2024 Glen Ellyn Fund 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

Community Arts & Cultural Programming
Social & Recreational Programs
Environmental Sustainability
Green & Open Space
Infrastructure & Capital Improvements

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*

What amount is requested from DuPage Foundation?

Character Limit: 20

Application Narrative

Organization Description*

What is the overall purpose or mission of your organization?

Character Limit: 2500

Program/Project Description*

Describe the program/project to be funded.

Character Limit: 2500

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

Choices

New
Continuing
One-Time

Value of Project for Glen Ellyn Residents*

How does this project provide value, above and beyond what currently exists, for the residents of Glen Ellyn?

Character Limit: 1500

Impact for Glen Ellyn Residents*

Approximately how many Glen Ellyn residents will benefit from this project?

Character Limit: 250

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

Describe additional funding sources for the program/project if the total cost is more than the dollar amount being requested through this application.

Character Limit: 1000

Annual Budget*

Is funding for this Glen Ellyn focused project/program currently part of the agency's annual budget?

Choices

Yes
No

Attachments

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

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

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

Your completion of this section constitutes an electronic signature.*

Choices

I agree
I do not agree