

2023 Bright & Early DuPage Grant

DuPage Foundation

Project Name*

What is the name of your collaboration?

Character Limit: 100

Request Category*

Specify the category or categories in which you are requesting funding.

Choices

New Collaborative Development

System Capacity Building

Parent Engagement

Grant Amount Requested*

Please specify the total amount of your request.

Character Limit: 20

Collaboration Partners*

Please list the active partners that are engaged in your collaborative.

Character Limit: 2000

Partnership with School District*

Provide a brief description of your partnership with the local school district(s).

Character Limit: 500

New Collaborative Development

How long has your collaborative been in existence?*

Choices

0-6 months

6-12 months

1 year or more

Who is leading the development of the collaborative? Please include name, organization and title.*

Character Limit: 250

Describe the community that comprises your collaborative.

1. What are the geographical boundaries?
2. What school district(s) are part of the effort?

3. What not-for-profit partners and other entities have been involved in the collaborative to date?*

Character Limit: 500

What do you plan to accomplish during the grant period (July 2023 - June 2024)? If you have a timeline, please include it.*

Character Limit: 1000

Describe what your collaborative will do to empower parents and caregivers with increased child development knowledge that enhances family relationships and early learning environments.

*

Character Limit: 2000

Describe what your collaborative will do to actively engage children and families to identify their needs and connect them to resources (public benefits, screenings, etc.).

*

Character Limit: 2000

How will you measure impact? See the [Bright & Early DuPage Impact Framework](#) for possible outcomes of these efforts and indicators to measure impact.

Character Limit: 2000

Specifically describe how the requested funds will be allocated to support the development of the collaborative.*

Character Limit: 500

Additional Information (Optional)

Is there anything else you would like to share about your collaborative's work?

Character Limit: 1000

System Capacity Building

Please specify the amount that you are requesting for System Capacity Building efforts.*

Character Limit: 20

Describe how your collaborative will specifically address system capacity building (increasing # of high quality public/private early childhood seats, increasing the number of home visiting slots, improving the quality of public/private early childhood programs, preparing to take advantage of new funding opportunities, ensuring public/private programs are filled to capacity, improving the use of data to guide decisions-making and collaborative efforts).

How will you measure the impact of your efforts. See the [Bright & Early DuPage Impact Framework](#) for possible outcomes of these efforts and indicators to measure impact.*

Character Limit: 2500

Specifically describe how the requested funds will be allocated to accomplish the plans above.*

Character Limit: 500

Additional Information (Optional)

Is there anything else you would like to share about your collaborative's work?

Character Limit: 1500

Parent Engagement

Please specify the amount that you are requesting for your Parent Engagement program/project.*

Character Limit: 20

Describe what your collaborative will do to empower parents and caregivers with increased child development knowledge that enhances family relationships and early learning environments.*

Character Limit: 2000

Describe what your collaborative will do to actively engage children and families to identify their needs and connect them to resources (public benefits, screenings, etc.).*

Character Limit: 2000

How will you measure the impact of your efforts? See the [Bright & Early DuPage Impact Framework](#) for possible outcomes of these efforts and indicators to measure impact.*

Character Limit: 500

Describe the ways the collaborative connects with parents in-person.*

Character Limit: 500

Specifically describe how the requested funds will be allocated to accomplish the plans above.*

Character Limit: 500

Additional Information (Optional)

Is there anything else you would like to share about your collaborative's work?

Character Limit: 1000

Budget

Grant Budget*

Please complete the Implementation Grant Budget for your collaborative and upload it below.

File Size Limit: 1 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, Board President, July 15, 2023)

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