

# Delaware Nonprofit Support Fund ROUND 4

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*Delaware Community Foundation*

## *Organization*

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### **Organization Name\***

*Character Limit: 100*

### **EIN**

*Character Limit: 250*

### **Date of 501(c)3 issuance\***

If 2020, must be before 3/1/20.

*Character Limit: 10*

### **What was the organization's 2019 operating expense budget?\***

#### **Choices**

Under \$100,000

\$100,001 to \$500,000

\$500,001 to \$1,000,000

\$1,000,001 to \$5,000,000

\$5,000,001 and up

### **How many current part-time or full-time paid employees does your organization have in Delaware?**

Please enter the number only. For example, "10" or "5.5."

This information is for data collection purposes only, and will not have any impact on your submission.

*Character Limit: 4*

### **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

### DUNS Number (if applicable)

This information is optional, and for data collection purposes only.

*Character Limit: 50*

### Organization Website

*Character Limit: 2000*

### Organization Street Address\*

*Character Limit: 250*

### Organization City\*

*Character Limit: 250*

### Organization State\*

Please enter the two-letter state abbreviation. For example, "DE."

*Character Limit: 2*

### Organization Zip Code\*

*Character Limit: 250*

### Primary Location Services are Delivered\*

#### Choices

New Castle County

City of Wilmington

Kent County  
Sussex County  
Statewide

**Zip Codes of locations services delivered\***

*Character Limit: 250*

**Executive Director/President last name\***

*Character Limit: 250*

**Executive Director/President phone\***

*Character Limit: 250*

**Executive Director/President email\***

*Character Limit: 254*

Below please provide contact information of the person completing the application. Please include contact information that can be used if a reviewer has a question and needs to reach you directly.

**First Name of Person Completing the Application\***

*Character Limit: 250*

**Last Name of Person Completing the Application\***

*Character Limit: 250*

**Title: Person Completing the Application\***

*Character Limit: 250*

**Phone Number\***

Please include the best number to reach you for any questions related to the application

*Character Limit: 150*

**Email: Person Completing the Application\***

*Character Limit: 254*

***Request Information***

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**For which Part of the Nonprofit Support Program are you applying?\***

Part 1: Operations Reimbursement - For basic operational expenses – such as assistance with cleaning supplies and funding for personal protective equipment.

Part 2: Capacity Grants - For expanded service offerings, increased caseloads or other service increases attributable to the pandemic.

For more details on each, please visit [delcf.org/grants](http://delcf.org/grants).

### Choices

Part 1

Part 2

Both

### Additional Expenses\*

Any organization, regardless of its operating size, can request reimbursement of up to \$150,000 in total (Part 1 and Part 2) eligible expenses. There are no longer maximum award levels for either Part 1 or Part 2.

Does your organization have additional expenses that qualify for this program beyond the \$150,000 maximum?

### Choices

Yes

No

## *Part 1 Requests*

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### FOR PART 1 REQUESTS: Total Part 1 Request Amount\*

Any organization, regardless of its operating size, can request reimbursement of up to \$150,000 in total (Part 1 and Part 2) eligible expenses.

There are no longer maximum award levels for either Part 1 or Part 2.

*Character Limit: 20*

### FOR PART 1 REQUESTS: Operating Expenses\*

Reimbursement will be made available to eligible organizations for operational expenses incurred during the period January 1, 2021 through July 12, 2021. Please provide data that documents direct operating expenses incurred due to the COVID-19 pandemic that you are submitting for reimbursement by completing and uploading this Operating Expense Schedule template.

Please itemize direct operating expenses NOT reimbursed by another government contract or grant, or charitable donations and grants.

*File Size Limit: 1 MB*

### FOR PART 1 REQUESTS: Documentation\*

Please combine into one file, and upload here, all receipts and other documentation that relate to the Part 1 request described above.

*File Size Limit: 9 MB*

## *Part 1 and Part 2 Requests*

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### **FOR PART 1 REQUESTS: Total Part 1 Request Amount\***

Any organization, regardless of its operating size, can request reimbursement of up to \$150,000 in total (Part 1 and Part 2) eligible expenses.

There are no longer maximum award levels for either Part 1 or Part 2.

*Character Limit: 20*

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Please itemize direct operating expenses NOT reimbursed by another government contract or grant, or charitable donations and grants.

*File Size Limit: 1 MB*

### **FOR PART 1 REQUESTS: Documentation\***

Please combine into one file, and upload here, all receipts and other documentation that relate to the Part 1 request described above.

*File Size Limit: 9 MB*

### **FOR PART 2 REQUESTS: Total Part 2 Request Amount\***

Any organization, regardless of its operating size, can request reimbursement of up to \$150,000 in total (Part 1 and Part 2) eligible expenses.

There are no longer maximum award levels for either Part 1 or Part 2.

*Character Limit: 20*

### **FOR PART 2 REQUESTS: Request Detail\***

Capacity grants are available to support certain COVID-19 related expenses incurred between **January 1, 2021 and July 12, 2021.**

Eligible expenses must be related to either increased service levels or caseloads; or new, unbudgeted expenses to introduce new or expanded services to clients related to COVID-19.

Briefly describe what services your organization provides and any increases in the total level or

capacity of services your organization delivered between **January 1, 2021 and July 12, 2021**.

Also describe any new, unbudgeted services that you launched since March 1, 2020 related to the pandemic.

*For example, an organization that provides food to low-income seniors had to switch to carry-out meals and deliver meals to homebound clients.*

*Character Limit: 2500*

### **FOR PART 2 REQUESTS: Describe how you measure service offering outputs.\***

For example, do you measure service output by: # of people, # of hours, # of vouchers, etc. Include all measures that apply.

*Character Limit: 1000*

### **FOR PART 2 REQUESTS: Service Output Schedule\***

Please provide summary data that documents increased service levels across *all* organizational programs by completing and uploading this Service Output Schedule template.

*File Size Limit: 1 MB*

### **FOR PART 2 REQUESTS: INCURRED Non-Personnel Program Expenses**

Please provide data that documents non-personnel program expense increases due to the COVID-19 pandemic **that have already been incurred** by completing and uploading this Non-personnel Program Expense Schedule template.

Please itemize non-personnel related direct expenses for the services that increased due to the pandemic and NOT reimbursed by another government contract or grant, or charitable donations and grants.

Eligible expenses above the budgeted amount can be counted towards a reimbursement request. Volunteer time cannot be included, but expenses related to volunteers completing work can be included (such as mileage reimbursement).

*File Size Limit: 1 MB*

### **FOR PART 2 REQUESTS: Personnel Program Expense Schedule**

Please provide data that documents personnel program expense increases due to the COVID-19 pandemic **that have already been incurred** by completing and uploading this Personnel Program Expense Schedule template.

Please itemize personnel related direct expenses for the services that increased due to the pandemic and NOT reimbursed by another government contract or grant, or charitable donations and grants.

Eligible expenses above the budgeted amount can be counted towards a reimbursement request. Volunteer time cannot be included.

*File Size Limit: 1 MB*

### **FOR PART 2 REQUESTS: Paycheck Protection Program\***

Enter amount of Paycheck Protection Loan received and applied to employees listed in the Personnel Expense Schedule, Mar 1 - Oct 31, 2020.

*Character Limit: 20*

### **FOR PART 2 REQUESTS: Other funding sources\***

Enter total amount of government grants or contracts, charitable donations or grants received to cover the personnel expenses listed in the Personnel Expense Schedule, Mar 1 - Oct 31, 2020.

*Character Limit: 20*

### **FOR PART 2 REQUESTS: Documentation\***

Please combine into one file, and upload here, all invoices and other documentation that relate to the Part 2 request described above.

Note that for personnel expenses, the following is required for federal audit purposes:

- Payroll Journals
- Cancelled employee checks (unless payroll journals show documentation of direct deposit)
- Employment letter supporting employee hourly rate or salary (if possible)

*File Size Limit: 8 MB*

## *Part 2 Requests*

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### **FOR PART 2 REQUESTS: Total Part 2 Request Amount\***

Any organization, regardless of its operating size, can request reimbursement of up to \$150,000 in total (Part 1 and Part 2) eligible expenses.

There are no longer maximum award levels for either Part 1 or Part 2.

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### **FOR PART 2 REQUESTS: Request Detail\***

Capacity grants are available to support certain COVID-19 related expenses incurred between **January 1, 2021 and July 12, 2021.**

Eligible expenses must be related to either increased service levels or caseloads; or new,

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Briefly describe what services your organization provides and any increases in the total level or capacity of services your organization delivered between **January 1, 2021 and July 12, 2021**.

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*For example, an organization that provides food to low-income seniors had to switch to carry-out meals and deliver meals to homebound clients.*

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### **FOR PART 2 REQUESTS: Describe how you measure service offering outputs.\***

For example, do you measure service output by: # of people, # of hours, # of vouchers, etc. Include all measures that apply.

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### **FOR PART 2 REQUESTS: Service Output Schedule\***

Please provide summary data that documents increased service levels across *all* organizational programs by completing and uploading this Service Output Schedule template.

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Enter amount of Paycheck Protection Loan received and applied to employees listed in the Personnel Expense Schedule, Mar 1 - Oct 31, 2020.

*Character Limit: 20*

### **FOR PART 2 REQUESTS: Other funding sources\***

Enter total amount of government grants or contracts, charitable donations or grants received to cover the incurred personnel and non-personnel expenses listed in the respective schedules, Mar 1 - Oct 31, 2020.

*Character Limit: 20*

### **FOR PART 2 REQUESTS: Documentation\***

Please combine into one file, and upload here, all invoices and other documentation that relate to the Part 2 request described above.

Note that for personnel expenses, the following is required for federal audit purposes:

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*File Size Limit: 8 MB*

## *Attachments*

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### **Most recent 990\***

For organizations that do not have a current 990, please upload one of the following as an alternative:

- 990 EZ
- 990 post card

- Third-party authenticated financials (audit)
- For nonprofits that have not yet have completed a fiscal year, a current organizational budget

*File Size Limit: 5 MB*

### IRS Determination Letter\*

*File Size Limit: 1 MB*

### Certification form\*

Please fill in (electronically or manually), sign (manually), scan, and upload this **Certification Form**, affirming that items and service/personnel costs requested for reimbursement were not already reimbursed through other sources such as government contracts and grants, donations or insurance proceeds.

**Electronic signatures (for example, typed in a different font) will NOT be accepted.**

*File Size Limit: 1 MB*

## *Payment Processing*

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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 United Way of Delaware (for Part 1 requests) and/or the Delaware Community Foundation (for Part 2 requests) 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: 1 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: 100*

