

# Spring 2020 Community Needs 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  
Education - Fall Cycle Only  
Arts & Culture - Fall Cycle Only  
Environment - Fall Cycle Only  
Animal Welfare - Fall Cycle Only

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

Specify the type of funding you are requesting.

#### **Choices**

Building/Renovation  
Equipment/Supplies  
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  
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 from the DuPage Foundation? (Maximum grant request: \$20,000)

Note: Special consideration may be provided for merged organizations in which both of the agencies that have merged received a Community Needs grant during the past two years. Agencies are eligible for special consideration for up to three years following the merge. Contact Barb Szczepaniak to discuss the maximum award amount.

*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*

### **Operations\***

Describe anything significant that occurred within your organization this year that has impacted your operations.

*Character Limit: 2000*

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

1. Describe the program/project to be funded.
2. How will you specifically use the grant funds that are being requested?

*Character Limit: 3000*

### **Program/Project Outcomes\***

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

*Character Limit: 3000*

## **Impact**

1. What percent of the population served by your organization are DuPage residents?
2. What percent of the population served by this program/project are DuPage residents?
3. What specific community or communities will benefit from this program/project?
4. How many individuals will be served by this program/project?

*Note: Governmental agencies applying for a grant that will ONLY benefit Glen Ellyn residents may skip the questions under "Impact" and complete the questions under the section titled "Glen Ellyn" instead.*

*Character Limit: 2000*

## **Alignment with Community Needs Priorities**

If this program aligns with the Community Needs priorities in the category in which application is being submitted, please describe the alignment.

### **Spring Cycle**

#### **Health & Human Services**

Primarily supports programs that align with the Impact DuPage health & human needs priorities: affordable housing, behavior health and health status improvement.

### **Fall Cycle**

#### **Education**

Primarily supports pathways to self-sufficiency including financial, health and language/math literacy and/or the development of leadership skills.

#### **Arts & Culture**

Primarily supports programs that offer broad access, outreach and/or unique opportunities to enrich arts & cultural experiences.

#### **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: 4000*

## **Sustainability\***

1. Is this a new, continuing or one-time program/project?
2. What are your plans for fully funding and sustaining this program/project?
3. Specify other funding sources or steps you have already taken to get additional funding to support it.

*Character Limit: 2000*

**Collaboration\***

What other agencies are you working with on this program/project? Describe partnerships and activities.

*Character Limit: 1500*

**Board Members\***

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

*Character Limit: 2000 | File Size Limit: 1 MB*

**Board Support\***

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: 1000*

**Staff\***

Please enter or upload a list of management and pertinent staff members.

*Character Limit: 1000 | File Size Limit: 1 MB*

**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*

## *Glen Ellyn Arts & Culture or Environmental Projects*

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**To be completed by organizations, including governmental agencies, submitting an application for an arts & culture or environment project that primarily benefits Glen Ellyn residents. Fall cycle applications only.**

**Impact for Glen Ellyn Residents**

How many Glen Ellyn residents will benefit from this project?

*Character Limit: 250*

**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: 2500*

## Annual Budget

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

### Choices

Yes

No

## Progress Report

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### Did you receive a 2019 Community Needs Grant?\*

If you did not receive a 2019 Community Needs grant, please answer this question but skip the remaining questions in the Progress Report section of the application.

### Choices

Yes

No

### Progress/Final Report Status

If you received a Community Needs grant in 2019, did you submit a final report yet? If not, please respond to the remaining questions in the Progress Report section of this application. *(Please note that final reports are still due by the following dates: May 1, 2020 for human services grants and November 1, 2020 for education, arts & culture, environment and animal welfare grants. Final report questions are available under the Follow-up tab in your 2019 application.)*

### Choices

Yes

No

### Program/Project Progress

If you received a Community Needs grant in 2019 and have not yet completed a final report, please describe how the funded project/program has progressed to date.

*Character Limit: 2000 | File Size Limit: 2 MB*

### Impact

If you received a Community Needs grant in 2019 and have not yet completed a final report:

1. Describe the impact the project has had on those served.
2. How many individuals have been served?
3. If the grant exceeded \$2,500, provide an update of project outcomes related to the program objectives that were identified in the Outcome Measures Table that was submitted with your application.

*Character Limit: 2000*

## Project Variation

If you received a Community Needs grant in 2019 and have not yet completed a final report, please indicate whether the project has differed in execution from that which was presented in your initial application. Please explain.

*Character Limit: 2000*

## Problems/Benefits/Lessons Learned

If you received a Community Needs grant in 2019 and have not yet completed a final report, please describe any problems you've encountered, unexpected benefits realized or lessons learned to date.

*Character Limit: 2000*

## Attachments

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### Outcome Measures Table\*

Please download the [Outcome Measures Table](#). You will need to complete and save the Outcome Measures Table before uploading it below.

*File Size Limit: 1 MB*

### 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: 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 internal financial statement.

*File Size Limit: 3 MB*

### 990 Form\*

Please upload [page one](#) of your most recent IRS 990 or 990-EZ. (Please note that you do not need to upload the entire 990 or 990-EZ)

*File Size Limit: 3 MB*

### Financial Analysis Form\*

Please download the [Financial Analysis Form](#). You will need to complete and save the Financial Analysis Form before uploading it below.

*File Size Limit: 1 MB*

### **Audited Financial Statement\***

Please upload your organization's most recent audited financial statement. If you do not have an audited financial statement, please provide an explanation as to why your organization does not have one.

*Character Limit: 1000 | File Size Limit: 7 MB*

### **Additional Attachment (Optional)**

If you have an additional document that you need to include, please upload it here.

*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, 2020)

*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