# Fall 2024 Community Impact 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
Education - Fall Cycle Only
Environment - Fall Cycle Only
Animal Welfare - Fall Cycle Only

### Sub-Program Area*
#### Choices
Animal Welfare
Arts & Culture
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

## Program/Project Cost*
What is the total cost of the program/project for which you are applying?

*Character Limit: 20*

## Grant Amount Requested*
*If you are applying for $5,000 or less please use the Community Impact Mini-Grant application. Organizations may submit one Community Impact application per calendar year.*

What amount is requested from the DuPage Foundation? (Maximum request is $25,000)

*Character Limit: 20*

*Note:  Special consideration may be provided for merged organizations in which both of the agencies that have merged received a Community Impact grant during the past two years.  Agencies are eligible for special consideration for up to three years following the merge.  Contact Barb Szczepaniak to discuss the maximum award amount.*

## Application Narrative

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

*Character Limit: 2500*

### Operations*
Describe anything significant that occurred within your organization this year that has impacted your operations.

*Character Limit: 2000*

### Program/Project Description*
Describe the program/project to be funded.

*Character Limit: 2500*

### Description of Need*
Describe the need in the community relative to your request and provide data to illustrate the need.   A source for local data is the Impact DuPage dashboard.

*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: 500*

Has DuPage Foundation previously funded this program/project?*

### Choices
Yes
No

### Alignment with Community Impact Priorities
Please describe how this program aligns with the Community Impact priorities in the category in which application is being submitted.

<u>Spring Cycle</u>
**Health & Human Services**
Primarily supports programs in the areas of affordable housing, behavioral health, access to healthcare and food insecurity.

<u>Fall Cycle</u>
**Education**
Primarily supports equitable pathways to self-sufficiency including financial, health and language/math literacy and/or the development of leadership skills.
**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: 2500*

## Sustainability*

Is this a new, continuing or one-time program/project?

*Character Limit: 2000*

What are your plans for fully funding and sustaining this program/project?*

*Character Limit: 1000*

Specify other funding sources or steps you have already taken to get additional funding to support it.*

*Character Limit: 1000*

## Collaboration*

What other agencies are you working with on this program/project?  Describe partnerships and activities.

*Character Limit: 1500*

## *Impact*

### Impact*

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

*Character Limit: 500*

What percent of the population served by this **program/project** are DuPage residents?*

*Character Limit: 500*

## Individuals Impacted*

Approximately how many individuals do you anticipate being served with these grant funds?  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*

Approximately how many individuals do you anticipate being served within the whole program.*

*Character Limit: 250*

How many individuals have been served with this program in the past three years (total for three years)?*

*Character Limit: 240*

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

*Character Limit: 250*

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

*Character Limit: 250*

## Communities*

What specific community or communities will benefit from this program/project? (Cities, towns, villages)

*Character Limit: 500*

# *Demographics*

## Demographics

Please provide the estimated demographic distribution is expected to be served with this grant. Responses must add up to 100%

| Demographic Group | Percentage |
|---|---|
| Caucasian | |
| African-American | |

| | |
|---|---|
| Latino/Hispanic | |
| Asian | |
| American Indian or Alaskan Native | |
| Middle Eastern-North African | |
| Other | |
| Total | |

## Board, Staff & Volunteers

### Board Members*

Please enter or upload a list of your board members with addresses.

*Character Limit: 2000 | File Size Limit: 1 MB*

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: 1000*

What percentage of your most recent fiscal year income was the result of personal financial gifts from your board?

*

*Character Limit: 250*

Do any of your board members have lived experience related to the types of services you provide or are past clients of your organization?  If so, please describe.

*Character Limit: 1000*

### Staff*

Please enter or upload a list of management and pertinent staff members.

*Character Limit: 2000 | File Size Limit: 1 MB*

## Volunteers

Please describe how volunteers (including board and committee members) actively contribute to the overall work of your organization.

*Character Limit: 2000*

## Did your organization receive a 2023 Community Needs Grant?*

*Note: If yes, answer the questions in the "Progress Report" section.*

### Choices

Yes

No

# *Progress Report*

## Progress/Final Report Status

If you received a Community Needs grant in 2023, did you submit a final report yet?

If not, please respond to the remaining questions in the Progress Report section of this application.  *(Please note that final reports are still due by the following dates: May 1, 2024 for human services grants and November 1, 2024 for education, arts & culture, environment and animal welfare grants. Final report questions are available under the Follow-up tab in your 2023 application.)*

### Choices

Yes

No

## Program/Project Progress

Describe how the funded project/program has progressed to date.

*Character Limit: 1500 | File Size Limit: 2 MB*

## Impact

1. Describe the impact the project has had on those served.

2. How many individuals have been served to date?

*Character Limit: 1000*

## Problems/Benefits/Lessons Learned

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

*Character Limit: 1000*

## Attachments

### Outcome Measures Table*

Please download the Outcome Measures Table. You will need to complete and save the Outcome Measures Table before uploading it below.

*File Size Limit: 1 MB*

### Program/Project Budget*

Submit a program/project budget relating to the grant request, indicating how the grant requested will be used.

*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: 9 MB*

### Financial Indicators Form*

Please download the Financial Indicators Form. You will need to complete and save the form before uploading it below.

*File Size Limit: 1 MB*

### Audited Financial Statement*

Please upload your organization's most recent audited financial statement. If you do not have an audited financial statement, please provide a brief explanation as to why your organization does not have one.

*Character Limit: 500 | File Size Limit: 6 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, 2024)

*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