

THE DUPAGE COMMUNITY FOUNDATION
APPLICATION COVER SHEET

Check the appropriate program category: Health Human Services
 Arts and Culture Education Environment

Please submit this cover sheet along with the required application information to Barb Szczepaniak, Director of Grants, The DuPage Community Foundation, 104 E. Roosevelt Road, Suite 204, Wheaton, IL 60187-5267.

ORGANIZATION INFORMATION

Organization Name _____ Year Founded _____

Mailing Address _____

Phone _____ Fax _____ Website _____

Executive Director _____

Primary Contact for Proposal _____

Title _____ Phone _____ E-mail _____

BRIEF ONE-SENTENCE SUMMARY OF REQUEST: (Please limit to space provided)

PROJECT INFORMATION Total Cost of Project/Program: \$ _____

Amount Requested of the Foundation: \$ _____

In order to be considered for a grant, grant seekers must submit **TWO (2) copies** of the application with all of the requested information. Applications must be received in the Foundation office by 5 p.m. the day of the published deadline. Each copy of the application must contain a) signed application cover sheet, b) narrative form, and c) attachments. Check box to indicate completeness. Incomplete applications may not be accepted.

- a) Application Cover Sheet
- b) An application in narrative form, three pages or less, which answers the questions below. As you answer each question, please repeat the question and respond in the order listed.
1. What is the overall purpose or mission of your organization? Include a brief history.
 2. Did anything significant happen this year to impact your operations?
 3. What amount is requested? Include brief description of project/program to be funded.
 4. What specific need does this project/program address?
 5. How will this grant be used? Who and how many will directly benefit?
 6. How do you plan to evaluate the progress and success of your project/program? Describe the strategies and tools that you will use in measuring the outcome.
 7. What other agencies are you working with on this project/program, if applicable? Describe partnership or activities.
 8. Is this a new, continuing or one-time project/program?
 9. What are your plans for fully funding and sustaining this project/program? Specify other funding sources or steps you have already taken to get additional funding for this project/program.
 10. Does your organization serve DuPage County exclusively? If not, what percent of the population served are DuPage residents?

c) Attachments (Label each attachment with the corresponding letters below):

- A. List of board of directors with addresses
- B. List of management and pertinent staff members
- C. Budget for project /program relating to the grant request including anticipated income and expenses
- D. The organization's current fiscal year operating budget and its two prior fiscal years' actual
- E. The organization's financial information entered into the Organizational Financial Summary Form (downloaded from website)
- F. The organization's most recent audited statement, including a balance sheet and the income and expense detail.
If an audited statement is not produced, then the organization's most recent internal year-end financial statement, including a balance sheet and the income and expense detail, and the most recent IRS Form 990
- G. The organization's Internal Revenue Service 501(c) (3) determination letter
- H. Completed Grantee Interim or Final Report if you received a Foundation grant in 2009. Details are explained under Eligibility in Grant Guidelines (downloaded from website)

Please do not place materials in binders or folders or include documents not requested.

This signature indicates Board approval of the request and the organization's commitment to complete paperwork and to file appropriate reports if a grant is awarded.

Signature of Board President/Chair, Principal, or Executive Director _____

Typed Name: _____ Title: _____ Date: _____