

2026 Quintin E. Primo Jr. Fund for Racial Justice & the African American Empowerment Fund

Delaware Community Foundation

Organization Information

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

Quintin E. Primo Jr. Fund for Racial Justice and the African American Empowerment Fund of Delaware

Quintin E. Primo Jr. Fund for Racial Justice and the African American Empowerment Fund of Delaware: These small grants will support educational programs and projects that promote racial justice and the empowerment of African Americans. Awards will range from \$1,000 to \$2,500.

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 \$2,500

Character Limit: 20

Total Program Budget*

Character Limit: 20

Program Abstract*

The program abstract may be shared with select DCF fundholders, after being vetted by the DCF Grants Committee. Make it clear, concise, and compelling. The Program Abstract should include a brief description, the need for the project, the population it will serve, project goals and outcomes.

Character Limit: 1200

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 Quintin Primo Fund for Racial Justice and the African American Empowerment Fund of Delaware.

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

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

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 (#)

| | 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 | | | |

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

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

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