

# 2025 Glen Ellyn Fund 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**

Community Arts & Cultural Programming  
Social & Recreational Programs  
Environmental Sustainability  
Green & Open Space  
Infrastructure & Capital Improvements

### **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 DuPage Foundation?

*Character Limit: 20*

## *Application Narrative*

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### **Organization Description\***

What is the overall purpose or mission of your organization?

*Character Limit: 2500*

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

Describe the program/project to be funded.

*Character Limit: 2500*

Is this a new, continuing or one-time project?\*

#### **Choices**

New  
Continuing  
One-Time

### **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: 1500*

### **Impact for Glen Ellyn Residents\***

Approximately how many Glen Ellyn residents will benefit from this project?

*Character Limit: 250*

### 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*

### Additional Funding

Describe additional funding sources for the program/project if the total cost is more than the dollar amount being requested through this application.

*Character Limit: 1000*

### Annual Budget\*

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

#### Choices

Yes

No

## Attachments

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### 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\*

If applicable, upload your organization's most recent IRS 990 or 990-EZ.

*Character Limit: 500 / File Size Limit: 5 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*

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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*

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

Your completion of this section constitutes an electronic signature.\*

### **Choices**

I agree

I do not agree