



HEALTH AND HUMAN SERVICES

1420 Miner Street
Des Plaines, IL 60016
P: 847.391.5486
desplaines.org

DES PLAINES COMMUNITY FOUNDATION
APPLICATION FORM FOR FINANCIAL ASSISTANCE

Organizational Name:

Address:

Amount Requested:

Date:

Purpose/Mission of Organization:

Contact Information:

Primary Program/ Project Contact:

Title:

Telephone: Fax:

Email: Website address:

Please summarize the request for Foundation Funding:

Program/Project Information (Attach additional pages in necessary)

Purpose of Funding:

1. Please estimate the number of persons with disabilities or basic health needs to benefit by the proposed project and over what time period (eg: 2 weeks, 6 months, one year)

2. Please explain why this program is necessary and what the expected benefit of this project is.

3. What are the goals of the proposed project?

A)

B)

C)

4. Please the date that the project will start.

5. Please describe your criteria for project success.

6. Please explain how you will measure the attainment of all grant-related goals. Include any documentation and frequency of reports that you will complete to summarize results.

7. Please list the persons who will evaluate project success and their roles in the review process.

BUDGET INFORMATION

Please provide a breakdown of costs associated with this program/project (write NA for all non-applicable activity lines):

ACTIVITY LINE ITEM	GRANT AMOUNT*
1. Equipment	\$
2. Contractual/ Service Agreements	\$
3. Consultants	\$
4. Personnel/ Fringe Benefits**	\$
5. Commodities/ Printing/ Postage	\$
6. Supplies: paint, wood, etc.	\$
7. Other (please specify)	\$
TOTAL	\$

*Grant amount column must total the requested grant amount

**For all requests regarding personnel being paid in full or part time with Foundation funds. A complete job description must be included.

Please provide details regarding anticipated volunteer time that will be included for the project.

List other Private and Public Funding sources for this Particular Request.

Funding Sources – To Date

Amount

Date Received

Funding Source – Pending

Amount

Date Received

SIGNATURE PAGE

I understand that requesting funds is not a guarantee of Des Plaines Community Foundation funding. I understand that the Foundation does not grant multi-year requests and all Foundation grants are for the time period of one year. Unless, specifically states, separate funding requests must be submitted for potential future funding in subsequent years. I understand an annual programmatic and budget report must be submitted to the Foundation before future requests for funding will be considered.

Signature of Primary Contact Person: _____

Date: _____

Signature of CEO/ President: _____

Date: _____

Please do not write below this line

Received by Foundation Board (Date): _____

Reviewed by: _____ Date: _____

Approved by Foundation Board: _____ Date: _____

Amount of Grant Award: _____ Date: _____

Denied by Foundation Board: _____ Date: _____

Reason for declination: