

# 2019 Spring Community Needs Grant

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## *DuPage Foundation*

### **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

### **Sub-Program Area**

#### **Choices**

Early Childhood Care and Education  
Mental Health  
Disabilities  
Senior Services  
Employment  
Nutrition, Clothing  
Housing, Shelter  
Emergency Assistance (financial)  
Recreation  
Youth Development  
Civil Rights  
Counseling  
Health Services  
Fragile Health  
Legal Services  
Refugee/Immigrant Services  
Household Supplies

### **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
- Children/Youth
- Disabled-Physical
- Disabled-Developmental
- 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 applied for 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?

*Character Limit: 2000*

### **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*

## *Progress Report - To be completed only if you received a Community Needs grant in 2018.*

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**Program/Project Progress (Required by 2018 Community Needs Grant Recipients)**

If you received a Community Needs grant in 2018, please describe how the funded project/program has progressed to date.

Please note that you will still need to complete a final report (available at <http://dupagefoundation.org/who-we-help/not-for-profits/submit-interim-and-final-reports.html>) which is due by May 1, 2019 for health & human services or November 1, 2019 for animal welfare, arts & culture, education and environment grants.

If you have already submitted your final report, please upload the report here so that reviewers are able to easily view it.

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

**Impact (Required by 2018 Community Needs Grant Recipients Only)**

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 (Required by 2018 Community Needs Grant Recipients Only)**

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 (Required by 2018 Community Needs Grant Recipients Only)

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

<https://www.dropbox.com/s/ep0df5pe3vo006u/Financial%20Analysis%20Form.docx?dl=0https://www.dropbox.com/s/ep0df5pe3vo006u/Financial%20Analysis%20Form.docx?dl=0https://www.dropbox.com/s/ep0df5pe3vo006u/Financial%20Analysis%20Form.docx?dl=0https://www.dropbox.com/s/ep0df5pe3vo006u/Financial%20Analysis%20Form.docx?dl=0> 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, 2019)

*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