

# FY26 Capital Grant Application

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## *Delaware Community Foundation*

### *Overview and Instruction*

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DCF capital grants assist with the acquisition, final-stage design, construction, repair, renovation, rehabilitation, or other capital improvements of facilities, so nonprofits in all three counties can operate as efficiently and effectively as possible.

An ideal capital grant does more than just renovate or repair. It helps an organization that is already strong to serve its community even better. Supported capital projects will have a lasting, positive impact on the population or community served by the grantee organization.

Grants will not exceed \$20,000 other than on rare occasions due to their exceptional merits, based on the discretion of the DCF Grants Committee.

Agencies receiving DCF grants must serve the state of Delaware and its residents without discrimination based on race, religion, gender, age, disability, national origin or sexual orientation.

We do not support:

- Non-501(c)3 nonprofit organizations
- Purchase of office equipment, furniture or standard office expenses related to the operation of an organization (e.g. web site services, computer software, desktop or laptop computers, office phone systems, etc.)
- Sports clubs, leagues or facilities
- Public or tuition-based educational institutions
- Fundraising entities for programs and organizations that are primarily supported through public funding (e.g., schools, parks, libraries)
- Purchase of vehicles (i.e. mobile machines that transport people or cargo)
- Endowments
- Religious organizations for sectarian purposes (However, projects that serve the entire community, regardless of religious affiliation, are eligible for support.)
- Annual fundraising campaigns
- Projects completed before June of the current year
- Individuals
- Special events
- Debt reduction

If you received a capital grant before, please see below to see if you're eligible to apply. All grantees of capital funding are required to wait two complete grant cycles before applying again. The graphic below shows award years and year of eligibility to apply.

Award Year:      Year Organization is eligible to apply:

October 2022      October 2025

October 2023      October 2026

October 2024      October 2027

October 2025      October 2028

## Organization Information

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### 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: 150*

### History of the Organization\*

*Character Limit: 2000*

### 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

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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\****Character Limit: 250***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.

*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*

### Alignment of Capital Project and Organization Mission\*

Tell us how this capital project will help your organization meet its mission.

*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: 1000*

## Demographic Data

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*The Delaware Community Foundation would like to collect demographic data on your Board of Directors. Please note that answers to these questions will not affect the ranking 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: 1500*

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

*Character Limit: 20*

**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>			

**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>			

## 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 2023 and 2024.
- 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*

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*File Size Limit: 2 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.

### 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*



