

# 2024 JCS Fund Visual Arts and Music Mini-Grant

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*DuPage Foundation*

## *Request Detail*

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### **Project Name\***

Provide a brief name for your project.

*Character Limit: 150*

### **Amount Requested\***

Grants will range from \$500 - \$2,500

*Character Limit: 20*

### **Purpose\***

Briefly describe the purpose of your request - Example: To support (name or type of program) that will (what will the project ultimately do).

*Character Limit: 200*

### **Type of Grant\***

Please specify the type of program for which you are applying.

#### **Choices**

Visual Arts

General Music (preschool and elementary school age only)

Instrumental Music (senior citizens only)

## *Project Narrative*

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### **Project Description\***

Please provide a brief description of your project.

*Requests to support an event must be received by the deadline at least two months prior to the event date.*

*Character Limit: 2500*

### **Project Outcomes\***

What are the anticipated outcomes of your project?

*Character Limit: 1000*

### **Target Audience\***

Who is your target audience?

*Character Limit: 1000*

### Number of Individuals Impacted\*

How many people in DuPage County will benefit from this project during the grant period?  
Please indicate how you arrived at this number.

*Character Limit: 750*

### 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: 1000*

## Attachments

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### Staff\*

Please upload or list the names and qualifications of those who will staff the project.

*Character Limit: 3000 | File Size Limit: 3 MB*

### Budget\*

Please upload the project budget.

*File Size Limit: 3 MB*

## Electronic Signature

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### Electronic Signature\*

The 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, 2024)

*Character Limit: 250*

### Agreement\*

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