2024 Nanticoke Rotary Grant Application

Delaware Community Foundation

Organization and Program Information

Available to any nonprofit organization, including any qualified school (public or private) on the Delmarva Peninsula, with particular emphasis given to Western Sussex County. All applicants within the Delmarva region will be considered by the Foundation Committee. Please, no applications for programs outside of Sussex County will be considered.

The Foundation does not support fundraising activities, PR initiatives, operating costs, travel expenses, or individuals.

Character Limit: 250

Primary Organization Name
Character Limit: 250

Contact Person*
Character Limit: 100

Title of Contact Person*
Character Limit: 100

Address of Contact Person*
Character Limit: 250

Contact Email*
Character Limit: 254

Contact Phone Number*
Character Limit: 250

EIN
Character Limit: 250

Is your Organization a 501(c)3 as designated by the IRS?
Nanticoke Rotary only accepts applications from 501(c)3 nonprofits.

Choices
Yes
No

Amount Requested*
Maximum Request $5,000

Character Limit: 20

Program Name*
Character Limit: 100

Program location(s):*
Character Limit: 250

Program Start Date*
Character Limit: 10

Program Description*
Briefly describe the community project that the grant will be used for. You may include, but not limited to, why this particular project is needed in the community, and who the project directly affects.

Character Limit: 2500

Mission Statement*
Describe the mission statement and organization's objectives.

Character Limit: 1000

Diversity, Equity & 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 eligibility of your proposal.** At the DCF, we are committed to 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?

DEMOGRAPHICS OF YOUR BOARD OF DIRECTORS

How many serve on your Board of Directors?*
Character Limit: 100

How many of your board members identify as LGBTQ+*
If none, please put 0.

Character Limit: 250

Board of Director's Demographic: Gender Makeup
Please provide the gender makeup for your board of directors. The total should match the number in the question above.

Gender Makeup	
Female	
Male	
Non-Binary	
Prefer Not To Answer	
Unknown/Not Tracked	
Total	

Board of Directors: Racial/Ethnic Makeup
Please provide an estimate of the racial/ethnic distribution of your board of directors. These entries are in % and should total 100%. If the answer is zero (0) for a category, please put 0.

Race/Ethnic Makeup	% (Percentage)
Black/African-American	
American Indian/Native Alaskan	

Asian American	
Native Hawaiian/Other Pacific Islander	
Hispanic/Latinx	
White/Caucasian	
Other/Mixed Race	
Total	

DEMOGRAPHICS OF THOSE YOU SERVE IN THE COMMUNITY

Population Served Demographic: Gender Makeup

Please provide an estimate of the gender makeup of those you serve. These entries are in % and should total 100%. If the answer is zero (0) for a category, please put 0.

Gender Makeup	% (Percentage)
Female	
Male	
Non-Binary	
Choose Not To Answer	
Other/Mixed Race	

Total	

Population Served Demographic: Age
Please provide an estimate of the age distribution of those you serve. These entries are in % and should total 100%. If the answer is zero (0) for a category, please put 0.

Age Range	% (Percentage)
Birth to 5 Years	
Ages 5-12	
Ages 13-18	
Young Adults (Ages 19-25)	
Adults (Ages 25-59)	
Seniors (Ages 60+)	
Total	

Population Served Demographic: Race/Ethnic Makeup
Please provide an estimate of the racial/ethnic distribution of those you serve. These entries are in % and should total 100%. If the answer is zero (0) for a category, please put 0.

Race/Ethnic Makeup	% (Percentage)
Black/African-American	

American Indian/Native Alaskan	
Asian American	
Native Hawaiian/Other Pacific Islander	
Hispanic/Latinx	
White/Caucasian	
Unknown/Not Tracked	
Total	

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; 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: 1000

Funding & Payment Processing

<u>Should your application be approved</u>, grants will be processed through Direct payment via ACH transfer. Please complete the fields below to allow the Delaware Community Foundation to make safe, quick awards to your organization.

Has Your Organization Received a Previous ACH Grant Payment from DCF?*

If you have received a grant from the DCF since March, 2021, answer yes; you may then skip the boxes below. If you don't know or have not received a grant in the past, please fill out the boxes below.

Also, if you think you have different bank information, please fill out the boxes below.

Choices

Yes
No

Authorization of Payment

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

Choices

Savings Account
Checking 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: 3 MB

SIGNATURE: Agree & Approval for Payment Processing*

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: 150

Required Attachments

Program Budget*

File Size Limit: 1 MB

501(c) Letter*

File Size Limit: 1 MB

Required Signatures

Signature of Applicant Organization's Executive Director/CEO/President***

By typing your name below, you confirm applicant organization does not discriminate in staffing or services on the basis of race, religion, gender, age, disability, national origin, or sexual orientation. You also acknowledge that you have read, understood and agree with the above.

Character Limit: 50

Signature of Person Completing Application**

By typing your name below, you confirm applicant organization does not discriminate in staffing or services on the basis of race, religion, gender, age, disability, national origin, or sexual orientation.

Character Limit: 50