

JCS Fund Healthy Lifestyles Grant

DuPage Foundation

Basic Information

Project Name*

Provide a brief name for your project.

Character Limit: 150

Purpose*

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

Character Limit: 200

Population Served*

Which population best describes those who will be served by this program/project?

Choices

- Adults
- Children/Youth
- Disabled-Physical
- Disabled-Developmental
- Ethnic/Minority
- Families
- General Public
- Immigrants
- Incarcerated Adults
- Incarcerated Juveniles
- Infants/Toddlers
- Low-Income
- Seniors
- Veterans

Program/Project Cost*

What is the total cost of your program/project?

Character Limit: 20

Amount Requested*

What amount is requested from the JCS Fund of the DuPage Foundation?

Character Limit: 20

Application Narrative

Organization Description*

What is the overall purpose or mission of your organization? Include a brief history, including the date established, and the date 501(c)(3) status was granted.

Character Limit: 1500

Program/Project Description*

Describe the program/project to be funded. Be specific about how you will use the grant funds that are being requested.

Character Limit: 1500

Program/Project Outcomes*

1. What is the overall benefit that your program/project intended to provide?
2. What specific outcomes are you trying to achieve?
3. How will you measure the benefit and outcomes?

Character Limit: 2000

Scientific Support*

Describe the scientific support?

Character Limit: 2000

Population Served*

1. Describe the population of individuals who will benefit from the program/project.
2. How many individuals do you expect will benefit?
3. What percent of the population served is from DuPage County?

Character Limit: 1000

Sustainability*

1. Is this a new, continuing or one-time program/project?
2. What are your plans for fully funding and sustaining this program/project beyond the grant period?

Character Limit: 2000

Partnerships

Please describe any other agencies, if any, that are involved with this program/project.

Character Limit: 500

Board Members*

Please enter or upload a list of your board members.

Character Limit: 2000 | File Size Limit: 1 MB

Additional Information

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

Character Limit: 1000 | File Size Limit: 1 MB

Attachments

Program/Project Budget*

Submit a detailed budget for the program/project. Indicate all sources of funding provided by others.

File Size Limit: 2 MB

Current Fiscal Year Operating Budget*

Submit a current fiscal year operating budget.

File Size Limit: 2 MB

Electronic Signature

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 purpose 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 the date of submission. (e.g.: Erin Smith, Executive Director, March 1, 2018)

Character Limit: 250

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, or you have uploaded a signature page of someone who is duly authorized to submit this application on behalf of your organization.

Your completion of this section constitutes an electronic signature.*

Choices

I agree

I do not agree