

# 2018-2019 JCS Fund YPMI Year Two

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## *DuPage Foundation*

### *School/District Information*

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#### **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.

### *Request Detail*

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#### **Project Name\***

Provide a brief name for your project.

*Character Limit: 100*

#### **Grant Amount Requested\***

Year Two Applicants may apply for up to \$10,000

*Character Limit: 20*

### *Application Narrative*

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#### **Program/Project Description\***

Explain how the funds will be used and how the program will be implemented.

*Character Limit: 5000*

### **Program/Project Description\***

Describe how the funds will support mentoring or other imaginative and/or creative learning experiences.

*Character Limit: 5000*

### **Student/Staff Information\***

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

*Character Limit: 2000*

### **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*

## ***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*

## *Progress Report*

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### **2017-2018 Program/Project Progress\***

Please describe how the funded project/program has progressed to date.

*Please note that you will still need to complete a final report (available at <http://dupagefoundation.org/who-we-help/not-for-profits/submit-interim-and-final-reports.html>) which is due by **June 15, 2018***

*Character Limit: 2000*

### **Children Impacted\***

How many children have benefitted from the grant to date? What were the grade levels of the children who were impacted?

*Character Limit: 1000*

### **Project Variation\***

Has the project has differed in execution from that which was presented in your initial application. Please explain.

*Character Limit: 2000*

### **Benefits/Lessons Learned\***

Describe any problems you've encountered, unexpected benefits realized or lessons learned to date.

*Character Limit: 2000*

## *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.

## Choices

I agree

I do not agree