

Apply for a Farny R. Wurlitzer Foundation Fund (FRWFF) Grant

GRANT REQUEST INFORMATION

Purpose*

In one or two sentences briefly describe the purpose of your grant request. Be as succinct as possible. You will have space to elaborate later.

Character Limit: 300

Does your grant request support music or music education?*

Choices

Yes

No

Amount Requested*

What is the amount you are requesting from the FRWFF?

Character Limit: 20

Total Project or Program Cost Information

If the amount you are requesting is part of a larger program or project, specify the total cost of that program or project here.

Character Limit: 20

Geographic Area Served*

Check the box next to the area your grant request will directly impact.

Choices

In DeKalb County, Illinois

In Illinois, but outside DeKalb County

Outside Illinois

Target Age Population*

Check the box next to each age group that your grant request is intended to serve directly.

Choices

Infant - Toddler

Preschool

Elementary School

Middle School

High School

College (Age 18 - 23)

Adult

Seniors (Age 65 and older)

Underserved Populations*

Check the box next to each underserved population that your grant request is intended to serve directly.

Choices

Disabled

Minority

Low Income

LGBTQ

No underserved populations are directly impacted by this project

Non-Discrimination*

It is the policy of DCCF to operate without regard to race, creed, color, sex, religion, marital status, age, national origin, ancestry, political affiliation, sexual orientation, disability, or veteran status. All organizations benefiting from DCCF grant funds must adhere to the same regards.

Choices

The project for which we are seeking funding complies with DCCF's non-discrimination policy

General description of your grant request*

Describe your grant request. Be sure to include who will be involved and how it will be implemented.

Character Limit: 5000

Objectives*

List measurable objectives for your grant request and the activities and timeframe planned to meet those objectives

Character Limit: 3400

Impact*

What is the intended long term effect of your grant request on DeKalb County? How will it impact the community it serves?

Character Limit: 3000

Evaluation*

How do you plan to evaluate the success of your program or project your grant request supports? What do you expect will be the benefits?

Character Limit: 3000

ORGANIZATION INFORMATION

Organization Mission*

What is your organization's mission?

Character Limit: 1000

Organization Case Statement*

Share your organization's case statement including a brief organizational history, services provided, and total number of individuals served annually. You may upload a PDF or Microsoft Word file or type in the field below.

Character Limit: 3400 | File Size Limit: 1 MB

Board of Directors or Trustees

If applicable, type the names of the individuals on your board of directors in the field below or upload a PDF or Microsoft Word file.

Character Limit: 3400 | File Size Limit: 1 MB

Recent Organization Financials*

Upload one of the following documents for your organization:

- Audited financial statements
- Profit and loss statement, or
- Annual Report

File Size Limit: 5 MB

Letter of Support or Reference

Include letters of support or references from key organizations, participants, or stakeholders.

File Size Limit: 2 MB

Photos and/or additional support material

Upload and explain any additional information you would like to include in this grant request. You may upload a document or type in the field below.

Character Limit: 3400 | File Size Limit: 2 MB

SUBMIT APPLICATION

When your application is complete click 'Submit' below. You will receive an e-mail to confirm the DCCF has successfully received your grant application.