

# 2026 Shulman Grant Application

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*Illinois Prairie Community Foundation*

## *Program Overview*

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### **GuideStar Organization ID**

*Character Limit: 250*

### **Program Name\***

*Character Limit: 100*

### **Amount Requested\***

How much are you requesting from the Illinois Prairie Community Foundation for this grant?

*The total amount available to grant is ~\$23,000 to be shared among numerous grantees.*

*Character Limit: 20*

### **Program Description\***

Provide a brief summary of the program that includes its overall goals and the community need that it will address.

*Character Limit: 375*

### **Program Focus Area\***

Select the focus area that most closely aligns to the request for funding of this program.

#### **Choices**

Jewish Education & Life

### **Relation to Grant Cycle Focus\***

How does this program relate to the focus on Jewish education and life? What community need does your program address?

*Character Limit: 500*

### **Geographic Area Served\***

Indicate the geographic area this program will cover.

*To be eligible for this grant, the program must be available to residents of McLean, DeWitt, Livingston or Logan counties. However, the program does not have to be offered in all four counties. Click all counties where the program will occur.*

#### **Choices**

DeWitt

Livingston

Logan

McLean

**Target Population\***

Provide a specific description of the target population.

*Character Limit: 500*

**Number of People Served\***

How many people do you expect to participate in the program?

*Character Limit: 6*

**Program Director\***

Who will direct and who will conduct the program?

*Please include a brief description of their qualifications.*

*Character Limit: 375*

**Collaborating Partner(s)**

Is this program a collaboration with another organization? *A collaborating partner is another organization that is providing help in delivering this program.*

**If a collaboration**, what is the other organization?

**If not a collaboration**, did you explore possible partnerships for this program? If not, why not? If you did explore partnerships, what factors influenced your organization's decision not to pursue them?

*Character Limit: 500*

## *Program Details*

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**Program Starting Date\***

When will the program begin?

*If the program is already under way, enter the date it began.*

*Character Limit: 10*

**Program End Date\***

What is the expected end date of the program?

*If the program will be ongoing, May 31, 2026, is the date by which the money, if awarded, must be expended.*

*Character Limit: 10*

**Program's Intended Purpose/Outcome\***

What is the program's purpose or intended outcome?

*Character Limit: 500*

For the following questions, identify three objectives of the program. There may be more than three; choose the three you feel are most important in reaching the purpose/intended outcome.

## Objectives\*

Please identify three of the most important objectives of the program. *Objectives (some grant applications call these outcomes) are targets that will move you toward the stated goal. They are characterized by the acronym SMART (specific, measurable, achievable, relevant, time-bound).*

*For example, "Sixty of 70 children will learn about the environment by the end of the six-month school garden program" or "After three weeks, 65 of 70 children will report that the program is fun and they want to continue to learn new things about the environment."*

*Character Limit: 750*

## Proposed Activities for Objectives\*

List both planning and direct services activities that will be used to reach the objectives above.

*Character Limit: 750*

## Objectives Measurement\*

What methods and measurements will you use to determine if the three objectives have been achieved?

*Describe specific measurements you will use. For example: pre- and post-program questionnaires, achievement test, program evaluations, reports from teachers and parents or interviews with participants, etc.*

*Character Limit: 750*

## Program Rationale

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### New/Existing Program\*

This program is:

#### Choices

Existing program

New program for our organization that has been used elsewhere

A brand-new pilot program that has not been done before

### On-Going or One-Time Program\*

Will the program be on-going or offered only one time?

#### Choices

On-Going Program

One-Time Program

## *Existing Program Questions*

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### **Existing Program Progress\***

Since this is an existing program, please discuss your progress already achieved toward the stated goal.

*Character Limit: 750*

### **Existing Program-Why Continue?\***

Why is it important to continue this existing program?

*Character Limit: 750*

### **Existing Program Funding\***

As an existing program, how long have you received funding for this program, from whom, and in what amount(s)?

*Character Limit: 750*

### **Existing Program-Previous IPCF Grant\***

Has this existing program received a grant from Illinois Prairie Community Foundation in the past?

*If so, please indicate when and in what amount. If you currently have an active grant for this program, please provide a brief update of its progress.*

*Character Limit: 1000*

## *Pilot Program Question*

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### **Pilot Program-Why Will This Program Succeed?**

Please list your assumptions and/or research as to why this pilot program is likely to lead to the stated goal.

*Character Limit: 750*

## *New Program Questions*

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### **New Program-Why Choose This Program?\***

Since this is a new program, why are you choosing to offer this program? What other organizations are doing similar work or conducting similar programs? How is your program different?

*Character Limit: 750*

### **New Program-Success\***

Why do you believe this new program can be conducted successfully?

*Character Limit: 750*

## *On-Going Program-Sustainability*

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### **Sustainability of Program\***

Since this program is intended to be on-going, what are the plans for sustaining it financially after the grant period?

*Character Limit: 750*

## *Program Funding*

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### **Applied for Other Grants?\***

Have you applied for other grants to support this program?

#### **Choices**

Yes

No

### **Other Sources of Funding\***

Aside from grants, are there other anticipated sources of support for this program such as in-kind gifts, special events or fundraisers?

#### **Choices**

Yes

No

### **Partial Funding\***

If we are not able to fully fund this program, would you accept partial funding?

*Will the program continue if you are not awarded the entire requested amount?*

#### **Choices**

Yes

No

## *Other Grants*

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### **Info About Other Grants\***

Since you have applied for other grants for this program, to whom have you applied, in what amount, and when is a decision expected?

*Character Limit: 750*

## *Other Sources of Funding*

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### **Describe Other Funding Sources**

Please provide details about other anticipated sources of funding for this program (such as in-kind gifts, special events or fundraisers).

*Character Limit: 750*

## *Impact of Partial Funding*

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### **Partial Funding Changes\***

If you receive partial funding, how will the program be impacted? What might be eliminated or changed? Please be specific.

*Examples: We would have to adjust the number of people served in proportion to the funding received OR we would not be able to provide a meal to participants at our weekly program.*

*Character Limit: 750*

## *Budget*

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### **Budget Document\***

You are required to attach a budget for THIS program only, not for the entire organization. You will need to download the budget document (links below). When you have completed the required budget document, please upload it below.

*You are required to use a budget document developed by IPCF's Grants Committees. You can download the **Excel file version** here or the **Word file version** (use whichever version you are more comfortable working with). **Income and Expenses MUST balance on the budget document.***

Accepted file formats: DOC, DOCX, PDF, XLS, XLSX

**To upload a document:** Click the Upload a File button below, browse to the location of the document on your computer, select the document and click Open.

*File Size Limit: 2 MB*

### **Budget Further Details**

Regarding the program budget, please provide details of any information requiring further explanation.

*For example, list specifics for a broad category such as supplies. 200 packages of crayons at \$3 each = \$600; 200 art notebooks at \$5 each = \$1,000; etc.*

*Character Limit: 500*

## *No Partial Funding*

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### **Explanation of No Partial Funding**

If you will not accept partial funding, please detail why and whether this program will proceed if you do not receive full funding.

*Example: Request is to purchase a piano for the music program and there is no other source of funding, nor can we only buy part of a piano, so this program will not proceed.*

*Character Limit: 750*

## *Program Demographics*

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The information will not figure into the grant selection process. Data collected here will provide Illinois Prairie Community Foundation staff with critical data to better serve the needs of our community, plus track our granting progress for our Board of Directors, grantees and community.

### **Age Served\***

*You may select up to 4 options*

#### **Choices**

Infants (0-5)  
 Children (6-13)  
 Young Adults (14-18)  
 Adults  
 Seniors (65+)  
 All Ages

### **Ethnicity Served\***

*You may select up to 8 options*

#### **Choices**

African American  
 Alaskan Native  
 Asian American  
 Caucasian/White  
 Hispanic/Latino  
 Multi  
 Native American  
 Native Islander or Other Pacific Islander  
 Other

### **Gender Served\***

*You may select up to 4 options*

#### **Choices**

Male

Female  
Transgender  
Nonbinary/Nonconforming  
All Genders

### Population Served\*

*You may select up to 6 options*

#### Choices

Developmentally Challenged  
Economically Disadvantaged  
General Population  
LGBTQ  
Physically Challenged  
Veterans  
Women & Children

## *Applicant Expectations*

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### Grant Publicity\*

If your organization is awarded a grant for this program, the expectations from Illinois Prairie Community Foundation are as follows:

1. Media release from your organization announcing the receipt of the grant from Illinois Prairie Community Foundation
2. Notice of the grant on your website, newsletter and/or social media
3. Copies of publicity and photos related to this program will be submitted as part of your Final Report

#### Choices

Agree  
Disagree

### Logo Use\*

If your organization receives funding, Illinois Prairie Community Foundation is granted permission to use organization's logo in social media posts about the grant award.

*Upload logo below.*

#### Choices

Agree  
Disagree  
No Logo Available

### Logo Upload

Please upload your organization's logo. If you do not have a logo, please type "No Logo" in box below.

*Accepted file formats: JPEG, PNG, TIFF, EPS, PDF*

**To upload a document:** Click the Upload a File button below, browse to the location of the document on your computer, select the document and click Open.

*Character Limit: 100 | File Size Limit: 5 MB*

## *Electronic Signature*

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**Please affirm the following:**

### **Discrimination Statement\***

No person in the United States shall, on the basis of actual or perceived race, color, religion, national origin, sex, gender identity (as defined in paragraph 249(c)(4) of Title 18, United States Code), sexual orientation, marital or parental status, political affiliation, military service, physical or mental ability, 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 Illinois Prairie 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 Illinois Prairie Community Foundation.

#### **Choices**

Agree  
Disagree

### **Fund Use Statement\***

Any funds received for this project/program will be used for the stated charitable purpose outlined in this application and in accordance with the terms and conditions enclosed in the Grant Agreement, including completion of the required reports by their deadlines.

#### **Choices**

Agree  
Disagree

### **IPCF Publicity Statement\***

We will publicize any grant received in accordance with the terms outlines in the Grant Agreement. Illinois Prairie Community Foundation may also publicize this project/program and this grant, should this proposal be funded.

#### **Choices**

Agree  
Disagree

### **Other Funding Statement\***

Should this proposal not be funded at this time, my organization authorizes Illinois Prairie Community Foundation to share this proposal in its entirety with other potential funding

sources at its discretion.

*(You are not required to agree and it will not affect grant selection process)*

### Choices

Agree

Disagree

### Authorized Signature\*

**By typing my name and organizational title in the following space**, I certify that I am an authorized representative of the charitable organization named in this application. I further certify that this application is submitted with the full knowledge and consent of the organization's CEO, Executive Director, Board President or other person authorized to approve submission of this application.

*Character Limit: 250*

### Attachments

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Please upload the required documents indicated below.

**To upload a document:** Click the Upload a File button below, browse to the location of the document on your computer, select the document and click Open.

### IRS Letter of Determination of Tax Exempt Status\*

Please attach your organization's IRS Letter of Determination of Tax Exempt Status. If, due to the nature of your organization, you do not have an IRS Letter of Determination of Tax Exempt Status, attach a statement that you do not have the letter and why you do not.

*Note: Do not attach a copy of your organization's Illinois Sales Tax Exemption Certificate.*

Accepted file formats: JPEG, PNG, TIFF, EPS, PDF

*File Size Limit: 2 MB*

### Board of Officers and Directors\*

Please attach a list of your organization's board officers and directors.

Accepted file formats: JPEG, PNG, DOC, DOCX, PDF, XLS, XLSX

*File Size Limit: 2 MB*

### Additional Supporting Document

If you have an additional document to submit, such as an architectural design of your project, please attach it here.

Accepted file formats: JPG, PNG, TIFF, EPS, PDF

*File Size Limit: 2 MB*

