

Applicant Organization Information

Important Notice

1. Agency Information

1.1 Agency Name

Island Lake Police Department

1.2 Physical Street Address

3720 Greenleaf Avenue

1.3 City

Island Lake

1.4 Zip Code

60042

1.5 Telephone Number

847-526-2100

1.6 Fax Number

847-526-1033

1.7 E-mail Address

Jennifer.Paulus@islandlakepolice.com

1.8 Mailing Address (If different from address above)

1.9 City

1.10 Zip Code

2. Staff Information

2.1. Chief Executive Officer

2.1a. First Name-CEO

Richard

2.1b. Last Name-CEO

McLaughlin

2.1c. E-mail Address

Richard.McLaughlin@voislk.com

2.2. Chief Financial Officer

2.2a. First Name-FO

Dennis

2.2b. Last Name-FO

Murray

2.2c. E-mail Address

Dennis.Murray@voislk.com

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

2.3a. First Name

Jennifer

Paulus

2.3c. Telephone Number

847-526-2100

2.3d. E-mail Address

Jennifer.Paulus@islandlakepolice.com

3. Organization Type

3.1 Program Type (Choose one)*

Law Enforcement Agency ▼

3.2. FEIN Number

36-6008164

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)

Lake 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

6/19/24

JENNIFER PAULUS

Signer's Full Name

Chief of Police

Signer's Title

Upload the signed FY25 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