

2021 Community Needs Grant

Delaware Community Foundation

Organization Information

Organization Eligibility

- In 2020, the organization must have had an operating budget for the fiscal year of at least \$25,000, but not more than \$750,000.
- Organizations must be actively providing services.
- Must be a 501(c)(3) public charity in good standing with the IRS.
- 100% of the requested amount must benefit Delaware communities.
- **Organizations are not eligible to apply this round if they received a general operating grant in the March 2021 round.**
- Organizations are eligible to apply if they received funding previously from the Delaware COVID-19 Strategic Response Fund (March 2020 – September 2020).

Organization Name*

Character Limit: 250

Primary Organization Address*

Character Limit: 250

EIN

Character Limit: 250

Is this program fiscally sponsored by another organization?

Choices

Yes

No

If applicable, please share more about the fiscal sponsorship.

If applicable, please list the organization that serves as fiscal sponsor. Please also upload documentation verifying your fiscal sponsor relationship.

(Please put n/a if this does not apply.)

Character Limit: 200 | File Size Limit: 2 MB

Is your Organization a 501(c)3 as designated by the IRS?*

The Delaware Community Foundation only accepts applications from 501(c)3 nonprofits.

Choices

Yes

No

NTEE Code*

National Taxonomy of Exempt Entities (NTEE) is a classification system developed by the National Center for Charitable Statistics.

Please find the codes and descriptions here, and choose the code that is your organization's primary classification (this is also in a Guidestar profile, if your organization has one).

Choices

- A - Arts, Culture & Humanities
- B - Education
- C - Environment
- D - Animal-Related
- E - Health Care
- F - Mental Health & Crisis Intervention
- G - Voluntary Health Associations & Medical Disciplines
- H - Medical Research
- I - Crime & Legal-Related
- J - Employment
- K - Food, Agriculture & Nutrition
- L - Housing & Shelter
- M - Public Safety, Disaster Preparedness & Relief
- N - Recreation & Sports
- O - Youth Development
- P - Human Services
- Q - International, Foreign Affairs & National Security
- R - Civil Rights, Social Action & Advocacy
- S - Community Improvement & Capacity Building
- T - Philanthropy, Voluntarism & Grantmaking Foundations
- U - Science & Technology
- V - Social Science
- W - Public & Societal Benefit
- X - Religion-Related
- Y - Mutual & Membership Benefit
- Z - Unknown

Mission Statement and Brief Background about your organization*

Character Limit: 10000

Year your organization was founded?*

Character Limit: 30

Organization Website*

Character Limit: 2000

Executive Director Name*

Character Limit: 150

Executive Director Email*

Character Limit: 100

Primary Contact Name*

Character Limit: 100

Primary Contact Email*

Character Limit: 100

Primary Contact Phone*

Please include phone number that we can reach the primary contact directly, i.e. mobile phone or office line if phones are being directed to offsite working space.

Character Limit: 100

About your Request

What is the total annual operating budget for your organization?*

Character Limit: 20

Demonstrate a Revenue Loss

Below, please provide information that demonstrates a revenue loss, by comparing revenue from your most recently completed fiscal (or calendar) year with revenue from the prior fiscal (or calendar) year.

Revenue from most recently completed fiscal (or calendar) year*

Character Limit: 20

Revenue from fiscal (or calendar) year prior*

Character Limit: 20

Please describe how COVID-19 contributed to this revenue loss.*

Character Limit: 500

Impact in the community*

Please describe the measurable impact your organization is providing, especially for communities disproportionately impacted by COVID-19, which will be supported by this grant. Please be as specific as possible, and include information about goals, outcomes, etc.

Character Limit: 1000

Use of grant funding*

Describe the intended use of this operating grant. Please be as specific as possible; for example, if this operating grant will allow you to expand services, add capacity to your organization, reach additional clients, or otherwise, please share that information.

Character Limit: 500

Diversity, Equity, and Inclusion (DEI)

The Delaware Community Foundation would like to collect demographic data on your Board of Directors and the population your organization serves. **Please note that answers to these questions will not affect the ranking of your proposal.**

How many serve on your Board of Directors*

Character Limit: 20

Board of Director's Demographic: Gender Makeup*

Please share the gender breakdown makeup of your Board of Director's. e.g.: 4 men, 4 women, and 1 who chose to not self-identify.

Character Limit: 250

Board of Directors: Racial/Ethnic Makeup*

Please share the racial/ethnic makeup of the organization Board of Directors.

Choices

Black/African American
 American Indian/Alaska Native
 Asian American
 Native American/Other Pacific Islander
 Hispanic/Latinx
 Not Hispanic/Latinx
 White/Caucasian
 Other/Mixed Race/Ethnicity

Please note the number of Board of Directors that identify as a minority population*

Please note the number of Board of Directors that identify as a minority population; i.e.

- 2 identify as Black/African American
- 2 identify as Hispanic/Latinx
- etc...

Character Limit: 500

Population Served Demographic: Age*

Please share the ages of the population your organization serves.

Choices

- Birth to Five
- 5 - 12
- 13 - 18
- Young Adults (19 - 25)
- Adults (25 - 59)
- Seniors (60+)

Population Served Demographic: Race/Ethnic Makeup*

Choices

- White/Caucasian
- Black/African American
- American Indian/Alaska Native
- Asian American
- Native Hawaiian/Other Pacific Islander
- Hispanic/Latinx
- Other/Mixed Race/Ethnicity

Population Served Demographic: Gender Identity*

Choices

- Female
- Male
- Non-Binary
- Choose not to identify

Required Attachments

Attach Financials - Statement of Revenue page or Board Approved Accounting Records*

Please choose the option that best fits your organization:

- To support the request, applicants will be asked to submit a Statement of Revenue page of its 990 Part VIII for organization's budget years 2019 and 2020.
- For organizations that do not file 990s or do not have a completed 990 for each year (FY19 and FY20), accounting records showing the Board-approved budget and actuals will be accepted.
- For organizations that have only completed one fiscal year, accounting records showing the most recent or current Board-approved budget and actuals will be accepted.

File Size Limit: 2 MB

Current Operating Budget*

File Size Limit: 5 MB

Board list, including affiliations

File Size Limit: 2 MB

Payment Processing

Grants will be processed through Direct payment via ACH transfer. Please complete the fields below to allow the Delaware Community Foundation to award grants to your organization.

Authorization of Payment*

I (we) authorize the Delaware Community Foundation to electronically credit my (our) account (and, if necessary, electronically debit my (our) account to correct erroneous credits) as follows:

Choices

Checking Account

Savings Account

Attach Bank Details (Voided Check or Letter from Bank)*

Please attach **either** a voided check or a letter from the bank verifying your account number. This will allow for accuracy of bank details and for efficient payment processing.

File Size Limit: 2 MB

Signature: Agree and Approval for Payment Processing*

By typing your name below:

I(we) understand that this authorization will remain in full force and effect until I(we) notify COMPANY in writing that I(we) wish to revoke this authorization. I(we) understand that COMPANY requires at least 5 business days prior notice in order to cancel this authorization.

Character Limit: 250