

# Rehoboth Lake Fund

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*Delaware Community Foundation*

## *Organization Information*

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### **Rehoboth Lakes Fund**

Awards will range between \$250 to \$500

**Purpose of the Fund.** The purpose of the Fund shall be for grants exclusively for charitable, scientific or educational objectives, subject to the purpose and intent of the DCF, applicable law and Internal Revenue Service regulation. The Fund is intended to provide grants to qualified charitable organizations that support scientific, historical, cultural and artistic research, education, promotion and publication related to Silver Lake, Lake Comegys, and Lake Gerar in Rehoboth Beach, Dewey Beach, and Sussex County, Delaware. Grantees will be selected by the DCF's grants committee or by an alternative process or committee appointed by the DCF.

### **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 \$250 to \$500

*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*

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

*Character Limit: 750*

## *Programmatic Request for Support*

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**How does your program align with the fund purpose?\***

*Character Limit: 750*

## *Demographic Data*

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*The Delaware Community Foundation would like to collect demographic information on your Board of Directors. Please note that answers to these questions will not affect the ranking of your proposal.*

**Demographic Information\***

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: 2500*

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

**How many serve on your Board of Directors?\***

*Character Limit: 25*

**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>			

### Gender Identity (#)

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

### Attachments

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#### 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*

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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: 250*

## *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: 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*