DuPage County Funding Application

If additional space is need to describe the project and specific use of the funds, please attach the description on a separate page. Please type your responses.

Organization/Entity Information	
Organization/Entity Name	Repeat Boutique
Organization Type (501(c)(3) or Government Entity)	501(c)(3)
Address	191 S Gary Ave, Ste 140
City, State Zip	Carol Stream, IL 60188
Contact Name	Lynn Dugan
Contact Email	
Contact Phone Number	cell #

Project Information	
Total Amount Requested	$30,000
Program Title	Infrastructure Expansion to Support Growth
Description of Project (including the specific expenses for which you will use the grant funds)	The need for our services has grown dramatically. We now serve more than 2,000 families, representing approximately 8,000 individuals- 3,000 adults and 5,000 children. To meet this growing demand, we have expanded our volunteer team, strengthened our donor base, and increased partnerships with referral agencies. Our current facility is 6,700 square feet. An adjacent 1,000-square-foot space has become available, giving us an opportunity to expand without relocating. $30,000 will be used to cover the rent increase and start-up costs necessary to maximize the space so our volunteers can process donations more efficiently. Start up costs include: Work tables Wifi enhancement, shelving units, heavy duty carts on wheels, water system/reverse osmosis, storage bins, rolling racks Vinyl baskets on wheels This expansion is not about adding more office space. It is about creating the infrastructure needed to handle thousands of donated items responsibly and

	efficiently, so they can quickly reach the people who need them most.

County Board Information	
Member Name	James Zay
District Number	6

REQUIRED DOCUMENTS:

☒ Vendor Ethics Disclosure

☒ Current W-9

ATTESTATION LANGUAGE:

☒ YES ☐ NO Applicant is a 501(c)(3) charitable organization or government entity.

☒ YES ☐ NO Applicant is in good standing with the IL Secretary of State and is authorized to operate in the State of Illinois.

☒ YES ☐ NO Applicant's proposal does not violate state or federal law or regulation.

☒ YES ☐ NO Applicant will use funds only for qualified expenses for a specific program and/or service as specified in this application.

☒ YES ☐ NO Applicant will expend all funds prior to 11/30/2027 and provide supporting documents no later than 12/31/2027.

☒ I hereby certify, swear and affirm that the information provided above in this application is true, accurate, and complete to the best of my knowledge.

Under penalties as provided by law pursuant to Section 1-109 of the Code of Civil Procedure, I certify that the statements set forth in this instrument are true and correct, except as to matters therein stated to be on information and belief and as to such matters I certify as aforesaid that I verily believe the same to be true.

___ 8/6/26

Signature Date