

# 2017-18 JCS Fund Young People's Music Initiative First Year Grant Application Process

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*DuPage Foundation*

## *School/District Information*

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### **School/District Name\***

*Character Limit: 250*

### **School Mailing Address\***

*Character Limit: 500*

### **School Phone Number\***

*Character Limit: 100*

### **School Federal Tax ID #\***

*Character Limit: 100*

### **School Website\***

*Character Limit: 100*

### **Primary Contact for Proposal\***

*Character Limit: 100*

### **Primary Contact Title\***

*Character Limit: 100*

### **Phone (during school year)\***

*Character Limit: 100*

### **Phone (during summer)\***

*Character Limit: 100*

### **Email (during school year)\***

*Character Limit: 100*

### **Email (during summer)\***

*Character Limit: 100*

Note the Contact must be available until **late-June** to answer questions and receive grant award information.

## Application Narrative

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### Program/Project Description\*

Describe the proposed program/project including specific goals. Explain how the funds will be used and how the program will be implemented. What is the reason that the program/project would not otherwise be funded?

*Character Limit: 5000*

### Student/Staff Information\*

What are the ages and number of students who may be expected to benefit? Identify the staff or staff group that will oversee the program.

*Character Limit: 5000*

### Music Exposure\*

Will the program expose students to music, particularly classical or orchestral music or instruments for the first time? Please explain.

*Character Limit: 5000*

### Visits

If the program includes mentoring student musicians and/or bringing to the school those who have excelled in music or artists-in-residence, describe the mentoring and proposed visits.

*Character Limit: 5000*

### Program/Project Outcomes\*

Briefly summarize the program's expected outcomes and long term benefits. How do you suggest measuring long term benefits?

*Character Limit: 5000*

### Additional Factors\*

Describe any unusual or unique aspects of the programs. Also state whether staff would be willing to spend a limited amount of time assisting lower-level grade level programs or providing music education mentoring.

*Character Limit: 5000*

### Additional Information

If there is information related to your request that you feel is important for representatives of the JCS Fund and the Foundation to know but that you were not able to present in this application, you may describe or upload it here.

*Character Limit: 2000 | File Size Limit: 1 MB*

### Budget\*

Click [HERE](#) to download the budget template. Please download it to your computer, complete the budget and then upload it below.

*Character Limit: 2000 | File Size Limit: 2 MB*

### **Percent Requested\***

What percent of the total program budget is being requested?

*Character Limit: 100*

### **Remaining Funding**

If the grant would fund less than the entire program, what is the source of the remaining funding?

*Character Limit: 100*

## *Request Detail*

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### **Project Name\***

Provide a brief name for your project.

*Character Limit: 100*

### **Amount Requested - Up to a maximum of \$25,000\***

*Character Limit: 20*

## *School Principal/District Superintendent Authorization*

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### **Letter of Understanding from School Principal or District Superintendent\***

It is important that your School Principal/District Superintendent understand that you are submitting this proposal and that he/she authorizes its submission.

Please upload a letter from the School Principal or District Superintendent stating that he/she:  
\* has read and understands the Young People's Music Initiative program description and this application,

\* has the authority to apply for this grant on behalf of the school or district,

\* certifies that the grant funds will be used for the purposes described, and

\* certifies that without the grant, the project(s) will not be funded

*File Size Limit: 1 MB*

## *Primary Contact Electronic Signature*

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### **Primary Contact Signature\***

The undersigned:

\*has read and understands the Program Description,

\*certifies that grant funds will be used for the purposes described, and

\*will be regularly available by telephone or email to answer questions regarding this application.

*Character Limit: 250*

**Primary Contact Title\***

*Character Limit: 100*

**Agreement\***

By entering your information above and clicking "I agree" below, you are certifying that:

1. the information contained in this application is true and correct.
2. the proposed program/project has been or will be adopted by your school/school district as a part of its plan of work.

Your completion of this section constitutes an electronic signature.

I agree

I do not agree