

## **Applicant Organization Information**

### **Important Notice**

#### **1. Agency Information**

1.1 Agency Name

**Willowbrook, Village of**

1.2 Physical Street Address

**835 Midway Dr.**

1.3 City

**Willowbrook**

1.4 Zip Code

**60527**

1.5 Telephone Number

**630-323-0787**

1.6 Fax Number

**630-323-0787**

1.7 E-mail Address

**bkadolph@willowbrook.il.us**

1.8 Mailing Address (if different from address above)

**saa**

1.9 City

**saa**

1.10 Zip Code

**saa**

#### **2. Staff Information**

2.1. Chief Executive Officer

2.1a. First Name-CEO

**Sean**

2.1b. Last Name-CEO

**Halloran**

2.1c. E-mail Address

**shalloran@willowbrook.il.us**

2.2. Chief Financial Officer

2.2a. First Name-FO

**Michael**

2.2b. Last Name-FO

**Rock**

2.2c. E-mail Address

**cfo@willowbrook.il.us**

2.3. Grant Contact Person (Person who has primary responsibility for grant management)

2.3a. First Name

Ben

2.3b. Last Name

Kadolph

2.3c. Telephone Number

630-920-2438

2.3d. E-mail Address

bkadolph@willowbrook.il.us

**3. Organization Type**

3.1 Program Type (Choose one)\*

Law Enforcement Agency

3.2. FEIN Number

36-6097046

3.3. Describe your service area (Mark all that apply)

☐ Urban

☒ Suburban

☐ Rural

3.4. Counties Served - (Mark only the county of the primary office)

DuPage County

**4. Applicant Certification**

Form can be printed by clicking the 'Print' icon located in the same row of the form on the Application Form Page.

**\*\*Please click SAVE before printing.**

By signing this report, I certify to the best of my knowledge and belief that the report is true, complete and accurate and that any false, fictitious or fraudulent information or the omission of any material fact, could result in the immediate termination of my grant award(s).

Authorized Signature

Date

Signer's Full Name

Signer's Title

Upload the signed FY23 Applicant Organization Information Certified page here.

*You will not be able to Mark this Page as Complete or submit the application without first uploading this document.*

Please upload the signed and completed Applicant Organization Information page.

**When you're finished answering the questions on this page, click Mark as Complete. An application cannot be submitted until all pages are marked as complete.**

Not finished with this page yet? Click Save or Save & Continue to fill out the missing information at a later time.