

Spring 2025 Community Impact - Sustain Grant

DuPage Foundation

Basic Information

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
Animal Welfare - Fall Cycle Only
Environment - Fall Cycle Only
Workforce Development - Fall Cycle Only
Youth Education - Fall Cycle Only

Sub-Program Area*

Choices

Animal Welfare
Civil Rights
Counseling
Disabilities
Early Childhood Care and Education
Education
Emergency Assistance (financial)
Employment
Entrepreneurship
Environment
Gender Equity
Health Services
Household Supplies
Housing, Shelter
Legal Services
LGBTQ+ Services
Mental Health

Nutrition, Clothing
Racial Justice
Recreation
Refugee/Immigrant Services
Senior Services
Technology
Youth Development

Type of Funding*

Specify the type of funding you are requesting.

Choices

Equipment/Supplies
General Operating
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
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 the program/project for which you are applying?

Character Limit: 20

Grant Amount Requested*

What amount is requested from the DuPage Foundation?

If the amount requested is over \$5,000 fill out the questions in the "Requests Over \$5,000" section.

Character Limit: 20

Application Narrative

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*

Describe the program/project to be funded.

Character Limit: 2500

Description of Need*

Describe the need in the community relative to your request and provide data to illustrate the need. A source for local data is the Impact DuPage dashboard.

Character Limit: 1000

Fund Allocation*

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

Character Limit: 500

Past Grants*

Has DuPage Foundation previously funded this program/project?

Choices

Yes

No

Alignment with Community Impact Priorities

Please describe how this program aligns with the Community Impact priorities in the category in which application is being submitted.

Spring Cycle

Health & Human Services

Primarily supports programs in the areas of affordable housing, behavioral health, healthcare access, food insecurity, and financial/language literacy.

Fall Cycle

Youth Education – Primarily supports out-of-school educational and leadership programs for youth.

Workforce Development – Primarily supports programs that prepare people for employment, help workers advance in their careers, and build a skilled workforce.

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: 2500

Impact

Impact - Organization*

What percent of the population served by your **organization** are DuPage residents?

Character Limit: 500

Impact - Project/Program*

What percent of the population served by this **program/project** are DuPage residents?

Character Limit: 500

Impact - Individuals Impacted with Grant*

Approximately how many individuals do you anticipate being served with these grant funds? This should be the amount served with the dollar amount for which you are applying and not the total number you anticipate serving within the whole program.

Character Limit: 250

Impact - Individuals Impacted with Grant Description*

Provide a short description on how you came up with the number you estimate you will be served

Character Limit: 750

Impact - Total Program*

Approximately how many individuals do you anticipate being served within the whole program.

Character Limit: 250

Impact - Past Three Years*

How many individuals have been served with this program in the past three years (total for three years)?

Character Limit: 240

Impact - Low-Income*

What percent of those served by this program are considered low-income?

Character Limit: 250

Impact - Low-Income Definition*

How does your agency define low-income? (For example, x% of FPL, x% of median income, x% of disproportionate affected households)?

Character Limit: 250

Communities*

What specific community or communities will benefit from this program/project? (Cities, towns, villages)

Character Limit: 500

Demographics

Please provide the estimated demographic distribution is expected to be served with this grant. Responses must add up to 100%

Demographic Group	Percentage
Caucasian	
African-American	
Latino/Hispanic	
Asian	
American Indian or Alaskan Native	
Middle Eastern-North African	
Other	

Total	
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Board, Staff & Volunteers

Board Members*

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

Character Limit: 2000 | File Size Limit: 1 MB

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

What percentage of your most recent fiscal year income was the result of personal financial gifts from your board?

*

Character Limit: 250

Do any of your board members have lived experience related to the types of services you provide or are past clients of your organization? If so, please describe.

Character Limit: 1000

Staff*

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

Character Limit: 2000 | File Size Limit: 1 MB

Volunteers

Please describe how volunteers (including board and committee members) actively contribute to the overall work of your organization.

Character Limit: 2000

Did your organization receive a 2024 Community Needs Grant?*

Note: If yes, answer the questions in the "Progress Report" section.

Choices

Yes

No

Progress Report

Please note that final reports are due by the following dates:

- **May 1, 2025** for health and human services grants
- **November 1, 2025** for education, environment and animal welfare grants.

The final report is available under the Follow-up section in your 2024 application.

If you have already submitted your final report, please copy your answers into the progress report below.

Project/Program Progress*

Describe how the funded project/program has progressed to date.

Character Limit: 2000

Impact*

1. Describe the impact the project has had on those served.
2. How many individuals have been served to date?

Character Limit: 2000

Problems/Benefits/Lessons Learned*

Describe any problems you've encountered, unexpected benefits realized or lessons learned to date.

Character Limit: 2000

Requests Over \$5,000

This section is required for grant requests greater than \$5,000

Collaboration*

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

Character Limit: 1500

Sustainability*

Is this a new, continuing or one-time program/project?

Choices

New

Continuing

One-time

Specify other funding sources or steps you have already taken to get additional funding to support it.*

Character Limit: 1000

What are your plans for fully funding and sustaining this program/project?*

Character Limit: 1000

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

Financial Indicators Form*

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

File Size Limit: 1 MB

Attachments

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: 1 MB

990 Form*

Please upload your most recent IRS 990 or 990-EZ.

File Size Limit: 9 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 a brief explanation as to why your organization does not have one.

Character Limit: 500 | File Size Limit: 6 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: 2500 | File Size Limit: 2 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, 2025)

Character Limit: 250

Consent*

As part of our Community Impact grant process, we 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