

Spring 2022 Farny R. Wurlitzer Foundation Fund Grant

DeKalb County Community Foundation

GRANT REQUEST INFORMATION

Project Name*

Give your grant request a Project Name using key words and your organization name. This Project Name will be 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

Is your request for funding to directly support music or music education?*

Choices

- Yes
- No

Amount Requested*

What is the amount you are requesting from the Farny R. Wurlitzer Foundation Fund?

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*

This question is asked for Community Foundation reporting purposes. Please 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*

This question is asked for reporting purposes. Please 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 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 Description*

Please describe the program/project to be funded by answering the following questions:

1. Explain in detail how you plan to use the grant funds. Include specifics about the program's implementation and timeline.
2. Who will you serve with this funding (describe the ages and approximate number of individuals that will be impacted by this support)?

Feel free to upload a document if you prefer.

Character Limit: 1000 | File Size Limit: 10 MB

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? 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

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 make-believe 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: 2 MB

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 a current financial statement of activities, including income and expenses for your organization.

File Size Limit: 5 MB

Letter of Support or Reference

Include letters of support or references from key organizations, participants, or stakeholders. You may submit multiple letters of support by uploading a multi-page PDF.

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: 4 MB

SUBMIT APPLICATION

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