COVID-19 Response Fund Grant

DuPage Foundation

Basic Information

Project Name*
Provide a brief name for your project.
Character Limit: 100

Grant Amount Requested*
What amount is requested from the DuPage Foundation?
Character Limit: 20

Connection to Funding Sources*
May we share your application with other funders?
Choices
Yes
No

Application

Impact*
How has your organization been impacted by the spread of COVID-19?
Choices
Cancellation of programs, events, or services resulting in revenue loss
Disruption of services to clients and communities
Increased demand for services

Program Areas*
If your organization is providing services in response to COVID-19, which of the following program areas best align with the services you provide?
Choices
Children
Education Support
Eldercare
Food Security
Healthcare
Human Services
Individuals with Disabilities
Mental Health
**Use of Funds**
Briefly describe how your organization would utilize resources from the DuPage Response Fund to minimize the impact of COVID-19 on your organization or to provide services to the community. How will funding impact your organization's capacity to serve the community more effectively?

*Character Limit: 3000*

**Funding Sources**
Have you requested funds from other sources?
If so, please list and specify whether funding is pending or secured.

*Character Limit: 1500*

**Current Fiscal Year Operating Budget**
Please upload current fiscal year operating budget. To the extent possible, indicate if revenue streams have been lost/gained during the COVID-19 pandemic.

*Character Limit: 1000 | File Size Limit: 2 MB*

**Number Served**
What is the estimated number of people you will serve with this grant?

*Character Limit: 1500*

What is the estimated demographic distribution you expect will be served with this grant?
(Responses must add up to 100%)

**Caucasian**

*Character Limit: 5*

**African-American**

*Character Limit: 5*

**Latino/Hispanic**

*Character Limit: 5*

**Asian**

*Character Limit: 5*

**American Indian or Alaskan Native**

*Character Limit: 5*

**Other**

*Character Limit: 5*
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