FY25 Capital Grant Application

Delaware Community Foundation

Organization Information

Primary Organization Name*

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: 100 | File Size Limit: 1 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

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

Mission Statement*
Character Limit: 10000

Organization Website
Character Limit: 2000

Organization's Annual Operating Budget*
Character Limit: 20

What Geographic Area does your organization serve?*
Please be as specific as possible including zip code, county, or statewide?

Character Limit: 500

Contact Info

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

Project Name*
Character Limit: 250

Project Abstract*
Please include a brief description, including the need for the project and the population it will serve.

The project abstract may be shared with select DCF fundholders, after being vetted by the DCF Grants Committee, so please make it clear, concise, and compelling.

Character Limit: 450

Project Timeline*

Provide a high-level timeline to execute the project. Please be sure to include start and end dates.

Character Limit: 200

Amount Requested*

maximum amount is $20,000

Character Limit: 20

Project Budget*

Please include the total cost of the project and attach a budget that provides a detailed breakdown of expenses.

Character Limit: 50 | File Size Limit: 1 MB

Estimates / Quotes

If you have received any estimates or quotes for the work to be done as part of this capital project, please describe what they are in the text box, and attach the estimates/quotes as one document.

Character Limit: 150 | File Size Limit: 1 MB

Use of Funds*

Describe the specific uses of DCF funds for the project. If this is part of a larger or longer-term project, specify how DCF funds will be used within the phases of the project.

Character Limit: 1000

Population Served (Target Population)*

Define the target population this project is intended to benefit. If this is the same target population that your organization serves overall, please note that.

Please include number and ages of participants, race/ethnic makeup information, and other relevant local data.

Character Limit: 750

Community Impact*

DCF capital grants support projects statewide that will have a lasting, positive impact on the population or region served by the applicant organization.

What are the barriers or challenges faced by this population and community served? How will the project help overcome these barriers and provide more opportunities to succeed, benefit

equitably, and thrive? **Please be specific about the intended outcomes and how the community will benefit.**

Character Limit: 750

Other Sources of Funding for Capital Project?*

Please include a list of all other funding sources for this project only (grants, gifts, in-kind donations, and loans), including the amount of the contribution.

Include requests that are pending, including the requested amount and anticipated decision date. Please also note requests that were pursued but not funded.

Character Limit: 1500

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.

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 Board of Directors?

How many serve on your Board of Directors*
Character Limit: 20

How many board members identify as LGBTQ+?*
Character Limit: 25

Board of Directors Demographic: Gender Makeup
Total should add up to the number of board directors above.

Board of Directors Demographic: Gender Makeup	
Females	
Males	
Non-Binary	
Choose Not To Answer	
Unknown/Not Tracked	
Total Number of Board Members	

Board of Directors: Racial/Ethnic Makeup

Total should add up to the number of board directors above.

Board of Directors: Racial/Ethnic Makeup	
Black/African-American	
American Indian/Native Alaskan	
Native Hawaiian/Other Pacific Islander	
Asian American	
Hispanic/Latinx	

White/Caucasian	
Other/Mixed Race/Ethnicity	
Total Number of Board Members	

DEMOGRAPHICS OF THOSE YOU SERVE IN THE COMMUNITY (FOR THE WHOLE ORGANIZATION, NOT JUST THIS PROJECT YOU ARE APPLYING FOR)

Population Served Demographic: Race/Ethnic Makeup

Please provide an estimate of the Race/Ethnic Makeup of the population you serve. **These entries are in percentages (%) and should total 100%.** If the answer is zero (0) for a category, please put 0.

Population Served Demographic: Race/Ethnic Makeup	
Black/African-American	
American Indian/Native Alaskan	
Native Hawaiian/Other Pacific Islander	
Asian American	
Hispanic/Latinx	
White/Caucasian	
Other/Mixed Race/Ethnicity	

Total (should add up to 100%)	

Population Served Demographic: Age

Please provide an estimate of the Age Makeup of the population you serve. **These entries are in percentages (%) and should total 100%.** If the answer is zero (0) for a category, please put 0.

Population Served Demographic: Age	
Birth to 5 Years	
5-12	
13-18	
Young Adults (Ages 19-25)	
Adults (Ages 25-59)	
Seniors (Ages 60+)	
Total (should add up to 100%)	

Population Served Demographic: Gender Makeup

Please provide an estimate of the Gender Makeup of the population you serve. **These entries are in percentages (%) and should total 100%.** If the answer is zero (0) for a category, please put 0.

Population Served Demographic: Gender Makeup	
Females	

Males	
Non-Binary	
Choose Not To Answer	
Unknown/Not Tracked	
Total (should add up to 100%)	

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

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 2022 and 2023.

- 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

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

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: 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
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