

# FY22 Capital Grant Application

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*Delaware Community Foundation*

## *Organization Information*

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### **Organization Name\***

*Character Limit: 250*

### **Organization Address\***

*Character Limit: 250*

### **City\***

*Character Limit: 250*

### **State\***

*Character Limit: 250*

### **Zipcode\***

*Character Limit: 250*

### **What year was the organization founded?**

*Character Limit: 25*

### **EIN\***

*Character Limit: 25*

### **NTEE Code\***

#### **Choices**

- I. Arts, Culture, and Humanities - A
- II. Education - B
- III. Environment and Animals - C, D
- IV. Health - E, F, G, H
- V. Human Services - I, J, K, L, M, N, O, P
- VI. International, Foreign Affairs - Q
- VII. Public, Societal Benefit - R, S, T, U, V, W
- VIII. Religion Related - X
- IX. Mutual/Membership Benefit - Y
- X. Unknown, Unclassified - Z

### **Website\***

*Character Limit: 2000*

### Description of Organization\*

Please provide a brief description of the type of work your organization provides to the community.

*Character Limit: 500*

### What Geographic Area does your organization serve?\*

Please be as specific as possible including zip code, county, or statewide?

*Character Limit: 500*

## Contact Info

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### Title of Contact Person

*Character Limit: 50*

### Primary Contact Person First Name\*

*Character Limit: 50*

### Primary Contact Person Last Name\*

*Character Limit: 50*

### Primary Contact Phone Number\*

*Character Limit: 100*

### Primary Contact Email\*

*Character Limit: 254*

## Capital Project Details

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### Project Name\*

What is the name of

*Character Limit: 250*

### Capital Project Start Date\*

*Character Limit: 10*

### Capital Project End Date\*

*Character Limit: 10*

### Amount Requested\*

*Character Limit: 20*

## Other Sources of Funding for Capital Project?\*

*Character Limit: 1500*

## Organizational Need for Capital Project\*

Please describe how this capital project will help the organization achieve its mission.

*Character Limit: 1000*

## What is the potential impact on the communities served?\*

Include description of the desired outcomes of this project. How do you envision measuring success?

*Character Limit: 750*

## Potential Challenges\*

What do you anticipate being the greatest challenges associated with this project? How will you handle them?

*Character Limit: 750*

## Additional Comments\*

Please provide any information you feel is important that wasn't covered in this application.

Feel free to provide any feedback about the application as well.

*Character Limit: 500*

## *Diversity, Equity, and Inclusion (DEI)*

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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.

### **Incorporating the values of Diversity, Equity, and Inclusion**

At the DCF, we are committed building opportunity for all. To be successful, we know that a focus on equity is crucial. The DCF has made several organizational commitments.

- We would like to hear from you on how your organization is incorporating DEI values: For example, do you incorporate the perspectives of the population served in program design and delivery?
- Has your organization hosted cultural sensitivity training for staff and/or board of directors?
- Is your organization seeking out cross-cultural experiences that encourage awareness of other cultures or spend a day in the life of the community members you serve?

- What are the demographics of your Organization's Board of Directors?

### 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: 250*

What are the demographics of those that you serve?

### 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

## Please list any goals related to DEI your Organization hopes to achieve in the future.\*

If your organization does not have any active efforts that incorporate a DEI lens into your work, or you're looking to expand on your current work; please list any DEI goals your organization hopes to achieve in the future (e.g. developing a more diverse board of directors, conducting yearly cultural competency trainings with staff, active inclusion of diverse vendors, mechanisms for senior accountability for DEI performance, etc.).

*Character Limit: 750*

## Attachments

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### 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*

### **Financial Statement Upload\***

Please choose the best financial statement to upload from the approved list of financial documents above. When saving, please note the type of financial document saved in naming.

*File Size Limit: 2 MB*

### **Board list, including affiliations\***

*File Size Limit: 2 MB*

### **Current Operating Budget\***

Please provide a simple budget for your organization.

We are looking for the amount of income that comes into your organization annually and a general breakdown of what your annual expenses are.

*File Size Limit: 2 MB*

### **Project Budget\***

Please include the total cost of the project as well as a breakdown of expenses.

*File Size Limit: 2 MB*

### **IRS Determination 501(c)3 Letter\***

*File Size Limit: 2 MB*

### **Additional Attachment (Optional)**

Upload a photo or other collateral that helps visually support the proposed project. Include a brief description of the attached photo. Note that these will be reviewed as a part of the evaluation process.

*File Size Limit: 5 MB*

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Upload a photo or other collateral that helps visually support the proposed project. Include a brief description of the attached photo. Note that these will be reviewed as a part of the evaluation process.

*File Size Limit: 2 MB*

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.

## *Payment Processing*

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### **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

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 the Delaware Community Foundation in writing that I(we) wish to revoke this authorization. I(we) understand that the Delaware Community Foundation requires at least 5 business days prior notice in order to cancel this authorization.

*Character Limit: 250*