

2023 Duly Health and Care Charitable Fund

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.)

Choices

Community Health and Wellness
Food Insecurity
Housing and Support Services

Type of Funding*

Specify the type of funding you are requesting.

Choices

Building/Renovation
Equipment/Supplies
Program Support
Salary Support
Other

Population Served*

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

Choices

Adults
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 your program/project?

Character Limit: 20

Grant Amount Requested*

What amount is requested?

Character Limit: 20

Type of Request

Has the Duly Health and Care Charitable Fund previously funded this program?

Choices

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

Organization: Geographic Area Served*

Which of the following Illinois counties do you serve? Please select all that apply.

Choices

Cook County
DuPage County
Grundy County
Kane County
Kendall County
Will County
Other (list below)

Other

Character Limit: 100

Organization: Population Served*

Please describe the primary population you serve, including overall client demographics and geographic focus areas within your county/counties of operation.

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: 3000

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?
- Please give an example of how the program/project will advance health equity in the populations it will support.

Character Limit: 3000

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

Attachments

Program Budget*

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

File Size Limit: 2 MB

Operating Budget*

Please upload your organization's current operating budget.

File Size Limit: 2 MB

Internal Year End Financial Statement*

Please upload your organization's most recent internal year end financial statement. If it is more than six months old, please submit a current interim financial statement.

File Size Limit: 2 MB

Electronic Signature

Electronic Signature*

The 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 DuPage Foundation.

Enter your full name, business title and the date of submission. (e.g.: Erin Smith, Executive Director, March 1, 2023)

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.*

Choices

I agree

I do not agree