

FY26 Pettinaro Supports Delaware Communities

Delaware Community Foundation

Funding Request

THE FUND AT A GLANCE

A Distinct Identity

The Pettinaro family knows that our strength lies not only in the words we stand by, but most importantly through the actions of our initiatives. Stemming from the humble mindset of Verino and Midge Pettinaro that “one always gives more than they may receive.” This fund was created to better community through love and kindness.

Primary Organization Name

Character Limit: 250

Primary Organization Address*

Character Limit: 250

Primary Organization Phone Number*

Character Limit: 250

Primary Organization Email Address*

Character Limit: 254

Date of Incorporation*

The Pettinaro Supports Delaware Communities grant will only support organizations that incorporated on or before December 1, 2023. Please note the organization's date of incorporation.

Character Limit: 10

Program Name*

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

Character Limit: 250

Amount Requested*

Choices

\$2,500

\$5,000

- \$10,000
- \$15,000
- \$20,000
- \$25,000
- \$30,000
- \$35,000
- \$40,000
- \$45,000
- \$50,000

Grant Focus Area*

The Pettinaro Supports Delaware Communities fund supports specific grant focus areas. Below please choose the focus area that best fits the request.

Choices

- Children
- Community Development
- Education
- Health
- Community Insecurities (Food, Housing, Basic Needs)

Expand on Grant Focus Area:*

Please share more about your organization and how it fits with the grant focus area chosen.

Character Limit: 750

Describe use of funds*

Use the space below to share more about how funds will be used at the organization.

Character Limit: 4500

Payment

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: 50

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