2026 YPB Grant Common Application

Delaware Community Foundation

Organization

Organization Name?*
Character Limit: 100

EIN
Character Limit: 250

Is your Organization a 501(c)3 as designated by the IRS?
The Youth Philanthropy Board only accepts applications from 501(c)3 nonprofits.

Choices
Yes
No

Mission Statement*
Character Limit: 1000

Geographic Areas Served*
Character Limit: 1000

Organization Website
Character Limit: 2000

Organization's Annual Operating Budget*
Character Limit: 20

Focus Statements & Instructions to Apply

FOCUS STATEMENTS

Beginning with the 2025 year, applicants may now apply for YPB money from each county using this Common Application. Once you have read each focus statement, click the county(ies) you wish to apply for and specific questions for that program will populate. If you are applying for money for the same program in each county, you will need to upload budget information once. If you are applying for a different program in a different county, you must upload different budgets for those programs.

In 2026, the New Castle County YPB will support nonprofits that are providing mental health

programs or support for individuals who may be experiencing food insecurity, substance abuse, or suicide-risk (which could include populations such as LGBTQIA, teenaged parents and youth in foster care).

In 2026, the Kent YPB aims to support residents by funding the safety of those in need of greater assistance and protecting the land they live on. They will offer grants to non-profits that have a drive to aid Student Support Services, People with Disabilities, Environmental Conservation and/or Violence Prevention.

In 2026, The Sussex County YPB will fund nonprofits that support family success, especially those at-risk families experiencing mental health issues, domestic/gun violence, and/or food insecurity/homelessness. They will also fund support services for those who are in need of assistance for early to secondary education, recreational (art/sports) activities, or finding jobs.

County Request(s)

Which YPB Grant(s) are you applying for?*

Please click one, two or all three counties if you believe your program qualifies with regards to their Focus Statement (see above). Another section will populate asking for further information.

Choices

New Castle County
Kent County
Sussex County

New Castle County Questions

Program Name*

Character Limit: 250

Amount Requested*

Maximum for New Castle County is $2500.

Character Limit: 20

Program Start Date*

Character Limit: 10

Program End Date*

YPB is not a reimbursement grant. The program must end after April 30, 2026 to qualify for funding.

Character Limit: 10

Total Program Budget*
Character Limit: 20

New Castle County Program Description*
How does your program fit with the YPB's strategic challenges in the focus statement? Briefly describe your program, its objectives, strategies and ways it will support the focus statement of New Castle County's YPB.

Character Limit: 3000

YPB Funding in New Castle Co.*
If your organization is awarded a grant, please outline specifically how NCC YPB funds will be used.

Character Limit: 2500

Site Visit Contact*
Site visits in 2026 will hopefully be in person but could be via Zoom which the YPB will schedule through the coordinator. Please provide a name, their cell phone, email, site visit location and if there are any set hours to host the visit?

Character Limit: 1000

Kent County Questions

Program Name*
Character Limit: 250

Amount Requested*
Maximum amount for Kent County is $5,000

Character Limit: 20

Program Start Date*
Character Limit: 10

Program End Date*
YPB is not a reimbursement grant. The program must end after April 30, 2026 to qualify for funding.

Character Limit: 10

Total Program Budget*
Character Limit: 20

Topics of Concern*
Which of the following areas is your program focused on? (click all that apply)

Choices
Student Support Services
People with Disabilities
Environmental Conservation
Violence Prevention

Kent County Program Description*
How does your program fit with the Kent YPB's strategic challenges in the focus statement? Briefly describe your program, its objectives, strategies and ways it will support the focus statement of Kent YPB.

Character Limit: 3000

Impact You Seek: Outcomes*
List desired grant outcomes of the program during the grant year.

Character Limit: 1500

YPB Funding in Kent County*
If your organization is awarded a grant, please outline specifically how YPB funds will be used.

Character Limit: 2500

Site Visit Contact*
Site visits in 2026 will hopefully be in person but could be via Zoom which the YPB will schedule through the coordinator. Please provide a name, their cell phone, email, site visit location and if there are any set hours to host the visit?

Character Limit: 1000

Sussex County Questions

Program Name*
Character Limit: 250

Amount Requested*
Maximum amount for Sussex County is $5,000

Character Limit: 20

Program Start Date*
Character Limit: 10

Program End Date*
YPB is not a reimbursement grant. The program must end after April 30, 2026 to qualify for funding.

Character Limit: 10

Total Program Budget*

Character Limit: 20

Topics of Concern*

Which of the following areas is your program focused on? (click all that apply)

Choices

Early to Secondary Education Assistance
Food Insecurity and/or Homelessness
Gun or Domestic Violence
Job Assistance
Mental Health Issues
Recreational Activities Assistance

Sussex County Program Description*

How does your program fit with the Sussex YPB's strategic challenges in the focus statement? Briefly describe your program, its objectives, strategies and ways it will support the focus statement of Sussex YPB.

Character Limit: 3000

Impact You Seek: Outcomes*

List desired grant outcomes of the program during the grant year.

Character Limit: 1500

YPB Funding in Sussex County*

If your organization is awarded a grant, please outline specifically how YPB funds will be used.

Character Limit: 2500

Site Visit Contact*

Site visits in 2026 will hopefully be in person but could be via Zoom which the YPB will schedule through the coordinator. Please provide a name, their cell phone, email, site visit location and if there are any set hours to host the visit?

Character Limit: 1000

Demographic Data

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: 1500

How many serve on your Board of Directors*

Character Limit: 100

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			

Gender Identity (#)

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

Funding & Payment Processing

Other funding*

Please tell us whether or not other funding from other sources has been received ***for this program. If so, please list them.***

Character Limit: 1000

Should your application be approved, grants will be processed through Direct payment via ACH transfer. Please complete the fields below to allow the Delaware Community Foundation to make quick, safe awards to your organization.

Has Your Organization Received a Previous ACH Grant Payment from DCF?*

If you have received a grant from the DCF since March, 2021, answer yes; you may then skip the boxes below. If you don't know or have not received a grant in the past, please fill out the boxes below.

Also, if you think you have different bank information, please fill out the boxes below.

Choices

Yes
No

Authorization of Payment

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

Choices

Checking Account
Savings Account

Attach Bank Details (Voided Check or Letter from Bank)

Please attach either a voided check or 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 Attachments

Program Budget #1*

Please upload a budget just for the program(s) for which you are applying for funds. **Make sure if you are applying for different programs in different counties to have a specific header for each county.**

e.g. KENT YPB PROGRAM BUDGET

Do not upload the organization budget here.

IF YOU ARE APPLYING FOR JUST ONE COUNTY YPB GRANT, YOU MAY SKIP THE NEXT TWO UPLOADS.

File Size Limit: 3 MB

Program Budget #2

Please upload a budget just for the program(s) for which you are applying for funds. **Make sure if you are applying for different programs in different counties to have a specific header for each county.**

e.g. KENT YPB PROGRAM BUDGET

Do not upload the organization budget here.

File Size Limit: 2 MB

Program Budget #3

Please upload a budget just for the program(s) for which you are applying for funds. **Make sure if you are applying for different programs in different counties to have a specific header for each county.**
e.g. KENT YPB PROGRAM BUDGET
Do not upload the organization budget here.

File Size Limit: 2 MB

Organization Budget*

Please upload the organization budget for the entire non-profit here.

File Size Limit: 4 MB

501(c) Letter*

File Size Limit: 1 MB

Required Signatures

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