Spring 2021 Community Needs Grant

DeKalb County Community Foundation

PROJECT INFORMATION

Project Name*

Briefly name your project using your organization's name and key words in your request. This Project Name is used for reference.

Character Limit: 100

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

Grant Purpose in Grant Agreement*

Staff Administration, complete a grant purpose summary to be used in merged documents

Character Limit: 5000

Grant History and Notes from Program Staff (Including Site Visit Notes if Applicable)

Character Limit: 3000

Area of Interest*

Please indicate the area of interest your organization and project falls under. If your organization focuses on multiple areas of interest (i.e. education and arts & culture), please choose the area that most closely aligns with your organizational mission. Refer to the Grants Guidelines, found on the DeKalb County Community Foundation's website, for a description of each interest area. Non-education based governmental organizations should choose "Community Development".

Choices
Arts & Culture
Community Development
Education
Environment & Animal Welfare
Health & Human Services

Geographic Region*

What geographic region(s) does your organization serve?

Choices
North County

Central County
South County
County-Wide

Specific Geographic Area(s) Served*

Check the box next to each town or area your project is intended to impact directly.

Choices

Cortland
DeKalb
Genoa
Hinckley
Kingston
Kirkland
Malta
Maple Park
Sandwich
Shabbona
Somonauk
Sycamore
Waterman

Project Cost*

What is the total cost of your project?

Character Limit: 20

Amount Requested

What is the amount you are requesting from the Community Foundation?

Character Limit: 20

Number of DeKalb County Residents Served*

Approximately how many residents of DeKalb County are served by your project?

Character Limit: 6

DCNP Membership*

Are you a current member of DeKalb County Nonprofit Partnership?

Choices

Yes
No

DCNP Membership Involvement

DCNP Membership Involvement
Briefly describe your level of involvement. (i.e Participate in the internship program, attend trainings, etc)

Character Limit: 500

DEMOGRAPHICS

The DeKalb County Community Foundation is committed to creating a more equitable, vibrant region and encourages applicant organizations to partner with us in this endeavor by reflecting on their commitment to promoting equity within their organizations and amongst the populations they are serving. Our application includes a request for the demographics of applicants' board and staff and projected demographics for the constituents you plan to serve. **This information will not be used to determine grant awards**. *Rather, it will be used to provide a snapshot of the diversity within community organizations that have applied for and/or received Community Foundation funding. It will also be used to facilitate dialogue, encourage reflection, and potentially prompt action that can advance us toward a social impact sector that is both reflective of and responsive to everyone in the community we serve.*

Staff & Board Diversity

Board Demographics*
Please provide a breakdown of the racial and ethnic populations who currently serve on your board. Please provide estimates if you don't have exact numbers:
White/Caucasian (%)
Black/African American (%)
Hispanic/Latino/Latina (%)
Asian American/ Pacific Islander or Asian Indian (%)
Native American/ Alaska Native (%)
Other race/ethnicity (%)
Unknown Race/Ethnicity (%)

For example:
White/Caucasian (75%)
Black/African American (10%)
Hispanic/Latino/Latina (5%)
Asian American/ Pacific Islander or Asian Indian (0)
Native American/ Alaska Native (0)
Other race/ethnicity (0)
Unknown Race/Ethnicity (0)

Character Limit: 500

Staff Demographics*
Please provide a breakdown of the racial and ethnic populations who currently serve on your staff. Please provide estimates if you don't have exact numbers:

White/Caucasian (%)
Black/African American (%)
Hispanic/Latino/Latina (%)
Asian American/ Pacific Islander or Asian Indian (%)
Native American/ Alaska Native (%)
Other race/ethnicity (%)
Unknown Race/Ethnicity (%)

Character Limit: 500

Projected Demographics of Program Participants
In this section, you will be asked to share **projections** for the population you expect to be served by your project or organization, based on the type of support you are requesting. You can base these projections on data collected by your organization during a previous year, or an alternative data source of your choosing. If none, enter 0%.

% White/Caucasian*
Provide a percentage, if none put 0%
Character Limit: 5

% Black/African American*
Provide a percentage, if none put 0%
Character Limit: 5

% Hispanic/Latino/Latina*
Provide a percentage, if none put 0%
Character Limit: 5

% Asian American/ Pacific Islander or Asian Indian*
Provide a percentage, if none put 0%
Character Limit: 5

% Native American/ Alaska Native*
Provide a percentage, if none put 0%
Character Limit: 5

Other race/ethnicity*

Provide a percentage, if none put 0%

Character Limit: 5

Unknown race/ethnicity*

Provide a percentage, if none put 0%

Character Limit: 5

Gender*

Male/Female/Identify Otherwise

For example:
Male (45%)
Female (54%)
Identify Otherwise (1%)

Character Limit: 100

Age*

Enter the percentage of ages 0-5, 6-18, 19-59, 60+

For example:
0-5 (20%)
6-18 (80%)
19-59 (0%)
60+ (0%)

Character Limit: 200

Under Median Household Income*

Enter the estimated percentage of those served by this project that have a household income of less than $63,317, which is the current median household income in DeKalb County, IL.

Character Limit: 5

Individuals with Disabilites*

Enter the estimated percentage of those served by this project that are persons with disabilities

Character Limit: 5

Additional Details (Optional)

If you were not able to provide detailed reporting for demographics or services provided, please use this space to describe the population(s) served through the grant funds . If you have additional details to provide to complement the data entered above, please include that information here.

Character Limit: 250

PROJECT DESCRIPTION

General description of your project and request*
Describe your project. Be sure to include who will be involved and how it will be implemented.

Character Limit: 5000

Objectives*
List measurable objectives for your project and the activities and timeframe planned to meet those objectives.

Character Limit: 3400

Qualification*
Describe the qualifications of key personnel involved in the project. Why is your organization specially qualified to complete your project?

Character Limit: 3000

Evidence of Need*
Community Needs grants are intended to meet clear and specific needs of the community. Describe in detail the evidence of the need and how your project will meet the need.

Character Limit: 3000

Impact*
What is the intended long term effect of your project on DeKalb County and how will it impact DeKalb County residents in years to come?

Character Limit: 3000

Sustainability*
How is your project sustainable? Describe your plans for future project funding.

Character Limit: 2000

Evaluation*
How do you plan to evaluate the success of your project? What are the expected benefits of your project?

You will reference this evaluation information in your Grant Report upon completion of your project.

Character Limit: 3000

Collaboration*
Does your project require or involve collaboration with other organizations? Describe the details of planned collaboration to execute the project.

Character Limit: 3400

Non-Discrimination Policy*

No person in the United States shall, on the basis of actual or perceived race, color, religion, national origin, sex, gender identity (as defined in paragraph 249(c)(4) of title 18, United States Code), sexual orientation, marital or parental status, political affiliation, military service, physical or mental ability, or any other improper criterion be excluded from participation in, be denied the benefits of, or be subjected to discrimination under any program or activity funded in whole or in part with funds made available by the community foundation, and any other program or activity funded in whole or in part with funds appropriated for grants, cooperative agreements, and other assistance administered by the community foundation.

Choices

The project complies with the Community Foundation's non-discrimination policy.

ADDITIONAL ORGANIZATION INFORMATION

Are you a 501c3 organization?*

Choices

Yes
No

Projects submitted by a department of a large organization, such as a department of a university or college, should submit information specific to the department for the following attachments.

Organizations applying under a fiscal sponsor should contact Grants Director, Tiffany McQueen Lewis, to determine which organizational information to submit.

Documents uploaded in the fields below must be .doc, docx, or .pdf (Word or PDF).

Organizational Case Statement and Mission*

Share your organization's mission statement, a brief organizational history, services provided, and total number of DeKalb County residents served annually. You may upload a document or type in the field below.

Character Limit: 3400 | File Size Limit: 1 MB

Board of Directors or Trustees*

Type the names of the individuals on your board of directors in the field below or upload a document.

Character Limit: 3400 | File Size Limit: 1 MB

Organizational Budget and Actuals*

Upload your organization's current budget and the last **two** years budgets with actual costs.

File Size Limit: 6 MB

Nonprofit Financial Indicators

Please download this Nonprofit Financial Indicators Tool, fill it out completely, **save as a PDF**, and upload below. **This tool is required for nonprofit, 501(c)(3) organizations only.** All other organizations can skip this question.

Click here to view an example using the Community Foundation's financial indicators.

File Size Limit: 2 MB

Operations

Describe how COVID-19 or any other significant event that has occurred within the last 12 months has impacted your organizational operations.

Character Limit: 1000

Board Meeting Minutes

Upload any recent board meeting minutes that pertain to your grant request.

File Size Limit: 1 MB

Letter of Support

If your project is collaborative, include letters of support from key organizations, participants, or stakeholders. You may upload multiple letters of support by uploading a multi-page PDF. **For DeKalb County Public Schools, your application must be accompanied by a letter of support from your district office. The letter can be uploaded here.**

File Size Limit: 3 MB

Photos and/or Additional Support Material

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

Character Limit: 3400 | File Size Limit: 4 MB

Video and/or Additional Support Materials

You may provide a short (~5 minutes maximum) video to add more information about your organization and/or project. Please upload to a video site (i.e. YouTube, Google Drive) and provide a link below.

Character Limit: 2000

PROJECT BUDGET

Use the template to list all expenses and funding associated with your proposed project. Include expenses already incurred and funds already received. If applicable, include in-kind contributions, non-cash support, and staff time required.

Click to view an example Project Budget Detail. The example is a budget for a fictional nonprofit shoe drive organization that distributes men's dress shoes to low-income individuals that need professional shoes.

Project Budget Details*

Download and complete a blank Project Budget Details template.When you have completed the template document **save it as a PDF** and use the "Choose File" button below to attach it here. **You must upload a PDF**.

File Size Limit: 3 MB

SUBMIT APPLICATION

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