DuPage Medical Group Charitable Fund
Application Process

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

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**

*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