

State of Illinois
Illinois Citizen Corps Council
Citizen Corps Application

I certify that the reporting jurisdiction (grantee) is NIMS Compliant (if you are unsure regarding NIMS compliance, check with your local EMA Coordinator. All HSGP grant jurisdictions are subject to NIMS compliance audit.):

Yes No

Jurisdiction Name: _____

Address: _____

City: _____ State: _____ Zip: _____

Main Phone: (____) ____--____ Fax: (____) ____--____

Primary Contact Name: _____ Phone: (____) ____--____

Primary Contact Email: _____

Secondary Contact Name: _____ Phone: (____) ____--____

Secondary Contact Email: _____

Type of Program applied for:

Council with no partner programs

OR

Council with the following (choose at least one program):

CERT

Fire Corps

Neighborhood Watch

USAonWatch

Volunteers in Police Service

Medical Reserve Corps (MRC)

Mission Statement:

Documentation included in application packet:

CEO letter of support

Ordinance

Resolution

Constitution

Policies & Procedures

Operating Guidelines

Operating Plan

Other: _____

Current programs within the local Council include (select all that apply):

CERT

VIPS

Fire Corps

Neighborhood Watch

USA On Watch

MRC

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Council Members (7 of 10 disciplines are required, additional members are optional):

	Name	Type Staff	Discipline														
			Volunteer	Community	EMA	Homeland Security	Law Enforcement	Fire Service	Medica	Elected Official	Private Sector	Non-Profit	NGO	Advocacy	Partner Program	Affiliate Program	Other
1																	
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Council Meeting Schedule:

Weekly Monthly Bi – Monthly
 Quarterly Semi-Annually Other _____

Meeting Dates: _____
