

**\*\*Please note: This document contains every possible question and field that could appear on a CFNIL Community Grants application. Depending on your answers to certain questions on the live, online application, fewer questions may appear for your specific proposal. Once the application goes live on August 10, 2020, you will be able to use the "Preview" function on the grants portal to view the questions you will be required to complete\*\***

# Community Grants Program Fall 2020 Application

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*Community Foundation of Northern Illinois*

## Quick Tips

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### Application Quick Tips!

- For application guidelines, instructions, deadlines and grant program information visit CFNIL's Community Grants webpage.
- CFNIL will not accept proposals submitted after the deadline.
- If you are having difficulty uploading a document, many times this is due to the file format or file size. For help with this, visit the Working with PDFs section on CFNIL's Grant Resources webpage. <https://www.cfnil.org/sites/default/files/2019-11/CFNIL-PDF-Tips.pdf>
- If your organization is currently being funded with a CFNIL grant and a final report is not yet due, your organization must submit an interim report. For more information, visit the Final, Progress, and Interim Reports section on CFNIL's Grant Resources webpage.

### Interim Report Upload

An interim report must be submitted for any in progress grants from CFNIL's Community Grants Program. You can submit your interim report here. PDF format required. For more information, visit the Final, Progress, and Interim Reports section on CFNIL's Grant Resources webpage.

*File Size Limit: 2 MB*

## Summary

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### Summary

#### **Proposal Title\***

Give your proposal a short, descriptive name.

*Character Limit: 100*

#### **Support Type\***

Select the Support Type. Refer to the Community Grants Guidelines for definitions of each Support Type. Your choice of Support Type will determine which questions appear in your application.

**Choices**

Program  
Project  
Event  
Capital/Commodity

**Focus Area\***

Please indicate your proposal's area of focus. Refer to the Community Grants Guidelines for definitions of each focus area.

**Choices**

Arts & Humanities  
Career Pathways  
Complementary Education  
Education - General  
Health  
Human Services  
Other  
Sustainable Communities  
Youth & Families

**Brief Proposal Description\***

In no more than two sentences, explain how the funds will be used and what will improve as a result of the charitable activity. Be as precise and economical as possible in your answer. It will be used for reports and other communications pieces.

*Character Limit: 500*

**Request Amount\***

What is the amount requested from CFNIL for the first year (or only year) of the proposal?

*Character Limit: 20*

**Total Requested\***

What is the total amount requested from CFNIL in this proposal? This will be the same as the Request Amount unless this is a multi-year request. For multi-year requests, add the amount of all years requested.

*Character Limit: 20*

**First Year Cost\***

What is the total cost for the first year (or only year) of this charitable activity, including those components that will not be funded by CFNIL?

*Character Limit: 20*

**Total Cost\***

What is the total cost for all funded years of this charitable activity, including those components that will not be funded by CFNIL? This will be the same as the total cost for the first year if this is not a multi-year request.

*Character Limit: 20*

## Summary - Multi-Year?

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**Multi-Year?\***

Is this request for a multi-year grant? Multi-year requests are restricted to charitable activities that align with Education Works, medical research, or medical education.

**Choices**

Yes

No

## Summary - Second Year

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**Number of Years Requested\***

Are you requesting funding for two or three years?

**Choices**

Two Years

Three Years

**Second Year Request Amount\***

What is the amount requested for the second year?

*Character Limit: 20*

**Second Year Cost\***

What is the total cost for the second year of this charitable activity, including those components that will not be funded by CFNIL?

*Character Limit: 20*

## Summary - Third Year

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**Third Year Request Amount\***

What is the amount requested for the third year?

*Character Limit: 20*

**Third Year Cost\***

What is the total cost for the third year of this charitable activity, including those components that will not be funded by CFNIL?

*Character Limit: 20*

## *Community Need*

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**Community Need****Community Need\***

What community need or opportunity is your proposed activity addressing?

*Character Limit: 2000*

**Number Served\***

Total number of unduplicated people this proposal will serve. This includes any client who will receive services for the project. If this is a multi-year request, enter the number of people served during the first year.

*Character Limit: 6*

**Number Served by Component\***

How many people will be served by each component of this proposed activity? These numbers should add up to the total number of unduplicated people this proposal will serve above. Example 1: 75 fifth-grade students at ABC school will participate in one-hour reading discussion groups. 25 fifth-grade students at ABC School will receive one-on-one tutoring. Example 2: 25 youth cast members will perform. 200 audience members will enjoy the performance.

*Character Limit: 2000*

## *Community Need - Second Year*

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**Number Served Year Two\***

Total number of unduplicated people this proposal will serve in Year Two. This includes any client who will receive services for the project.

*Character Limit: 6*

## Community Need - Third Year

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### Number Served Year Three\*

Total number of unduplicated people this proposal will serve in Year Three. This includes any client who will receive services for the project.

*Character Limit: 6*

## Demographics

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### Demographics

Your responses below should be specific to this request, not your organization's overall demographics, unless the charitable activity impacts all of your clients.

Counties Served:

What percentage of the number served will be residents of the following counties? If you don't expect to serve any clients in a county, enter 0%.

Example:

**Boone**

75%

**Boone\***

*Character Limit: 5*

**Ogle\***

*Character Limit: 5*

**Stephenson\***

*Character Limit: 5*

**Winnebago\***

*Character Limit: 5*

**Other\***

*Character Limit: 5*

### Population Description\*

Please describe the population you expect to serve through this charitable activity. Include items such as race/ethnicity, socio-economic status, ages, and genders. Exact numbers are not

required, however, if you have exact numbers please provide. If you received a grant, you will be asked to track specific demographic information for your final report.

*Character Limit: 2000*

## *Proposal Plan*

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### Proposal Plan

#### **Funds Needed\***

When are CFNIL funds needed?\* Please provide a target date. Funds will not be available until after January 1st. CFNIL does not fund programs retroactively.

*Character Limit: 10*

#### **Funds Expended\***

When will CFNIL funds be expended? Please provide a target date.

*Character Limit: 10*

#### **Detailed Project Description\***

In detail, describe the major activities that make up this proposal. Include information such as frequency, location, duration, and sequence of these activities that will successfully address the community need.

*Character Limit: 5000*

#### **Responsible Parties\***

List names, job titles, and roles of staff/volunteers responsible for achieving proposal's goals.

*Character Limit: 2000*

#### **Leverage Additional Funding**

Will this grant assist your organization in seeking or securing other funding sources? If yes, how much and from whom? If no, leave blank.

*Character Limit: 2000*

Provide any external reports that support your proposal in the upload fields below. (If you have more than two documents, consolidate them into two documents. PDF file format required.)

#### **Report 1**

*File Size Limit: 2 MB*

#### **Report 2**

*File Size Limit: 2 MB*

Provide any external links to websites or media files that support your proposal.

### Web Address 1

*Character Limit: 2000*

### Web Address 2

*Character Limit: 2000*

### Additional Proposal Info

Use this space to clarify any part of the proposal that you feel needs further explanation.

*Character Limit: 2000*

### School District Partnership?\*

Are you partnering with a school/school district to provide these services or is your organization a school/school district?

#### Choices

Yes

No

### Photos?\*

Do you have any photos to attach that support your proposal?

#### Choices

Yes

No

## Proposal Plan - Photos - Arts & Humanities

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You may provide up to ten photos that support your proposal. Photos must be in JPG, PNG, or PDF format. Follow these instructions:

1. Label each file you intend to upload with the following format: "{Organization Name} – {Project Title} – {Photo Number}". Example: "ABC Tutoring – Read! Event – 1". All applicants in a focus area will be uploading into the same folder. Using this format will identify your photos from the photos of other applicants.
2. Click this link to access our dropbox.
3. Click "Choose from computer" and select the photos you would like to include. After you choose your first file, you have the option to upload multiple files at once by clicking "Add more files".
4. Once you've added all your files, click "Upload". You'll know the upload is complete when you see a message saying "Finished uploading".

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## *Proposal Plan - Photos - Career Pathways*

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## *Proposal Plan - Photos - Complementary Education*

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1. Label each file you intend to upload with the following format: "{Organization Name} – {Project Title} – {Photo Number}". Example: "ABC Tutoring – Read! Event – 1". All applicants in a focus area will be uploading into the same folder. Using this format will identify your photos from the photos of other applicants.
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3. Click "Choose from computer" and select the photos you would like to include. After you choose your first file, you have the option to upload multiple files at once by clicking "Add more files".
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## *Proposal Plan - Photos - Health*

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You may provide up to ten photos that support your proposal. Photos must be in JPG, PNG, or PDF format. Follow these instructions:

1. Label each file you intend to upload with the following format: "{Organization Name} – {Project Title} – {Photo Number}". Example: "ABC Tutoring – Read! Event – 1". All applicants in a focus area will be uploading into the same folder. Using this format will identify your photos from the photos of other applicants.
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## *Proposal Plan - Photos - Human Services*

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You may provide up to ten photos that support your proposal. Photos must be in JPG, PNG, or PDF format. Follow these instructions:

1. Label each file you intend to upload with the following format: “{Organization Name} – {Project Title} – {Photo Number}”. Example: “ABC Tutoring – Read! Event – 1”. All applicants in a focus area will be uploading into the same folder. Using this format will identify your photos from the photos of other applicants.
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## *Proposal Plan - Photos - Sustainable Communities*

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You may provide up to ten photos that support your proposal. Photos must be in JPG, PNG, or PDF format. Follow these instructions:

1. Label each file you intend to upload with the following format: "{Organization Name} – {Project Title} – {Photo Number}". Example: "ABC Tutoring – Read! Event – 1". All applicants in a focus area will be uploading into the same folder. Using this format will identify your photos from the photos of other applicants.
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## *Proposal Plan - Photos - Youth & Families*

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You may provide up to ten photos that support your proposal. Photos must be in JPG, PNG, or PDF format. Follow these instructions:

1. Label each file you intend to upload with the following format: "{Organization Name} – {Project Title} – {Photo Number}". Example: "ABC Tutoring – Read! Event – 1". All applicants in a focus area will be uploading into the same folder. Using this format will identify your photos from the photos of other applicants.
2. Click this link to access our dropbox.
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## *Proposal Plan - Partnering with School District*

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### **School Pre-Authorization Forms\***

Since you are part of or partnering with a school district, you are required to upload a School Pre-Authorization form. You can download the form [here](#). **BE SURE TO SUBMIT YOUR FORM TO YOUR PARTNER SCHOOL DISTRICT WELL IN ADVANCE OF THE GRANT DEADLINE.** If you are partnering with multiple school districts, combined all forms into one PDF. If you are partnering with more than four school districts, include forms from the top four.

*File Size Limit: 2 MB*

## *Proposal Plan - Program/Project/Event*

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### **Direct Service?\***

Does this proposal provide direct services to clients? (E.g., tutoring, counseling, case management, etc.)

#### **Choices**

Yes  
No

*When appropriate, CFNIL promotes collaborative efforts between non-profits, businesses, institutions, and other entities. Collaboration creates efficiency and reduces duplication of services. CFNIL uses the Collective Impact model to assess collaboration, which you can read about [here](#).*

### **Collaborative Proposal?\***

Is this proposal a collaborative effort or part of a collaborative effort?

#### **Choices**

Yes  
No

## *Proposal Plan - Program*

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### **Sustainability Plan\***

Describe your plan to sustain this program beyond the funding period of the proposal.

*Character Limit: 2000*

## *Proposal Plan - Direct Service*

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### **Hours per Client\***

What is the projected average number of direct service hours provided to each client? (If multiple people are providing service, multiply by number of people providing service.)

*Character Limit: 20*

### **Total Hours Provided\***

What is the projected total number of direct service hours provided to clients? (Average number multiplied by number of clients.)

*Character Limit: 20*

## *Proposal Plan - Project/Program/Event - Over \$30,000*

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### **Mission Alignment\***

How does this proposal align with your organization's mission and current activities?

*Character Limit: 2000*

### **Total Staff Hours\***

Total number of staff hours that your organization will invest in this charitable activity.

*Character Limit: 100*

### **Staff Hours Calculation\***

How did you calculate this number? (Example: 2 hours per day x 4 days per week x 52 weeks).

*Character Limit: 250*

### **Total Volunteer Hours\***

Total number of volunteer hours provided to this charitable activity.

*Character Limit: 100*

### **Volunteer Hours Calculation\***

How did you calculate this number? (Example: 2 hours per day x 4 days per week x 52 weeks).

*Character Limit: 250*

## *Proposal Plan - Event*

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### **Anticipated Audience Number**

If this is a performance based event, please provide total of anticipated audience members. If no, leave blank.

*Character Limit: 100*

## *Proposal Plan - Recruitment Efforts*

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### **Outreach Efforts\***

Describe your organization's outreach, marketing, or recruitment efforts for this activity.

*Character Limit: 2000*

## *Proposal Plan - Collaboration*

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### **Collaborative Partners\***

List each organization. Include a detailed description of the role(s) each organization will play and the resources each will contribute for the project. Identify the lead organization and provide a contact with phone number for each partner. (Resources equal funds, equipment, personnel, facilities, etc.)

*Character Limit: 4000*

### **Collaborative Data Collection\***

What role will each organization play in collecting and measuring data for evaluation? (This answer should be consistent with your responses in the "Measuring Results" section below.)

*Character Limit: 2000*

### **Collaborative Data Sharing\***

How will you share data and best practices within the collaboration?

*Character Limit: 2000*

### **Collaborative Reporting\***

How and when will the collaboration report to the public?

*Character Limit: 4000*

## *Measuring Results - Program/Project/Event - Over \$30,000*

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### **Long Term Results**

What are your anticipated long-term results for this charitable activity? Long-term results likely would be achieved beyond the funding period. (If your long-term results do not differ from Results #1-3 above or if long-term results are not appropriate, you may leave this field blank.)

*Character Limit: 2000*

## *Proposal Plan - Collaboration Over \$30,000*

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### **Support Letters\***

Please upload a letter of support from each of your partner organizations in the project. (If more than one letter, combine and upload as one document. For partnerships involving more than four additional organizations, submit letters from your top four partners. PDF format required.)

*File Size Limit: 3 MB*

## *Proposal Budget*

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### **Proposal Budget**

General Budget Instructions:

- All proposal budgets must use CFNIL's Budget Template. The Budget Template can be downloaded from CFNIL's Grant Resources webpage. It captures the proposal budget, while automatically making calculations to inform our Grant Reviewers.
- The budget should include only the revenue and expenses for this proposal, not your entire organization.
- Expense items may be combined into one line if there aren't enough rows for all expenses. Take care to group like items as much as possible and use the budget narrative to indicate the amounts for the component expenses.
- Expenses may include indirect costs that do not exceed 15% of the amount being requested in the proposal.
- Proposal budgets using the CFNIL Budget Template must be uploaded to the CFNIL Web Portal as a PDF. To learn how to convert your Excel document to a PDF, please visit this [Microsoft Support page](#).
- You can view a sample proposal budget and budget narrative on CFNIL's Grant Resources webpage.

Budget Template Instructions:

**Applicants are only able to write in blue cells.** Everything else is locked.

- **Cells A1 to A4** capture your organization's name, the proposal title, the grant cycle and the date.
- **Cells C9 to E8** capture the amount your organization is requesting from CFNIL per year. (Leave cells D8 and E8 blank if submitting a single year request.)
- **Cells B9 to B17** refer to other sources of income that will fund your proposal, while **cells C9 to E17** capture the amount requested from these sources/year. (If CFNIL is the sole source of funding for your proposal, leave these cells blank.)
- **Cells C9 to C17** refer to the status of your proposal. The options available in these cells are "estimated," "requested," "pledged," or "received". For more information about the definitions of each status, please refer to the bottom of the Budget Template.
- **Cells B33 to B42** refer to your project expenses, while **Cells C33 to E42** capture the amount required for these items per year. (Leave **Cells D33 to E42** blank if submitting a single year request.)
- **Cells H33 to H42** captures the length of anticipated service in years for capital items. Leave these cells blank if the line item is not a capital expense.

### Proposal Budget\*

Upload your proposal budget here. PDF format required.

*File Size Limit: 2 MB*

Instructions regarding quotes:

Two quotes are required for the following:

- Any of the following that exceed \$5,000: Remodeling projects, facility rental, consultant fees, capital projects, equipment purchases, and contracted services
- Line items that consist of a quantity of the same item that exceeds \$5,000 (e.g., 50 Chromebooks, 200 backpacks)

Exceptions include:

- Internal staffing costs
- Items for which obtaining two quotes would be impossible or impractical. Must be explained in the budget narrative.
- Items that are deeply discounted by a vendor making competing quotes irrelevant. Include a letter/email from the vendor in place of quotes.

## Quotes

Upload any required quotes here. Consolidate all quotes into one document to upload. PDF format required.

*File Size Limit: 2 MB*

## Budget Narrative\*

Please use the Budget Narrative to explain how each revenue and expense item was calculated. If related items are combined in a line item, describe the component expenses. If you are unable to obtain a quote for an expense over \$5,000, use the budget narrative to explain.

*Character Limit: 2000*

## Measuring Results

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### Measuring Results

To learn more about Measuring Results, including completed examples of the Measuring Results section, visit CFNIL's Grant Resources webpage. For a single request, all results should reflect expectations within the funding period, typically one year. For multi-year requests, each result statement component should include each proposed year of the charitable activity. Some charitable activities may repeat the same statements each year. Others will change each year. Examples of multi-year result statements can be found on CFNIL's Grant Resources webpage.

### Measuring Results Affirmation\*

#### Choices

I have reviewed the Measuring Results section of CFNIL's website referred to above.

## Measuring Results - Program/Project/Event

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### Program Rationale\*

Briefly explain how the activities described in this proposal will lead to the outcomes listed below. (Do not include your rationale within your Result Statements.)

*Character Limit: 2000*

### New or Existing Charitable Activity?\*

Is this charitable activity an existing or new activity for your organization?

#### Choices

New

Existing

**Result 1\***

The change or improvement that a charitable activity is intended to produce.

*Character Limit: 1000*

**Indicators of Success 1\***

The data collected to show evidence of change as a result of the proposed activity. This may include outputs and outcomes. Outputs may be used in an instance when measuring outcomes during the funding period (12 months) would be impractical.

*Character Limit: 1000*

**Targets 1\***

This does not refer to your target population. The target is expressed as a number or percentage. It is the quantity of the data that you are tracking in the Indicators of Success listed above that you want to surpass to consider the Result met.

*Character Limit: 1000*

**Methods for Measurement 1\***

How you will collect the data that shows evidence of change.

*Character Limit: 1000*

**Benchmarks 1**

A point of reference against which your results can be compared.

*Character Limit: 1000*

**Second Result?\***

Do you anticipate a second significant result? If this proposal is requesting more than \$30,000 or is a multi-year grant, you must have at least two Results.

**Choices**

Yes

No

## *Measuring Results - Program/Project/Event - Result 2*

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**Result 2\***

*Character Limit: 1000*

**Indicators of Success 2\***

*Character Limit: 1000*

**Targets 2**

This is NOT your target population.

*Character Limit: 1000*

## Methods for Measurement 2\*

Character Limit: 1000

## Benchmarks 2

Character Limit: 1000

## Third Result?\*

Do you anticipate a third significant result?

### Choices

Yes

No

## Measuring Results - Program/Project/Event - Result 3

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### Result 3\*

Character Limit: 1000

### Indicators of Success 3\*

Character Limit: 1000

### Targets 3\*

This is NOT your target population.

Character Limit: 1000

### Methods for Measurement 3\*

Character Limit: 1000

### Benchmarks 3

Character Limit: 1000

## Measuring Results - Program/Project/Event - Existing Charitable Activity

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### Years in Operation\*

How long has this charitable activity been in operation? (Expressed numerically in years.)

Character Limit: 100

### Number Served Over Lifetime\*

How many people have you served over the lifetime of this charitable activity?

Character Limit: 100

### Results To Date\*

What have been the results of this charitable activity to date?

*Character Limit: 2000*

### Testimonials

If you have any testimonials from past participants of this charitable activity that support this request, upload here.

*File Size Limit: 2 MB*

## Measuring Results - Capital Commodity

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### Positive Impact\*

How will this purchase/improvement positively impact the way you serve your clients?

*Character Limit: 4000*

### Criteria for Success\*

What are your criteria for success? How will you demonstrate successful completion of this project?

*Character Limit: 4000*

## Organizational Capacity

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### Organizational Capacity

Organizational Background

### Organization Type\*

#### Choices

- 501(c)(3) Nonprofit
- Public University/College
- Religious Organization
- Unit of Government

### Organization County\*

In which county is your organization located?

#### Choices

- Boone
- Ogle
- Stephenson

Winnebago  
Other

## Organization Logo

Upload a high-quality logo for your organization. Logos must be in JPG, PNG, or PDF format. Follow these instructions:

1. Label the logo file that you intend to upload with your organization's name. All applicants will be uploading into the same folder. Example: "ABC Tutoring.jpg".
2. Click this link to access our dropbox.
3. Click "Choose from computer" and select your logo file.
4. Once you've added your logo file, click "Upload". You'll know the upload is complete when you see a green check box on the screen and a message saying "Thanks! You're all done."

## Organization Facebook

*Character Limit: 2000*

## Organization Twitter

*Character Limit: 2000*

## Organization's Board of Directors\*

Include a list of your organization's Board of Directors with affiliations and with the officers identified. You can either type this information in or upload a pdf.

*Character Limit: 2000 | File Size Limit: 2 MB*

## AKA

AKA = Also Known As. This information can be automatically populated from your Nonprofit Profile on Guidestar.org. Applicants are encouraged to keep their profile up-to-date. If this information is not on your Profile, you may enter it.

*Character Limit: 250*

## Mission Statement\*

This information can be automatically populated from your Nonprofit Profile on Guidestar.org. Applicants are encouraged to keep their profile up-to-date. If this information is not on your Profile, you may enter it.

*Character Limit: 10000*

## Year Founded

This information can be automatically populated from your Nonprofit Profile on Guidestar.org. Applicants are encouraged to keep their profile up-to-date. If this information is not on your Profile, you may enter it.

*Character Limit: 250*

### **Current Programs\***

You may either upload a description of your current programs, such as a brochure (PDF format required), or type in a description.

*Character Limit: 2000 | File Size Limit: 2 MB*

### **COVID-19 Impact\***

In the past year, how has the COVID-19 Pandemic impacted your organization and the people you serve? Consider financial, health-related, programmatic, and other factors.

*Character Limit: 2000*

### **Additional Organizational Info**

Use this space to clarify anything about your organization that you feel needs further explanation.

*Character Limit: 2000*

### **Year-to-Date Income Statement\***

Attach your organization's year-to-date income statement compared to budget. PDF format required.

*File Size Limit: 2 MB*

## ***Organizational Capacity Over \$30,000***

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Organizational Background Over \$30,000

### **Organization History\***

Briefly summarize your organization's history.

*Character Limit: 1000*

### **Recent Accomplishments\***

Describe your organization's recent accomplishments.

*Character Limit: 2000*

### **Number of Staff\***

List the total number of staff, given in full-time equivalent (FTE) units. (For more information, visit FTE Calculation.)

*Character Limit: 100*

## Organization Financial Information \$30,000 & Less

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Please include your organization's completed 990 forms for your two most recently completed fiscal years in the upload fields below. (If your organization does not complete a 990 or 990-EZ, or has not yet filed their 990 for the most recently completed fiscal year, upload unaudited year-end financial statements.)

### 990 Most Recent\*

Upload the statement for your most recently completed fiscal year here. PDF format required.

*File Size Limit: 3 MB*

### 990 Next Recent\*

Upload the statement for your most recently completed fiscal year here. PDF format required.

*File Size Limit: 3 MB*

## Organization Financial Information Over \$30,000

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Please include your organization's audited financial statements for your two most recently completed fiscal years in the upload fields below. (If your organization does not complete an audit of your financials, or has not yet completed your audit for the most recently completed fiscal year, upload your organization's most recently completed 990 forms,)

### Audit Most Recent\*

Upload the statement for your most recently completed fiscal year here. PDF format required.

*File Size Limit: 5 MB*

### Audit Next Recent\*

Upload the statement for your most recently completed fiscal year here. PDF format required.

*File Size Limit: 5 MB*

## Applicant Agreement

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**By clicking below, I agree to the following terms and conditions of the Community Foundation of Northern Illinois (hereafter "FOUNDATION") on behalf of my organization (hereafter "APPLICANT"). Additionally, I certify that I am authorized to agree to these terms and conditions.**

1. To use the funds only for the tax-exempt purpose(1) as described in the grant application and subsequent grant notification letter and not for any other purpose without the FOUNDATION's prior written approval. (1) As defined by the Internal Revenue Service

2. To not expend any grant funds for any political or lobbying activity or for any purpose other than one specified in section 170(c)(2)(b) of the Code.
3. To notify the FOUNDATION immediately of any change in (a) APPLICANT'S legal or tax status, (b) APPLICANT'S executive or key staff responsible for achieving the grant purposes, (c) APPLICANT'S ability to expend the grant for the intended purpose, and (d) any expenditure from this grant for any purpose other than those for which the grant was intended.
4. To maintain books and records adequate to demonstrate that it maintained the grant funds in a separate fund dedicated to the purpose for which the grant is made, and to maintain records of expenditures adequate to identify the purposes for which, and manner in which, grant funds have been expended.
5. To give the FOUNDATION reasonable access to the APPLICANT'S files and records for the purpose of making such financial audits, verifications, and investigations as it deems necessary concerning the grant, and to maintain such files and records for a period of at least four years after completion or termination of the project.
6. To return to the FOUNDATION any unexpended funds or any portion of the grant that is not used for the purposes specified herein.
7. To allow the FOUNDATION to review and approve the content of any proposed publicity concerning this grant **prior to its release** and to recognize the FOUNDATION in all publicity materials related to the funded project or program, as specified in the Grant Communication Guidelines, which will be included in the grant notification letter.
8. To allow the FOUNDATION to include information about this grant in the FOUNDATION'S periodic public reports, newsletter, news releases, social media postings, and on the FOUNDATION'S website. This includes the amount and purpose of the grant, any photographs you have provided that do not include "DO NOT USE" in their file name, your logo or trademark, and other information and materials about your organization and its activities.
9. To submit a written report summarizing the project promptly following the end of the period during which you are to use all grant funds and to submit any interim reports the FOUNDATION may require. Your reports should describe your progress in achieving the purposes of the grant and include a detailed accounting of the use and expenditure of grant funds.
10. To not discriminate on the basis of race, color, sex, sexual orientation, religion, age, national/ethnic origin, political beliefs, veteran's status, disability, or any other factor prohibited by applicable law.

The FOUNDATION reserves the right to discontinue, modify or withhold any payments under this grant award or to require a total or partial refund of any grant funds if, in the FOUNDATION's sole discretion, such action is necessary: (a) because you have not fully complied with the terms and conditions of this grant; (b) to protect the purpose and objectives of the grant or any other charitable activities of the FOUNDATION; or (c) to comply with the requirements of any law or regulation applicable to you, the FOUNDATION, or this grant.

### **Agreement\***

#### **Choices**

I agree to the above terms.