

2024 DuPage Community Transformation Partnership Immediate Intervention Grant

DuPage Foundation

Basic Information

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: 250

Issue Area*

Indicate the area or areas of focus.

Choices

Food Insecurity
Housing Instability
Mental Health
Substance Use Disorder

Program/Project Budget*

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

Character Limit: 20

Grant Amount Requested*

What is the amount you are requesting?

Character Limit: 20

Narrative

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 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 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 description of the proposed program, how it will support the immediate needs of individuals impacted as a result of the COVID-19 pandemic or the economic downturn, and a general description of who will be served.

Character Limit: 1000

Fund Allocation*

Provide specific detail as to how the funds will be allocated. Total should equal the amount for which you are applying.

Character Limit: 750

Impact

COVID Impact*

How does this request relate to the impact COVID has had on those who will be served?

Character Limit: 1000

Number of Individuals Served*

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

Character Limit: 500

Number of Individuals Served*

What is the total number of individuals you anticipate being served with this grant. 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: 500

What percent of those served are considered low-income? *

Character Limit: 1000

How does your agency define low-income? (For example, x% of FPL, x% of median income, x% of disproportionate affected households) *

Character Limit: 750

Metrics*

Describe the data collection system used to specifically measure impact in the issue area for which you are applying. (i.e. how are you measuring change in food insecurity, housing instability, mental health and/or substance use disorder?)

Character Limit: 500

Metrics Collection*

What data will you collect to measure the impact of this grant (i.e. # of households or individuals served, # of counseling sessions, etc.).

Character Limit: 500

Demographics

What is the estimated demographic distribution you expect will be served with this grant?

Caucasian*

Character Limit: 10

African-American*

Character Limit: 10

Latino/Hispanic*

Character Limit: 10

Asian*

Character Limit: 10

American Indian or Alaskan Native**Character Limit: 10***Middle Eastern-North African****Character Limit: 10***Other****Character Limit: 10*

Attachments

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 IRS 990 or 990-EZ.

*File Size Limit: 8 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 to your request that you feel is important for the Evaluation Team to know 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

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 applications 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 application?

Choices

Yes

No

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 adopted by your organization as a part of its plan of work.
3. you are duly authorized to submit this application.

Your completion of this section constitutes an electronic signature.*

Choices

I agree

I do not agree