

# Spring 2025 Community Impact - Seed Grant

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*DuPage Foundation*

## *Basic Information*

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### **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*

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### **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*

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

Describe how your organization will use grant funding.

*Character Limit: 2500*

### **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: 2500*

### **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.

#### **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: 2500*

## *Board, Staff & Volunteers*

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### **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?

*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\***

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

*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*

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### **Impact - Organization\***

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

*Character Limit: 500*

### **Impact - Individuals During Grant Period\***

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

*Character Limit: 250*

### **Impact - Individuals During Grant Period Description\***

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

*Character Limit: 750*

### **Impact - Individuals\***

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

*Character Limit: 250*

**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%

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\*

Please upload your most recent IRS 990 or 990-EZ.

*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

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### 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