

2025 Fall Community Impact - Seed Grant

DuPage Foundation

Basic Information

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 ultimately do).**

Character Limit: 200

Program Area*

Which program area best describes your request? (Selection should be based on the program/project content, not necessarily the type of organization.)

Choices

Health & Human Services - Spring Cycle Only
Animal Welfare - Fall Cycle Only
Environment - Fall Cycle Only
Workforce Development - Fall Cycle Only
Youth Education - Fall Cycle Only

Sub-Program Area*

Choices

Animal Welfare
Civil Rights
Counseling
Disabilities
Early Childhood Care and Education
Education
Emergency Assistance (financial)
Employment
Entrepreneurship
Environment
Gender Equity
Health Services
Household Supplies
Housing, Shelter
Legal Services
LGBTQ+ Services
Mental Health

Nutrition, Clothing
Racial Justice
Recreation
Refugee/Immigrant Services
Senior Services
Technology
Youth Development

Type of Funding*

Specify the type of funding you are requesting.

Choices

Equipment/Supplies
General Operating
Program Support
Salary Support

Population Served*

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

Choices

Adults
Animals
Children/Youth
Disabled-Developmental
Disabled-Physical
Families
General Public
Immigrants
Incarcerated Adults
Incarcerated Juveniles
Infants/Toddlers
LGBTQ
Low-Income
People of Color
Seniors
Veterans
Women

Grant Amount Requested*

What amount is requested from the DuPage Foundation? Maximum grant request is \$5,000

Character Limit: 20

Application Narrative

Organization Description*

What is the overall purpose or mission of your organization? What date was your organization established? What date was 501(C)(3) status granted?

Character Limit: 2500

Founder's Story*

1. Describe the founder/leader's story that led to the formation of the organization.
2. What professional experience or expertise did the founder/leader have related to the organization's area of work?
3. What was the catalyst for establishing the organization?
4. Describe the process undertaken to get it started.
5. Who else was instrumental in creating the organization?

Character Limit: 2500

Program/Project Description*

Describe how your organization will use grant funding.

Character Limit: 1500

Fundraising for Match*

Grants are intended to provide a dollar for dollar match of funds raised by the organization during the grant period up to the awarded amount. What are your fundraising plans to secure the match amount and who is responsible for securing funding for your organization?

Character Limit: 1500

Alignment with Community Impact Priorities

Describe how this program aligns with the Community Impact priorities in the category in which application is being submitted.

Spring Cycle

Health & Human Services

Primarily supports programs in the areas of affordable housing, behavioral health, healthcare access, food insecurity, and financial/language literacy.

Fall Cycle

Youth Education – Primarily supports out-of-school educational and leadership programs for youth.

Workforce Development – Primarily supports programs that prepare people for employment, help workers advance in their careers, and build a skilled workforce.

Environment - Supports environmental education; programs that promote conservation and restoration of natural areas, habitats, and green spaces; efforts to reduce pollution and waste; and programs that protect wildlife and endangered species.

Animal Welfare – Supports programs that promote the well-being of domestic animals.

Character Limit: 1000

Board, Staff & Volunteers

Staff*

1. Who is leading the work of your organization?
2. What is his/her role within the organization?
3. Is he/she a paid employee?
4. Is he/she a member of the community you are serving?

Character Limit: 1500

Staff/Volunteers*

Describe how other staff members or volunteers are supporting the delivery of services, programming or fundraising.

Character Limit: 1000

Board Members*

Enter or upload a list of your board members with their city and state of residency. Indicate the members that are part of the community you are serving.

Character Limit: 2000 / File Size Limit: 1 MB

Board Giving*

What percentage of your board of directors supported the organization with a personal financial gift this past fiscal year? If not 100%, please explain.

Character Limit: 750

Impact

Impact - Project/Program*

What percent of the population served by your **organization** are DuPage residents?

Character Limit: 3

Impact - Individuals During Grant Period*

Approximately how many individuals do you anticipate being served during the grant period?

Character Limit: 7

Impact - Individuals During Grant Period Description*

Provide a short description on how you came up with the number you estimate will be served

Character Limit: 500

Impact - Individuals*

How many individuals have been served with this program since you received your 501(C)(3)?

Character Limit: 7

Impact - Communities*

What specific community or communities will benefit from your work? (Cities, towns, villages)

Character Limit: 500

Impact - Demographics

Please provide the estimated demographic distribution of the individuals you serve. Responses should add up to 100%. Enter 0 in any field that do no apply.

Demographic Group	Percentage
Caucasian	
African-American	
Latino/Hispanic	
Asian	
American Indian or Alaskan Native	
Middle Eastern-North African	
Other	
Total	

Attachments

Current Fiscal Year Operating Budget*

Submit a current fiscal year operating budget.

File Size Limit: 1 MB

990 Form*

Upload the organization's most recent IRS 990 or 990-EZ.

Character Limit: 250 / File Size Limit: 9 MB

Additional Attachment (Optional)

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: 2500 / 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, 2025)

Character Limit: 250

Consent*

As part of our Community Impact grant process, we 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, 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