as such.

*Grade and name of school must be listed for school aged children.

Document Verification

Copies of all documents must be included with application. Applications without required documentation will be returned via USPS.

Residency

Choose One: Option A or B

Option A (please select one item from below)	Option B (please select two items from below)
<input type="checkbox"/> Valid Driver's License with your current address <input type="checkbox"/> Valid State-Issued ID with your current address	<input type="checkbox"/> Voter Registration Card <input type="checkbox"/> Tax bill <input type="checkbox"/> Current Lease <input type="checkbox"/> Vehicle Registration <input type="checkbox"/> Home Phone Bill <input type="checkbox"/> Utility Bill

Income

Choose One: Option A, B or C

Option A	Option B
<input type="checkbox"/> Most recent SNAP/TANF award letter (Note: All dependents listed on page one of this application must also be listed on SNAP/TANF award letter)	<input type="checkbox"/> Most recent Federal tax return (Note: Children must be listed as dependents)
Option C (both sides required)	
Proof of Guardianship (Provide one of each child) <input type="checkbox"/> Birth Certificate <input type="checkbox"/> Court ordered letter awarding guardianship <input type="checkbox"/> Student Record	Proof of Income (Provide all available) <input type="checkbox"/> 1 month of paycheck stubs for all qualifying individuals <input type="checkbox"/> Unemployment compensation <input type="checkbox"/> Child support <input type="checkbox"/> Social Security/Disability <input type="checkbox"/> Current bank statement <input type="checkbox"/> Other sources of income

TO OBTAIN AN APPLICATION OR
FOR MORE INFORMATION ABOUT
THE YES. PROGRAM.

CONTACT

Gina Mastro-Strickler,
CUSTOMER RELATIONS SUPERVISOR,
HANOVER PARK PARK DISTRICT.

630-837-2468, ext. 121, or
g.mastro_strick@hnparks.org

Y.E.S.
YOUTH ENRICHMENT SUPPLEMENT

FUND E D B Y



HANOVER PARK
PARK FOUNDATION

F O R T H E

Enriching People's Lives!



Hanover Park
Park District

.....
hnparks.org 630.837.2468
1919 Walnut Ave. Hanover Park, IL 60133

MISSION STATEMENT

The mission of the Youth Enrichment Supplement (Y.E.S.) program is to offer children of families experiencing financial hardship an opportunity to participate in recreation programs as a healthy outlet for growth and learning while at the same time promoting fun and a healthy and active lifestyle; establishing such criteria, procedures, and guidelines that directly meet the needs of the community; and conducting screening of applicants in a professional, compassionate manner, respecting the inherent dignity and pride of each applicant while adhering to the established guidelines and criteria.

PURPOSE

The purpose of the Youth Enrichment Supplement (Y.E.S.) program is to make recreation opportunities available to all children who live in Hanover Park or within the boundaries of the Hanover Park Park District through participation in Hanover Park Park District programs. The funds are to be available for children age 18 or younger (if 18, child must be enrolled in high school), of families experiencing financial hardship. The funds will be limited. Each child in a qualifying family is eligible to receive one supplement for one program per season. Reapplication may be made at the end of each season, if monies are still available.

ELIGIBILITY CRITERIA

To be eligible for the Y.E.S. program, the following criteria applies:

- a. Reside in Hanover Park or within the boundaries of the Hanover Park Park District.
- b. Receive general assistance, disability assistance, food stamps, or other pre-qualified governmental aide, or,
- c. Is low income (falling within the range outlined by HHS Poverty Guidelines), or,
- d. Due to dire circumstances, the family is unable to afford the cost of the program, or
- e. Has incurred an unusual amount of medical bills that have rendered the family unable to afford the cost of the program, or,
- f. An individual, or family, who is directly referred by school staff, social service agencies, churches, or community organization, who are aware of the family's needs and can provide verification of such need.

GUIDELINES

A. All applicants must submit the following when applying for a supplement:

1. Proof of identification – (driver's license, photo ID, etc.)
 2. Two proofs of address – (driver's license, utility bill, a billing statement, etc.)
 3. Proof of income (for families requesting Y.E.S. based on low income) –preferably a tax return documenting prior year's income (all sources).
 4. Any supporting documentation if applicable—a green card, a food stamp card, and/or a medical care card and any accompanying statements. All documents must be current (no more than 30 days old) and must clearly identify the name and address of the applicant.
 5. Proof of dire circumstance(s) or incurred medical bills (if applicable). All applicable copies to be considered must be attached to application, must be dated no more than 6 months previous to application date and must clearly identify the name and address of the applicant.
- B. If a resident has the proper identification and documentation of current governmental assistance, e.g. a green card, a food stamp card, medical card, etc., the resident is automatically eligible for the maximum allowable supplement required to cover the cost of the program requested as he/she has been pre-qualified.
- C. If a resident is directly referred by individuals listed (Eligibility Requirement Item f.), the resident will automatically be eligible for the maximum allowable supplement required to cover the cost of the program.
- D. If an applicant is applying under the "dire circumstance" or "incurred an unusual amount of medical bills" criteria, an interview may be required between the Customer Relations Supervisor of the Hanover Park Park District and the applicant. All interviews will be scheduled by the Customer Relations Supervisor.
- E. For supplements awarded based on low income only, a sliding scale shall be applied to determine the amount of the award.
- F. A maximum award of one recreation program, not to exceed \$75.00, per child per season is provided under Y.E.S. If the selected program fee exceeds \$75.00, the applicant is responsible for the balance at the time of registration.
- G. Park District programs that will not be funded by the Y.E.S. program include, but may not be limited to, the following:

Birthday Parties, Pre-School, Before/After School Club, Dog & Puppy Obedience Classes
All Trips and Camp Extended Care.

HANOVER PARK PARK DISTRICT
YOUTH ENRICHMENT SUPPLEMENT (Y.E.S.) PROGRAM
Application Form

PARENT/GUARDIAN INFORMATION

Name: _____ Email Address: _____

Address: _____

Home Telephone: _____ Cell Telephone: _____

YOUTH PROGRAMS REQUESTED - *Maximum of \$75.00 per youth

1. Child's Name _____

Program Name: _____ Program Number: _____

Program Cost: \$ _____ Amount Requested: *\$ _____

2. Child's Name _____

Program Name: _____ Program Number: _____

Program Cost: \$ _____ Amount Requested: *\$ _____

3. Child's Name _____

Program Name: _____ Program Number: _____

Program Cost: \$ _____ Amount Requested: *\$ _____

4. Child's Name _____

Program Name: _____ Program Number: _____

Program Cost: \$ _____ Amount Requested: *\$ _____

5. Child's Name _____

Program Name: _____ Program Number: _____

Program Cost: \$ _____ Amount Requested: *\$ _____

6. Child's Name _____

Program Name: _____ Program Number: _____

Program Cost: \$ _____ Amount Requested: *\$ _____

BACKGROUND INFORMATION (applicable to all applicants):

Number in Family: _____ Annual Gross Income (before Taxes): _____

Source of Income: _____

General Assistance or other State Assistance #: _____

Caseworker's Name _____ Phone Number: _____

Food Stamps (\$ amount per month _____ Medical Card Number: _____

Other Assistance: _____

FOR LOW INCOME FAMILIES (not applicable to families on governmental aid):

Rent/Mortgage: _____

Utilities: _____ Medical Expenses: _____

Other Debts: _____

Additional categories include: Unusual medical expenses, job loss, other crisis, etc.: _____

APPLICANT'S SIGNATURE: _____ **Date:** _____

RECOMMENDATIONS

Supplement(s): Approved _____ Denied _____ Number of Supplements Awarded: _____

Dollar Amount Awarded: \$ _____

Balance – Applicant's Responsibility: \$ _____

Signed: _____ Date: _____

Gina Mastro-Strickler, Customer Relations Supervisor
Hanover Park Park District



(630) 837-2468
FAX (630) 837-9720

1919 Walnut Avenue
Hanover Park, Illinois 60133

Date: _____

To: _____

**PLEASE READ THIS ENTIRE
LETTER CAREFULLY!**

This is in reply to your request for information regarding financial assistance that can be used towards recreation programs for your child(ren).

In addition to the application form I have enclosed, the following documents are needed to complete your application. Additional documentation may be requested if needed.

1. A copy of your current Driver's License, State ID, or other photo ID showing your name and Hanover Park address.
2. A current utility bill (water, NICOR, ComEd, etc.) showing your name and Hanover Park address.
3. A copy of a document that demonstrates your financial need, e.g. medical card.
4. A completed and signed Park District registration form indicating the name(s) and birth date(s) of your child(ren), and the names and program numbers of the programs that you are requesting your child(ren) to participate in.
5. A current Family Information Form, updating your household naming all immediate family members living at your Hanover Park address, including birth dates and grade levels.

Please be aware that a maximum of one program, not to exceed \$75.00, per child per season is allowed; if the selected program fee exceeds \$75.00, the participant is responsible for the balance at the time of registration. Additional funding may be available at the time of your registration to assist in paying for programs that exceed \$75.00.

All applications with supporting documentation, must be completed in full before they will be accepted for financial assistance and must be turned in to me, IN PERSON. Applications for financial assistance and documents must not be left at our customer service desks.

Please contact me to set up a time to drop off your application and documents. Feel free to contact me if you have any questions.

Sincerely,

Gina Mastro-Strickler
Customer Relations Supervisor