

# 2025 Next Gen South Addiction & Family Services Grant

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*Delaware Community Foundation*

## *Organization and Program Information*

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### **Primary Organization Name**

*Character Limit: 250*

### **EIN**

*Character Limit: 250*

### **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

### **Mission Statement\***

*Character Limit: 1000*

### **Total Project Budget\***

*Character Limit: 20*

### **Amount Requested\***

Maximum Request: \$5,000

*Character Limit: 20*

### **Organizational Overview\***

Provide a brief history of the organization, including mission and major programs.

*Character Limit: 500*

### **Organization's Annual Operating Budget\***

*Character Limit: 20*

### **Constituency Served\***

Describe constituency and number of persons your organization serves annually.

*Character Limit: 500*

### **Service Area\***

Please note the service area for the addiction or family services program.

## Choices

Kent County

Sussex County

Statewide (with a focus on Kent or Sussex Counties)

## Program Name\*

*Character Limit: 100*

## Program Description\*

Briefly describe the addiction or family services program to be funded, including its objectives, strategies, curriculum and anticipated benefit to the community.

*Character Limit: 2000*

## Is this program currently operational and when was it established?\*

*Character Limit: 300*

## Indicate the location of the program and accessibility to those it is serving.\*

*Character Limit: 450*

## List staff members who will be implementing the program.\*

Please include titles and professional training.

*Character Limit: 400*

## Target Population\*

Define the target population your program is intended to reach and describe how you will raise awareness among this population. (Include number and ages of people.)

*Character Limit: 600*

## Collaborations\*

Do you expect to collaborate with other organizations? If so, provide details of that collaboration.

*Character Limit: 600*

## Program Goals\*

What are the program goals? Provide specific evaluation tools and processes that will be used to measure the short and long term success of your program?

*Character Limit: 1200*

## How will Next Gen South funds be used?\*

*Character Limit: 1000*

## What are the plans for the program once Next Gen South grant funds have been exhausted?\*

*Character Limit: 1000*

## Funding

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### Specify opportunities for leveraging or matching grants (include fees and government income).\*

*Character Limit: 1000*

### Other Funding Requested\*

List requests to other sources and dollar amount requested:

*Character Limit: 750*

### Other Funding Received\*

List other funding received for this program (i.e. components of program budget).

*Character Limit: 750*

### Specify the impact if Next Gen South funding is denied.\*

*Character Limit: 750*

### Specify the impact of partial Next Gen South funding.\*

*Character Limit: 750*

## Demographic Data

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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 eligibility of your proposal.*

### Demographic Data

At the DCF, we are committed to building opportunity for all. The DCF has made several organizational commitments to this end and we'd like to hear from you on how your organization is thinking about this:

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?

*Character Limit: 2500*

### How many serve on your Board of Directors?\*

*Character Limit: 25*

### How many board members identify as LGBTQ+?\*

*Character Limit: 25*

### Gender Identity (#)

	Board Members	Staff	Senior Staff
Female			
Male			
Non-binary			
Decline to state			
Unknown			

### Race & Ethnicity (#)

	Board Members	Staff	Senior Staff
Asian American/Pacific Islanders/Asian			
Black/African American/African			

Hispanic/Latino/Latina/Latinx			
Native American/American Indian/Indigenous			
White/Caucasian/European			
Multi-Racial/Multi-Ethnic (2+ races/ethnicities)			
Decline to state			
Unknown			

## Required Attachments

### Program Budget (one page)\*

File Size Limit: 1 MB

### Organization Budget & Most Recent Balance Sheet\*

File Size Limit: 4 MB

### Board List\*

Please upload a list of your organization's board of directors, including name and affiliation.

File Size Limit: 1 MB

### 501(c) Letter\*

File Size Limit: 2 MB

### Optional Attachment

You may also create an optional video that is no longer than 2 minutes to support your application (the video will not replace the application).

Character Limit: 250 / File Size Limit: 18 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.**

*Character Limit: 10*

### Authorization of Payment\*

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

#### Choices

Checking Account

Savings Account

### Attach Bank Details (Cancelled Check or Letter from Bank)\*

Please attach **either** a cancelled 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: 8 MB*

### Signature: Agree and 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: 100*

*Character Limit: 250*

*Character Limit: 250*

## Required Signatures

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### Signature of Applicant Organization's Executive Director/CEO\*\*

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*

### 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*