



A Home for Cook County's Animals

Cook County Department of Animal and
Rabies Control Call for Projects

Applicant Municipality/Agency/Organization

Applicant's Name and Title

(Mayor, President, Supervisor, Chief Executive Officer, Executive Director, etc.)

Project Name

Toni Preckwinkle, President
Cook County Board of Commissioners

Cook County Department of Animal and Rabies Control
10220 South 76th Ave.
Bridgeview, IL 60455

Dr. Thomas Wake, Administrator

Martha Martinez, Chief Administrative Officer



Application Checklist

Please use the following checklist to ensure that your application package is complete and includes the information we need to evaluate your project. Omission of items does not necessarily preclude your application from consideration, but the items on the following checklist are highly recommended.

Required Items:

- Signed Mayor's or Chief Executive's cover letter
- Completed project application form
- Project milestone schedule
- Project Budget
- Detailed Cost Estimates
- Most recent financial audit or proof of financial standing
- Resolutions and Certifications of Resolutions

Optional Items:

- Sections or summaries of formally adopted or approved plans, studies, or reports that reinforce the need for the applicant's project
- Attach any related images

If you have any questions or would like to request assistance filling out the application contact Brian Miller at (312) 603-2820 or brian.miller@cookcountyil.gov. Staff is available to help clarify application fields, provide guidance on how to submit a competitive application, and for applicants who can demonstrate the need, assistance in preparing an application (contingent on staff availability). Please submit an electronic copy of the completed application PDF, with all related attachments,

More information regarding the program can be found at:

www.cookcountyil.gov/AnimalShelterGrant

The deadline for submitting all applications is: February 28, 2020 at 5:00 PM CST (Applications received after this date and time will not be accepted. No exceptions.)



Applicant Information

Applicant Name:

**Applicant Municipality,
Agency, or Organization:**

**Mayor, President, or
CEO Name and Title:**

Project Title:

Applicant's Email Address:

Applicant Address:

City:

Telephone:

Applicant Website Address:

Total Amount Requested*:

If additional assistance is desired, please describe your needs below*:

*The County will make available resources in the form of staff and time for projects that we feel warrant the effort from applicants who can justify their need. These services will be provided at the Department's discretion and are contingent upon staff availability.



Project Summary

Provide a description of proposed improvements and impacts that will result from your project. Provide details that demonstrate your project's benefits. References to plans and other analysis will also help staff evaluate your project.