

# 2026 June J. and Russell W. Peterson Fund for Social Justice

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*Delaware Community Foundation*

## Organization Information

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### Primary Organization Name

*Character Limit: 250*

### Contact Last Name\*

*Character Limit: 250*

### Contact First 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.

*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

- 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

**Organization Mission Statement\***

*Character Limit: 1000*

**Geographic Areas Served (list)\***

Be as specific as possible, including specific counties, as well as specific cities and communities that your Organization serves.

*Character Limit: 1000*

**Organization Website**

*Character Limit: 2000*

**Organization's Annual Operating Budget\***

*Character Limit: 20*

## *June J. and Russell W. Peterson Fund*

### June J. and Russell W. Peterson Fund for Social Justice

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Awards will range between: \$1,000 to \$1,500

**Purpose of the Fund:** To support programs submitted by Delaware organizations that serve the poor through one or more of the following fields: jobs, housing, health care, education, and community members re-entering society.

#### **Project Name\***

*Character Limit: 250*

#### **Program Start Date\***

The program can start before funding is received.

*Character Limit: 10*

#### **Program End Date\***

Must be after May 30, 2026 to qualify for funding.

*Character Limit: 10*

#### **Request Amount\***

Award max is \$1,500

*Character Limit: 20*

#### **Total Program Budget\***

*Character Limit: 20*

#### **Program Description\***

Provide a description of the proposed program and how it will benefit the community you serve and build opportunity. Specifically address how the program meets the goals of the fund.

*Character Limit: 5000*

#### **Program Location\***

What specific location will be served by this program? Include zip code and "neighborhood" e.g. Laurel, (Western Sussex) 19956

*Character Limit: 1000*

## Describe the population served by the program for which you are requesting support\*

Define the target population your program is intended to benefit. This will include age, gender, ethnicity, and other relevant data to better understand who will benefit from the program.

*Character Limit: 2000*

## Funding

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### Project Name\*

*Character Limit: 100*

### Substantiate Need\*

Describe the specific uses of DCF funds for the program. 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*

### Organizational Capacity\*

What is your experience working on this type of program? Who will be responsible for the program's oversight and what are their qualifications?

*Character Limit: 1500*

### Other Funding\*

Include a list of all other funding sources for this **Program Only** (grants, gifts, in-kind donations, and loans), including the amount of the contribution and its current status.

Include requests that are pending, the requested amount and anticipated decision date. 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 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: 750*

**DEMOGRAPHICS OF YOUR ORGANIZATION'S BOARD OF DIRECTORS**

**How many people 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>			
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**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>			

*Required 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: 5 MB*

**Organization Budget\***

Current Organization Budget

*File Size Limit: 5 MB*

**Board List\***

Please upload a list of your organization's board of directors.

*File Size Limit: 5 MB*

**IRS Determination 501(c)3 Letter\***

*File Size Limit: 3 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 and may be shared with select DCF Fundholders.**

*Character Limit: 100 | File Size Limit: 7 MB*

## Payment Processing

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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: 100*

## Required Signatures

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### 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*