COVID-19 Response Fund Grant Round 4

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? Maximum request is $20,000.

Character Limit: 20

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

Connection to Funding Sources*

May we share your application with other funders?

Choices
Yes
No

Application

Areas of Impact*

Which of the following areas of impact best describe the type of program/service for which you are applying?

Choices
Animal Welfare
Arts & Culture
Children
Education
Eldercare
Environment
Food Security
Healthcare
Housing
Human Services
Individuals with Disabilities

Mental Health

Organizational Impact*
How has the COVID-19 pandemic impacted your organization and what operational, service and/or program changes have been made as a result?

Character Limit: 1000

Use of Funds*
1. Describe the service or program for which you are requesting funds and how it relates to the impact of COVID-19.
2. How will the requested funds be used? Be specific.

Character Limit: 3000

Timeline*
What is the anticipated timeline to use the grant? Bullet points are great.

Character Limit: 1000

Funding Sources*
Have you received funds from other sources to support the program/service for which you are applying? If yes, specify the amount received and the other sources of funding.

Character Limit: 1500

DuPage Impact*
Approximately what percent of the population served will be DuPage residents?

Character Limit: 100

Number and Demographic Served*
What is the underlined estimated number of people you expect to 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

Current Fiscal Year Operating Budget*
Please upload current fiscal year operating budget. If applicable, describe how the COVID-19 pandemic has affected your current fiscal year operating budget.

Character Limit: 1000 | 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, October 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