

Neighborhood Grants Program

Community Foundation of Northern Illinois

Quick Tips

Application Quick Tips!

Before You Apply

- For application guidelines, instructions, deadlines, and grant program information visit Community Foundation of Northern Illinois' Neighborhood Grants Program webpage.

Good to Know

- This application autosaves!
- 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.
- For your convenience, we have increased the character limits for your responses to all long response questions. There is no obligation to use the maximum allowed character count and no penalty for answers that do not approach the limit. Please do not feel you must use the full character count when a more concise response is sufficient.
- If you have applied for a CFNIL grant before, you can use the Copy Request feature to copy responses to similar questions from a previous application into this application.
 - How to Use the Copy Request Feature

Using Collaborator

- To invite others to join your work on a request, use the Collaborator Tool. You can also use this tool to create additional users for your organization. View the link below for more information.
 - How to Use Collaborator
- Please note: The collaborator tool is designed to allow multiple people to work on an application, BUT NOT AT THE SAME TIME. The last person to save will overwrite the entries of previous contributors.

Summary

Summary

Project Title*

Give your project a short, descriptive name.

Character Limit: 100

Focus Area*

All Neighborhood Grants fall under the Sustainable Communities focus area. Please choose Sustainable Communities from the drop-down list.

Choices

Sustainable Communities

Brief Project Description*

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

Character Limit: 700

Total Requested*

What is the total amount requested from CFNIL for this project?

Character Limit: 20

Total Cost*

What is the total cost for this project, including those parts that will not be funded by CFNIL?

Character Limit: 20

Neighborhood Guidelines Fit

How does your project meet the guidelines of the Neighborhood Grants Program? **The Neighborhood Grants Program prioritizes activities that are driven by neighborhood residents.** Other guidelines can be found in the "What We Look For" section of the Neighborhood Grants Program Webpage.

Character Limit: 5000

Proposal Plan

Proposal Plan

Start Date*

What is the anticipated start date for your project? If the exact date is unknown, enter an approximate date.

Character Limit: 10

End Date*

What is the projected end date for this project? If the exact date is unknown, enter an approximate date. Your final report will be due ten months after the funds are awarded.

Character Limit: 10

Detailed Project Description*

What specific steps will be taken to make this project happen? List each step and the anticipated date on which each step will be accomplished. We realize this may be subject to change.

Character Limit: 10000

Responsible Parties*

List the names and roles of the members of your organization who will be active in implementing this project.

Character Limit: 4000

Resident Engagement*

How will residents of the neighborhood, outside of the core leadership group, be involved in this project? **The Neighborhood Grants Program prioritizes activities that are driven by residents of the neighborhood.**

Character Limit: 4000

Number of Volunteers*

How many volunteers have already committed to assisting with your project?

Character Limit: 4

Existing Assets*

How will your project make use of existing assets or resources in your neighborhood?

Character Limit: 4000

Collaborative Partners*

If you are working with other neighborhood organizations, businesses, nonprofits, and/or institutions, please list the organization, contact name, phone number, and email address for each partner. If not, enter N/A.

Character Limit: 5000

Religious Purposes*

Funds may not be used for projects and programs that promote a religion or require participation in a religious activity as a condition for receiving services.

Choices

I agree that funds will not be used for religious purposes

Additional Proposal Info

Is there anything else you want to tell us about this project?

Character Limit: 5000

Beautification Project?*

Is this a beautification project?

Choices

Yes

No

Proposal Plan - Beautification Projects

Beautification Maintenance*

How will you provide for ongoing watering and maintenance?

Character Limit: 2000

Photo Upload

Upload at least one, but no more than 10 media files of the project location as it currently exists. Photos must be in JPG, PNG, or PDF format. Follow these instructions:

1. Before uploading, rename each file you intend to upload with the following format: "{Organization} – {Project Title} – {Photo Number}". Example: "Johnson School Neighborhood – Entrance Sign – 1". Do not include your personal name. Please use the full name of your organization and not an abbreviation. All applicants will be uploading into the same folder. Using this format will identify your photos from the photos of other applicants.
2. <https://www.dropbox.com/request/yGmMKkcCfpHKmTZ08hN0> 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".

Please Note: CFNIL uses photos that you provide, credited to your organization, in reports, and other types of printed and digital communications. Uploading photos here and signing the Applicant Agreement at the end of this application indicate your permission to use pictures in this manner. If, for any reason, you would like to provide a photo to support your grant that you would NOT like us to publicize, please put "DO NOT USE" at the end of that photo's file name.

Proposal Plan - Photos

Photo Upload

You may provide up to 10 media files that support your proposal. Photos must be in JPG, PNG, or PDF format. Follow these instructions:

1. Before uploading, rename each file you intend to upload with the following format: "{Organization} – {Project Title} – {Photo Number}". Example: "Johnson School Neighborhood – Entrance Sign – 1". Do not include your personal name. Please use the full name of your organization and not an abbreviation. All applicants will be uploading into the same folder. Using this format will identify your photos from the photos of other applicants.
2. <https://www.dropbox.com/request/yGmMKkcCfpHKmTZ08hN0> 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".

Proposal Plan - Committee Review

Click on

this <https://www.dropbox.com/scl/fo/bywlj0nqc2z3i0bdr9ddd/h?rlkey=frhxdt6t7a2tyoe87ew9d7we&dl=0https://www.dropbox.com/scl/fo/tm2u8cup0odttduyg1oi7/AFVggRC8hGcYbvOL8nbFOUI?rlkey=3nz9gry0i8148cdt7el4febh2&st=wk902qv0&dl=0> link to view photos for your requests. There will be a folder for each proposal that includes photos.

Demographic Information

Demographic Information

Number Served*

Approximately how many people will this project serve? This may be everyone in your neighborhood, a portion of your neighborhood, or people from multiple neighborhoods.

Character Limit: 6

Population Description*

Please describe the population you expect to serve through this charitable activity. Include items such as race/ethnicity, socioeconomic status, age, and gender. Exact numbers are not required, however, if you have exact numbers please provide them. If you received a grant, you will be asked to track specific demographic information for your final report.

Character Limit: 4000

Counties Served:

Approximately 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%

Demographics

County	Number Served
Boone	
Ogle	
Stephenson	
Winnebago	
Other	
County Summary	

Project Budget

Project Budget

General Budget Instructions:

- The budget should include only the revenue and expenses for this proposal, not your entire organization.
- Revenue should equal or exceed expenses.
- 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 expense.
- Provide a quote for any item costing more than \$500. Quotes must be uploaded below if required.
- You can view a sample proposal budget and budget narrative on CFNIL's Neighborhood Grants webpage.

Expenses

Expenses	Expense	Amount
Expense #1		
Expense #2		
Expense #3		
Expense #4		
Expense #5		
Totals		

Revenue

Revenue	Revenue Source	Amount
Revenue #1		
Revenue #2		
Revenue #3		
Revenue #4		
Revenue #5		
Totals		

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 \$500, use the budget narrative to explain.

Character Limit: 5000

Complete Program*

If you do not receive funding from the Neighborhood Grants Program, will you still be able to accomplish your project?

Choices

Yes

No

Measuring Results

Positive Impact*

How will this purchase/improvement positively impact the neighborhood?

Character Limit: 5000

Criteria for Success*

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

Character Limit: 5000

Organizational Capacity

Organizational Capacity

Organizational Background

Organization Type*

Choices

501(c)(3) Nonprofit

Public University/College

Religious Organization

Unit of Government

Organized group carrying out a charitable purpose for the common good

Year Founded*

In which year was your organization founded? If you do not know, approximate the year.

Character Limit: 4

Organization County*

In which county is your organization located?

Choices

Boone

Ogle

Stephenson

Winnebago

Other

Mission*

What is the mission or purpose of your organization?

Character Limit: 4000

Neighborhood Boundaries*

What are the boundaries of your neighborhood organization? For example, Main Street to the north, Wall Street to the south, Broadway Blvd to the east, and 42nd Avenue to the west.

Character Limit: 2000

Number of Meetings*

How many meetings and/or functions does your neighborhood organization hold per year?

Character Limit: 2000

Organization's Board of Directors*

List the names and roles of three active leaders (i.e. President, Treasurer, etc.) in your organization. You may type in your response or upload a document such as a brochure. You do not have to do both.

Character Limit: 4000 | File Size Limit: 2 MB

Current Programs*

Describe recent activities in which your organization has engaged. You may type in your response or upload a document such as a brochure. You do not have to do both.

Character Limit: 4000 | File Size Limit: 2 MB

Organizational Financial Information

Checking Account Name*

What is the name on your organization's checking account?

Character Limit: 250

Checking Account Bank*

Which bank does your organization use for its checking account?

Character Limit: 250

Financial Contact Name*

Provide the name of the person who will be responsible for handling the grant funds.

Character Limit: 250

Financial Contact Title

Provide the title of the person who will be responsible for handling the grant funds.

Character Limit: 250

Financial Contact Address*

Provide the address of the person who will be responsible for handling the grant funds.

Character Limit: 250

Financial Contact Phone*

Provide the phone number of the person who will be responsible for handling the grant funds.

Character Limit: 20

Financial Contact Email*

Provide the email of the person who will be responsible for handling the grant funds.

Character Limit: 254

Additional Organizational Info

Is there anything else you would like to tell us about your neighborhood organization?

Character Limit: 4000

Applicant Agreement

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 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.

11. To not expend funds for any projects and programs that promote a religion or require participation in a religious activity as a condition for receiving services.

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

Screening

Eligibility Screening