

# 2026 Arsht Cannon Fund Grant Application

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*Delaware Community Foundation*

## *2026 Arsht Cannon Fund LOI*

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### **Executive Director's Name\***

*Character Limit: 250*

### **Executive Director's Email Address\***

*Character Limit: 254*

### **Executive Director's Phone Number\***

*Character Limit: 250*

### **Project/Program Name\***

*Character Limit: 100*

### **Population/Area Served\***

Describe the Population and Area you serve.

*Character Limit: 1000*

### **Program Description\***

Briefly describe the program you are requesting funds for.

*Character Limit: 1000*

### **Impact on Hispanic Population\***

Describe the Need, Focus and Impact on Hispanic Delawareans here.

*Character Limit: 2500*

### **Costs for Program\***

Describe the estimated costs to hold this program here.

*Character Limit: 2500*

### **Amount Requested from the Arsht-Cannon Fund\***

*Character Limit: 20*