

# 2025 Capacity Building 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/Project Cost\***

What is the total cost of the program/project for which you are applying?

*Character Limit: 20*

#### **Grant Amount Requested\***

Applicants may apply for a grant up to \$20,000

*Character Limit: 20*

#### **Project Area\***

##### **Donor Engagement & Fund Development**

For projects that cultivate deeper donor relationships, increase giving, and develop effective fundraising strategies

##### **Technology Upgrades & Implementation**

For projects that improve organizational efficiency, increase productivity, and/or provide better data security

#### **Choices**

Donor Engagement and Fund Development

Technology Upgrades and Implementation

### *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*

**Project Description\***

Provide a brief description of the proposed project.

*Character Limit: 1500*

**Mission\***

How will the project improve your organization's ability to carry out its mission?

*Character Limit: 1500*

**Project Description\***

Who will be leading the capacity building project and who will be involved in it? Please include information on potential vendors, consultants, and/or products for the project, if applicable.

*Character Limit: 1500*

**Impact\***

How will you measure the impact of the project?

*Character Limit: 1500*

**Organizational Priorities and Timing\***

Why is this a good time for your organization to take on this capacity building project? What steps have you already taken to identify the need or prepare for this capacity building project?

*Character Limit: 1500*

**Fund Allocation\***

Provide specific detail as to how the grant funds will be allocated. Total should equal the amount for which you are applying.

*Character Limit: 500*

**Additional Funding\***

If the project budget exceeds the requested grant amount, specify other funding sources or steps you have taken to secure additional funding.

*Character Limit: 1500*

**Project Plan and Timeline\***

Outline the project timeline with the understanding that awarded grant funds must be spent by October 1, 2026.

*Character Limit: 1750*

## Attachments

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### Program/Project Budget\*

Submit a program/project budget that includes revenue and expenses for the **entire program/project**. Included project expenses should equal the amount listed in "Total Project Cost" provided at the beginning of the application.

*File Size Limit: 1 MB*

### Current Fiscal Year Operating Budget\*

Submit a current fiscal year operating budget.

*File Size Limit: 1 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: 1000 | File Size Limit: 2 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, 2025)

*Character Limit: 250*

### Consent\*

As part of our grant process, we may share applications that we receive with donor-advisors and a few trusted donors who have expressed an interest in learning more about a specific organization and/or a specific request. Do you provide consent for us to share your application?

#### Choices

Yes

No

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