

# DuPage Medical Group Charitable Fund Application Process

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## *DuPage Foundation*

### **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 will the project 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.)

Community Health and Wellness  
Food Insecurity  
Housing and Support Services

### **Type of Funding\***

Specify the type of funding you are requesting.

Building/Renovation  
Equipment/Supplies  
Program Support  
Salary Support  
Other

### **Population Served\***

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

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*

**Grant Amount Requested\***

What amount is requested?

*Character Limit: 20*

**Type of Request**

Has the DuPage Medical Group Charitable Fund previously funded this program?

Yes

No

*Application Narrative*

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**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: 2500*

**Program/Project Description\***

Describe the program/project to be funded. What are its purposes or goals? What population will be served? How many will directly benefit?

*Character Limit: 4000*

**Program/Project Outcomes\***

What benefit is your program/project intended to provide? What results or goals are you trying to achieve? How will you measure the results of the program/project?

*Character Limit: 2000*

**Geographic Area Served\***

Please specify the geographic area that will be served by this program/project.

*Character Limit: 250*

**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*

## 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, 2017)

*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.\*

I agree

I do not agree