

# Spring 2022 Community Needs Grant

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*DeKalb County Community Foundation*

## ***PROJECT INFORMATION***

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Community Needs Grants support the charitable needs and efforts of nonprofit and public sector organizations throughout **DeKalb County, Illinois**. Please review the [Grant Guidelines](#) before completing this application. If you have questions, please contact us at [grants@dekalbccf.org](mailto:grants@dekalbccf.org).

### **Project Name\***

Briefly name your project using your organization's name and key words in your request. This Project Name is referenced in later communications.

*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*

### **Area of Interest\***

Please indicate the area of interest your organization and project falls under. If your organization focuses on multiple areas of interest, please choose the area that most closely aligns with your organizational mission. Refer to the Grant 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

### **Specific Geographic Area(s) Served\***

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

#### **Choices**

Clare  
Cortland  
DeKalb  
Genoa  
Hinckley  
Kingston

Kirkland  
Lee  
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 the DeKalb County Nonprofit Partnership?

**Choices**

Yes  
No

***DCNP MEMBERSHIP INVOLVEMENT***

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**DCNP Membership Involvement**

Briefly describe your level of involvement (participate in the Internship Program, attend training, etc.).

*Character Limit: 500*

***ADDITIONAL ORGANIZATION INFORMATION***

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**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.

Applicants with a fiscal sponsor should contact grants@dekalbccf.org to summarize the fiscal sponsorship arrangement and determine which organizational information to submit.

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

### Organizational Summary and Mission\*

Share your organization's mission statement, a brief organizational history, services provided, and total number of DeKalb County residents served annually.

*Character Limit: 3000*

### Board of Directors or Trustees

Type the names of the individuals on your board of directors or board of trustees in the field below.

*Character Limit: 1500*

### Organizational Budget and Actuals\*

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

*File Size Limit: 6 MB*

### Operational Challenges

If your organization continues to be impacted by COVID-19 or other significant event, please describe below.

*Character Limit: 1500*

### 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 submitting a multi-page PDF. **DeKalb County Public Schools must upload a letter of support from your district office.**

*File Size Limit: 3 MB*

### Additional Support Material - Optional

Include any supplementary information you would like to add to this grant application. You have the option to upload a document or photo, link to a video, or type in the field below.

*Character Limit: 1500 | File Size Limit: 4 MB*

## *FINANCIAL INDICATORS TOOL*

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### **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.**

[Click here to view an example using the Community Foundation's financial indicators.](#)

*File Size Limit: 2 MB*

## *PROJECT DESCRIPTION*

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### **Project Description and Key Personnel\***

Describe your project. Please also include who from your organization will be involved, their qualifications, and how the project 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: 1500*

### **Evidence of Need\***

Describe in detail evidence of the need and how your project addresses this need.

*Character Limit: 1500*

### **Impact and Evaluation\***

What impact do you plan to achieve and what are the expected benefits of the project? How will you evaluate the effectiveness of this project?

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

*Character Limit: 3500*

### **Sustainability\***

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

*Character Limit: 1500*

### **Collaboration\***

Does your project involve collaboration with other organizations? If so, please list collaborators and summarize what roles each partner will conduct.

*Character Limit: 1500*

## Non-Discrimination Policy\*

No person in the United States shall, on the basis of actual or perceived race, creed, color, ethnicity, national origin, religion, sex and gender identity, sexual orientation, gender expression, age, physical or mental ability, pregnancy, veteran status, military obligations, marital or parental status, political affiliation, 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.

## PROJECT BUDGET

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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 document **save it as a PDF** and upload the file. **You must upload a PDF.**

*File Size Limit: 3 MB*

## DEMOGRAPHICS

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*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.*

### **Project Participant Demographics**

In this section, you will be asked to share **projections** for the population you expect to serve with your project or organization. You can base these projections on data collected by your organization during a previous year, or an alternative data source of your choosing. **Provide a percentage, if none put 0%.**

#### **% White/Caucasian\***

*Character Limit: 5*

#### **% Black/African American\***

*Character Limit: 5*

#### **% Hispanic/Latino/Latina\***

*Character Limit: 5*

#### **% Asian American/Pacific Islander\***

*Character Limit: 5*

#### **% Native American/Alaska Native\***

*Character Limit: 5*

#### **% Other Race/Ethnicity\***

*Character Limit: 5*

#### **% Unknown Race/Ethnicity\***

*Character Limit: 5*

#### **% Male\***

*Character Limit: 5*

#### **% Female\***

*Character Limit: 5*

#### **% Transgender/Non-Binary/Non-Conforming\***

*Character Limit: 5*

#### **% Ages 0-5\***

*Character Limit: 5*

#### **% Ages 6-18\***

*Character Limit: 5*

**% Ages 19-54\***

*Character Limit: 5*

**% Ages 55 and above\***

*Character Limit: 5*

**% 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 Disabilities\***

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

*Character Limit: 5*

**Staff Demographics**

Provide an estimated breakdown of the racial and ethnic populations who currently serve on your staff. If your organization has no paid staff, skip to the next question. **Provide a percentage, if none put 0%.**

**% White/Caucasian\***

*Character Limit: 5*

**% Black/African American\***

*Character Limit: 5*

**% Hispanic/Latino/Latina\***

*Character Limit: 5*

**% Asian American/Pacific Islander\***

*Character Limit: 5*

**% Native American/Alaska Native\***

*Character Limit: 5*

**% Other Race/Ethnicity\***

*Character Limit: 5*

**% Unknown Race/Ethnicity\***

*Character Limit: 5*

**Board Demographics**

Provide an estimated breakdown of the racial and ethnic populations who currently serve on your Board of Directors. **Provide a percentage, if none put 0%.**

**% White/Caucasian\***

*Character Limit: 5*

**% Black/African American\***

*Character Limit: 5*

**% Hispanic/Latino/Latina\***

*Character Limit: 5*

**% Asian American/Pacific Islander\***

*Character Limit: 5*

**% Native American/Alaska Native\***

*Character Limit: 5*

**% Other Race/Ethnicity\***

*Character Limit: 5*

**% Unknown Race/Ethnicity\***

*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 complement the data entered above, please include that information here.

*Character Limit: 250*

***SUBMIT APPLICATION***

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