

# 2025 Roy Klein Education Fund Grant Application

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*Delaware Community Foundation*

## *Organization and Program Information*

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Available to any nonprofit organization, educational institutions and qualified 501(c)3 not-for-profit organizations in Kent County

*Character Limit: 250*

### **Primary Organization Name**

*Character Limit: 250*

### **EIN**

*Character Limit: 250*

### **Mission Statement\***

Describe the mission statement and organization's objectives. Include a brief history of the non-profit.

*Character Limit: 1000*

### **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*

### **Is your Organization a 501(c)3 as designated by the IRS?\***

Roy Klein Education Fund only accepts applications from 501(c)3 nonprofits.

### **Choices**

Yes

No



**Amount Requested\***

Maximum Request \$3,000

*Character Limit: 20*

**Program/Project Name\***

*Character Limit: 100*

**Program Start Date\***

*Character Limit: 10*

**Program End Date\***

*Character Limit: 10*

**Program Description\***

Briefly describe the program/project to be funded, its objectives and goals, activities and the anticipated impact it will have on the Greater Dover and the Kent County community.

*Character Limit: 5000*

**Target population\***

Define the target population your program/project is intended to reach. Please include the number, ages, and geographic area of the target population.

*Character Limit: 5000*

**Description of funds used\***

Please describe how the funding from the Roy Klein Education Fund will be used. Be specific.

*Character Limit: 5000*

**Is this a new program?\*****Choices**

Yes

No

**If no, how long has this program/project been in place?**

*Character Limit: 250*

**Past funding from Roy Klein Education Fund\***

Has your organization ever applied/received funding from the Roy Klein Education Fund in the past?

**Choices**

Yes

No



**If yes, please indicate when organization applied and, if applicable, when funding was received.**

*Character Limit: 5000*

### **Other funding sources\***

Specify opportunities for leveraging or matching grants. Put N/A if there are no other sources.

*Character Limit: 2500*

### **Evaluation\***

How will the program/project be evaluated?

*Character Limit: 5000*

### **Other information**

Please provide other pertinent information not requested in this application. Please limit your response to the space provided.

*Character Limit: 5000*

## ***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.***

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?

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

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

*Character Limit: 20*



**Gender Identity (#)**

	<b>Board Members</b>	<b>Staff</b>	<b>Senior Staff</b>
<b>Female</b>			
<b>Male</b>			
<b>Non-binary</b>			
<b>Decline to state</b>			
<b>Unknown</b>			

**Race & Ethnicity (#)**

	<b>Board Members</b>	<b>Staff</b>	<b>Senior Staff</b>
<b>Asian American/Pacific Islanders/Asian</b>			
<b>Black/African American/African</b>			
<b>Hispanic/Latino/Latina/Latinx</b>			
<b>Native American/American Indian/Indigenous</b>			
<b>White/Caucasian/European</b>			



<b>Multi-Racial/Multi-Ethnic (2+ races/ethnicities)</b>			
<b>Decline to state</b>			
<b>Unknown</b>			

### *Required Attachments/Disclosure*

#### **Program Budget or Most Recent Annual Report\***

*File Size Limit: 4 MB*

#### **501(c) Letter\***

*File Size Limit: 1 MB*

#### **Current Board of Directors List\***

*File Size Limit: 1 MB*

#### **Disclosure Statement\***

We require that that you review the list of current Roy Klein Education Fund Committee members (listed below) and disclose any affiliation or relationship which now exists or has existed within the last two (2) years between your organization and any individual or their families. If no such affiliation or relationship has existed or now exists, please indicate so by typing "no affiliation exists."

Committee members:

Ashley Diem - Judy Diogo - Frank Fantini - Denis McGlynn - Janis Nesterak - Daniel Simpson - Steve Welde - Edward Wilchinski

*Character Limit: 5000*

### *Payment Processing*

Grants will be processed through Direct payment via ACH transfer. 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 ("Company") 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)\*

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 & 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: 250*

## Required Signatures

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### Signature of President/CEO of Non-Profit Organization\*

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: 100*

### Signature of Person Completing the 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: 100*