

# 2024 DuPage Community Transformation Partnership Transformational Grant

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*DuPage Foundation*

## *Basic Information*

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This grant opportunity is made possible through the DuPage Community Transformation Partnership initiative utilizing American Rescue Plan Act funds from Federal grant ID#SLFRP0010.

### **Project Name\***

Provide a brief name for your project.

*Character Limit: 100*

### **Purpose\***

Briefly describe the purpose of your request - Example: To support (name or type of program) that will (what the project will do).

*Character Limit: 200*

### **Issue Area\***

Indicate the issue area or areas of focus

#### **Choices**

Food Insecurity  
Housing Instability  
Mental Health  
Substance Use Disorder

### **Program/Project Cost\***

What is the total cost of the program/project for which you are applying?

*Character Limit: 20*

### **Grant Type\***

Specify if you are requesting a one-year or two-year grant.

#### **Choices**

One-Year Grant (2024-2025)  
Two-Year Grant (2024-2026)

## Grant Amount Requested\*

What is the total amount of your request? If applying for a two-year grant, the amount should include the total amount you are requesting for both years.

*Character Limit: 20*

## LOI Narrative

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### Organization Description\*

What is the overall purpose or mission of your organization? Include a brief history.

*Character Limit: 2500*

### DuPage Impact\*

What percent of the population served by your **organization** are DuPage County residents? If less than 50%, please specify the DuPage location from which services are delivered or provide a description of the DuPage advisory board and when it was created

*Character Limit: 250*

What percent of the population served by this **program** are DuPage County residents?\*

*Character Limit: 250*

### Description of Need\*

Provide a brief description of the impact COVID-19 has had on your organization and the responding need relative to the program for which you are seeking funding.

*Character Limit: 1000*

### Program Description\*

Provide a brief description of the proposed program, how it will address local needs that are the result of the COVID-19 pandemic in the areas of food insecurity, housing instability, mental health or substance use disorder, the measurable outcomes you expect to achieve, and how it is transformational for your organization.

*Character Limit: 1500*

### Fund Allocation\*

Describe how you plan to allocate grant funds (i.e. salary expense, equipment purchase, emergency assistance, etc.). Bullet points are fine.

*Character Limit: 750*

### Number of Individuals Served\*

What is the total number of individuals you anticipate being served with this grant funding? This should be the amount served with the dollar amount for which you are applying and not the total number you anticipate serving within the whole program.

*Character Limit: 250*

### **Number of Individuals Served\***

Will this funding increase your support of your current base of clients due to increased capacity or will it support additional clients? (e.g. expansion of who you serve, outreach to a new geographic location, clients reached through a new partnership with another organization, etc.)?

*Character Limit: 500*

### **Additional Clients\***

If funding is intended to serve additional clients, what is the incremental number of clients you anticipate being served with grant funding.

*Character Limit: 500*

### **Additional Clients\***

If funding is intended to serve additional clients, provide a brief description of your outreach plans to reach them.

*Character Limit: 500*

### **Collaboration\***

Does the program reflect a formal collaboration among multiple organizations?

Please list the collaborating organizations, the applicable representatives from each, and indicate whether you have signed MOUs or formal partnership agreements. (Please note -- if invited to submit a full application, you will need to submit signed MOUs or formal partnership agreements in the application.)

*Character Limit: 750*

### **Additional Funders**

Are you asking any other funders to support this project/program?

*Character Limit: 200*

## **Attachments**

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### **Financial Indicators Form\***

Download the [Financial Indicators Form](#). The fiscal years reported on this form must align with the 990 form and audits submitted. You will need to complete and save the form before uploading it below.

*File Size Limit: 1 MB*

### Current Fiscal Year Operating Budget\*

Submit a current fiscal year operating budget.

*File Size Limit: 1 MB*

### 990 Form\*

Please upload your most recent 990 or 990-EZ

*File Size Limit: 7 MB*

### Audited Financial Statements (1)\*

Please upload your organization's audited statements conducted by an independent audit firm that reflect the three most recent years

*File Size Limit: 5 MB*

### Audited Financial Statements (2)\*

*File Size Limit: 5 MB*

### Audited Financial Statements (3)

*File Size Limit: 4 MB*

### Additional Attachment (Optional)

If there is information related to your request that you feel is relevant to your request but that you were not able to present in this LOI, you may describe or upload it here.

*Character Limit: 1000 / File Size Limit: 1 MB*

## Electronic Signature

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Prior to the release of any grant monies, a grant recipient will be required to sign a grant agreement to use funds for the sole purposed stated in the application form. Failure to comply with the terms of the grant agreement will jeopardize any future grants from the DuPage Foundation.

Enter your full name, business title and date of submission (e.g. Erin Smith, Executive Director, March 1, 2024)\*

*Character Limit: 250*

### Consent\*

As part of our grant process, we may share LOIs that we receive with donor-advisors and a few trusted donors who have expressed an interest in learning more about a specific organization and/or a specific request. Do you provide consent for us to share your LOI?

### Choices

Yes

No

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

1. the information contained in this LOI is true and correct.
2. the proposed program/project has been adopted by your organization as a part of its plan of work.
3. you are duly authorized to submit this LOI.

Your completion of this section constitutes an electronic signature.\*

#### Choices

I agree

I do not agree