

2026 Wilmington New Castle Pediatric Association Fund Grant

Delaware Community Foundation

Organization Information

Wilmington New Castle Pediatric Association Fund:

These small grants will fund educational programming for pediatric healthcare providers. Supported programs include continuing education credit programming, conference, training for pediatric healthcare providers.

- Awards will range from \$2,500 to \$5,000

Primary Organization Name

Character Limit: 250

Contact First Name*

Character Limit: 250

Contact Last Name*

Character Limit: 250

EIN

Character Limit: 250

Is the project/program fiscally sponsored?*

Choices

Yes

No

If applicable, please list the organization that serves as fiscal sponsor.*

If applicable, please list the organization that serves as fiscal sponsor. Please also upload the fiscal sponsor agreement verifying your fiscal sponsor relationship.

(Please put n/a if this does not apply.)

Character Limit: 5000 | File Size Limit: 5 MB

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/Candid profile, if your organization has one).

Choices

A - Arts, Culture & Humanities
B - Education
C - Environment
D - Animal Related
E - Health Care
F - Mental Health & Crisis Intervention
G = Voluntary Health Associations & Medical Disciplines
H - Medical Research
I - Crime & Legal-Related
J - Employment
K - Food, Agriculture & Nutrition
L - Housing & Shelter
M = Public Safety, Disaster Preparedness & Relief
N - Recreation & Sports
O - Youth Development
P - Human Services
Q - International, Foreign Affairs & National Security
R - Civil Rights, Social Action & Advocacy
S - Community Improvement & Capacity Building
T - Philanthropy, Voluntarism & Grantmaking Foundations
U - Science & Technology
V - Social Science
W - Public & Societal Benefit
X - Religion Related
Y - Mutual & Membership Benefit
Z - Unknown

Request for General Operating or Programmatic Support?*

General Operating request for support are evaluated based on their organizations mission alignment with the fund purpose.

Programmatic request for support are evaluated based on the programs alignment with the fund purpose.

Choices

General Operating
Programmatic

Program Name*

Name of Project, Program, OR if a General Operating request, please note this in the box below.

Character Limit: 250

Request Amount*

Awards will range from \$2,500 to \$5,000.

Character Limit: 20

Impact in the Community*

Please describe the measurable impact your organization is providing in the community. Please be as specific as possible, and include data and information about goals and outcomes (e.g. specific data on meals served, houses built, students tutored, etc.).

Character Limit: 5000

General Operating Request

How does your organization mission align with the fund purpose?*

Character Limit: 750

Programmatic Request for Support

How does your program align with the fund purpose?*

Character Limit: 750

Demographic Data

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 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?

DEMOGRAPHICS OF YOUR ORGANIZATION'S BOARD OF DIRECTORS**How many serve on your Board of Directors?****Character Limit: 25***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			

Attachments

Program Budget*

Please attach a program budget that demonstrate how DCF dollars will be used. This can be an overall program budget but must include the spend of DCF dollars. **If a program budget is not attached, the proposal will be disqualified.**

File Size Limit: 3 MB

Organization Budget*

Please attach the current organization budget

File Size Limit: 5 MB

Organization Board List*

File Size Limit: 5 MB

IRS Determination 501(c)3 Letter*

File Size Limit: 3 MB

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

Saving 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 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 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

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: 250

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: 250