

## DELAWARE GRANTMAKERS GUIDE

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**DIRECTORY OF DELAWARE GRANTMAKERS**  
**Delaware Community Foundation**

1. Name of Organization: **ADVANTA Foundation**
2. Category: foundation
3. Mailing Address: Welsh & McKean Rds.  
Spring House, PA 19477
4. Phone 215-444-5370 FAX: 215-444-5075  
E-mail \_\_\_\_\_ Website \_\_\_\_\_
5. Name and Title of Contact Person: Linda Brecht Marr, Director of Communications
6. Year and Location of Incorporation: \_\_\_\_\_
7. Does your organization have a formally organized giving program? yes
8. Does your organization make grants in the state of Delaware? yes

**A. PURPOSE AND ACTIVITIES**

1. What types of activities does your organization or giving program support?  
(Please check **ALL** that apply.)

**Cultural**

- General
- Painting/Sculpture
- Literature
- Music
- Theatre
- Dance
- Museums

**Education**

- General
- Early Childhood
- Elementary/Secondary
- College/University
- Vocational
- Adult/Continuing Ed.
- Special Education
- Specific Programs

**Health**

- General
- Education/Preventative
- Mental Health
- Alcohol/Drug
- AIDS
- Medical Care & Treatment
- Research

**Social Welfare**

- General
- Poverty Issues
- Homelessness
- Elderly
- Child Care
- Disabilities/Handicaps
- Literacy
- Teen Pregnancy
- Infant Mortality
- Housing Development
- Economic Development
- Youth/At-Risk Youth
- Criminal Justice Issues
- Leadership Development

**Religious**

- General
- Education
- Specific Church  
or Synagogue
- \_\_\_\_\_ (name)

**Environmental Concerns**

- General
- Energy
- Conservation
- Preservation

**Other (Specify as needed)**

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

2. Does your organization or giving program have specific grantmaking priorities? If so, please explain:



7. Does your organization provide, upon request, any of the following documents?

- |                                | Yes | No       |
|--------------------------------|-----|----------|
| • Annual Report                | ___ | <u>X</u> |
| • Corporate Giving Report      | ___ | <u>X</u> |
| • Grant Application Guidelines | ___ | <u>X</u> |
| • Other ( _____ )              | ___ | <u>X</u> |

#### D. FINANCIAL INFORMATION

1. Please give the following information regarding your grant-making activities **during your most recent fiscal year:**

Fiscal Month/Year Ended: 12/2002  
Total Grant Budget/Assets:  
(for most recent year)

Total Number of Grants Awarded: 63  
Number of Grants in Delaware:

Total Amount of Grants Awarded: \$666,993  
• Highest Grant Awarded: \$200,000  
• Lowest Grant Awarded: \$1,000  
• Range of Average Grant: \$5,000 \_\_\_\_\_

2. What is the source of funds for your grant-making program? corpfound

\_\_\_\_\_

**DIRECTORY OF DELAWARE GRANTMAKERS**  
**Delaware Community Foundation**

1. Name of Organization: **The Annenberg Foundation**
2. Category: foundation
3. Mailing Address: 150 Radnor-Chester Rd. Suite A-200  
 St. Davids, PA 19087
4. Phone 610-341-9066 FAX: 610-964-8688
- E-mail Website www.annenbergfoundation.org

Name and Title of Contact Person: G. Norris-Szanto, Senior Program Officer

6. Year and Location of Incorporation: 1989
7. Does your organization have a formally organized giving program? yes
8. Does your organization make grants in the state of Delaware? no

**A. PURPOSE AND ACTIVITIES**

1. What types of activities does your organization or giving program support?  
 (Please check ALL that apply.)

**Cultural**

- General  
 Painting/Sculpture  
 Literature  
 Music  
 Theatre  
 Dance  
 Museums

**Education**

- General  
 Early Childhood  
 Elementary/Secondary  
 College/University  
 Vocational  
 Adult/Continuing Ed.  
 Special Education  
 Specific Programs

**Health**

- General  
 Education/Preventative  
 Mental Health  
 Alcohol/Drug  
 AIDS  
 Medical Care & Treatment  
 Research

**Social Welfare**

- General  
 Poverty Issues  
 Homelessness  
 Elderly  
 Child Care  
 Disabilities/Handicaps  
 Literacy  
 Teen Pregnancy  
 Infant Mortality  
 Housing Development  
 Economic Development  
 Youth/At-Risk Youth  
 Criminal Justice Issues  
 Leadership Development

**Religious**

- General  
 Education  
 Specific Church  
 or Synagogue  
 \_\_\_\_\_  
 (name)

**Environmental Concerns**

- General  
 Energy  
 Conservation  
 Preservation

**Other (Specify as needed)**

\_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_

2. Does your organization or giving program have specific grantmaking priorities? If so, please explain:

**B. TYPES OF SUPPORT**

1. What a type of support is your organization or giving program willing to consider?

	YES	NO	MC		YES	NO	MC
Annual Campaigns				Publications			
Building/Equipment Funds				Research			
Capital Campaigns				Scholarships/Fellowships			
Emergency Funds				Seed Money			
Endowment Funds				Special Projects			
General Purpose/Operating				Student Loans			
Grants to Individuals				Technical Assistance			
Matching Funds/Challenge Grants				Conferences/Training			
Matching Employee Gift Programs				Other			
Program-Related Investments							

- 2. Do you have any geographic limitations, priorities or preferences to your funding decisions? (If yes, please explain)
- 3. What limitations or restrictions occur in your funding decisions? In other words, what types of support do you NOT provide (List only criteria not mentioned in #1 above.)
- 4. Do you have any policies regarding grant-making to an organization which is a member of United Way? If yes, what are your guidelines?

**C. APPLICATION INFORMATION**

8. How should the initial approach to your organization occur?

- Phone
- Letter
- Personal Visit or Appointment
- Proposal with Cover Letter
- Proposal only
- E-mail or web-based form on foundation website

9. How do you prefer applications be submitted?

- Mail
- Via our website
- Delivered in person
- To the following e-mail address: \_\_\_\_\_

10. Do you have a specific Application Form that must accompany the proposal?

Application URL:

What, if any, application deadline(s) exist?

11. When and how often do Board Meetings occur?

12. What is the time frame for **notification of approval** of the grant application?

13. Do you notify an organization if a decision is made to **not** fund their request?

\_\_\_ Yes \_\_\_ No

14. Does your organization provide, upon request, any of the following documents?

- |                                | Yes | No  |
|--------------------------------|-----|-----|
| • Annual Report                | ___ | ___ |
| • Corporate Giving Report      | ___ | ___ |
| • Grant Application Guidelines | ___ | ___ |
| • Other ( _____ )              | ___ | ___ |

#### D. FINANCIAL INFORMATION

1. Please give the following information regarding your grant-making activities **during your most recent fiscal year:**

Fiscal Month/Year Ended:

Total Grant Budget/Assets:  
(for most recent year)

Total Number of Grants Awarded:

Number of Grants in Delaware:

Total Amount of Grants Awarded:

- Highest Grant Awarded:
- Lowest Grant Awarded:
- Range of Average Grant: \_\_\_\_\_

2. What is the source of funds for your grant-making program? (Please check ALL that apply.)

**DIRECTORY OF DELAWARE GRANTMAKERS**  
**Delaware Community Foundation**

1. Name of Organization: **AstraZeneca** \_\_\_\_\_
2. Category: corporation
3. Mailing Address: PO Box 15437 1800 Concord Pike  
Wilmington, DE 19850-5437
4. Phone 302-886-3278 FAX: 302-886-3029
- E-mail \_\_\_\_\_ Website www.astrazeneca-us.com
- Name and Title of Contact Person: Irene Fick, Sr. Mgr., Corporate and Community Affairs
6. Year and Location of Incorporation: \_\_\_\_\_
7. Does your organization have a formally organized giving program? yes
8. Does your organization make grants in the state of Delaware? yes

**A. PURPOSE AND ACTIVITIES**

1. What types of activities does your organization or giving program support?  
(Please check **ALL** that apply.)

**Cultural**

- General  
 Painting/Sculpture  
 Literature  
 Music  
 Theatre  
 Dance  
 Museums

**Education**

- General  
 Early Childhood  
 Elementary/Secondary  
 College/University  
 Vocational  
 Adult/Continuing Ed.  
 Special Education  
 Specific Programs

**Health**

- General  
 Education/Preventative  
 Mental Health  
 Alcohol/Drug  
 AIDS  
 Medical Care & Treatment  
 Research

**Social Welfare**

- General  
 Poverty Issues  
 Homelessness  
 Elderly  
 Child Care  
 Disabilities/Handicaps  
 Literacy  
 Teen Pregnancy  
 Infant Mortality  
 Housing Development  
 Economic Development  
 Youth/At-Risk Youth  
 Criminal Justice Issues  
 Leadership Development

**Religious**

- General  
 Education  
 Specific Church  
or Synagogue  
\_\_\_\_\_  
(name)

**Environmental Concerns**

- General  
 Energy  
 Conservation  
 Preservation

**Other** (Specify as needed)

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

2. Does your organization or giving program have specific grantmaking priorities? If so, please explain:

**B. TYPES OF SUPPORT**

1. What a type of support is your organization or giving program willing to consider?

	YES	NO	MC		YES	NO	MC
Annual Campaigns		X		Publications	X		
Building/Equipment Funds		X		Research	X		
Capital Campaigns		X		Scholarships/Fellowships			
Emergency Funds				Seed Money			
Endowment Funds				Special Projects	X		
General Purpose/Operating				Student Loans			
Grants to Individuals		X		Technical Assistance	X		
Matching Funds/Challenge Grants				Conferences/Training	X		
Matching Employee Gift Programs				Other			
Program-Related Investments							

- 2. Do you have any geographic limitations, priorities or preferences to your funding decisions? (If yes, please explain) no
- 3. What limitations or restrictions occur in your funding decisions? In other words, what types of support do you NOT provide (List only criteria not mentioned in #1 above.)
- 4. Do you have any policies regarding grant-making to an organization which is a member of United Way? If yes, what are your guidelines?

**C. APPLICATION INFORMATION**

- 15. How should the initial approach to your organization occur? mail
  - Phone
  - Proposal with Cover Letter
  - Letter
  - Proposal only
  - Personal Visit or Appointment
  - E-mail or web-based form on foundation website
- 16. How do you prefer applications be submitted? no
  - Mail
  - Delivered in person
  - Via our website
  - To the following e-mail address: \_\_\_\_\_
- 17. Do you have a specific Application Form that must accompany the proposal? no
 

Application URL: none
- What, if any, application deadline(s) exist? None
- 18. When and how often do Board Meetings occur? several weeks
- 19. What is the time frame for **notification of approval** of the grant application? Several weeks

20. Do you notify an organization if a decision is made to **not** fund their request?  
 Yes     No

21. Does your organization provide, upon request, any of the following documents?

- |                                | Yes                                 | No                       |
|--------------------------------|-------------------------------------|--------------------------|
| • Annual Report                | <input checked="" type="checkbox"/> | <input type="checkbox"/> |
| • Corporate Giving Report      | <input type="checkbox"/>            | <input type="checkbox"/> |
| • Grant Application Guidelines | <input type="checkbox"/>            | <input type="checkbox"/> |
| • Other ( _____ )              | <input type="checkbox"/>            | <input type="checkbox"/> |

#### **D. FINANCIAL INFORMATION**

1. Please give the following information regarding your grant-making activities **during your most recent fiscal year:**

Fiscal Month/Year Ended:

Total Grant Budget/Assets:  
(for most recent year)

Total Number of Grants Awarded:

Number of Grants in Delaware:

Total Amount of Grants Awarded:

- Highest Grant Awarded:
- Lowest Grant Awarded:
- Range of Average Grant: \_\_\_\_\_

2. What is the source of funds for your grant-making program? (Please check ALL that apply.)

\_\_\_\_\_

**DIRECTORY OF DELAWARE GRANTMAKERS**  
**Delaware Community Foundation**

1. Name of Organization: **The Bank of New York (DE)**
  2. Category: corp
  3. Mailing Address: P O Box 6973  
Newark, De 19714
  4. Phone 302-283-8114 FAX: 302-283-8298  
E-mail wlewis@bankofny.com Website
- Name and Title of Contact Person: William Lewis, SVP
6. Year and Location of Incorporation:
  7. Does your organization have a formally organized giving program? yes
  8. Does your organization make grants in the state of Delaware? yes

**A. PURPOSE AND ACTIVITIES**

1. What types of activities does your organization or giving program support?  
(Please check **ALL** that apply.)

<p><b>Cultural</b></p> <p><input type="checkbox"/> General</p> <p><input type="checkbox"/> Painting/Sculpture</p> <p><input type="checkbox"/> Literature</p> <p><input type="checkbox"/> Music</p> <p><input type="checkbox"/> Theatre</p> <p><input type="checkbox"/> Dance</p> <p><input type="checkbox"/> Museums</p>	<p><b>Education</b></p> <p><input checked="" type="checkbox"/> General</p> <p><input type="checkbox"/> Early Childhood</p> <p><input type="checkbox"/> Elementary/Secondary</p> <p><input type="checkbox"/> College/University</p> <p><input type="checkbox"/> Vocational</p> <p><input type="checkbox"/> Adult/Continuing Ed.</p> <p><input checked="" type="checkbox"/> Special Education</p> <p><input type="checkbox"/> Specific Programs</p>	<p><b>Health</b></p> <p><input checked="" type="checkbox"/> General</p> <p><input checked="" type="checkbox"/> Education/Preventative</p> <p><input type="checkbox"/> Mental Health</p> <p><input type="checkbox"/> Alcohol/Drug</p> <p><input type="checkbox"/> AIDS</p> <p><input type="checkbox"/> Medical Care &amp; Treatment</p> <p><input type="checkbox"/> Research</p>
<p><b>Social Welfare</b></p> <p><input type="checkbox"/> General</p> <p><input type="checkbox"/> Poverty Issues</p> <p><input type="checkbox"/> Homelessness</p> <p><input checked="" type="checkbox"/> Elderly</p> <p><input type="checkbox"/> Child Care</p> <p><input checked="" type="checkbox"/> Disabilities/Handicaps</p> <p><input type="checkbox"/> Literacy</p> <p><input type="checkbox"/> Teen Pregnancy</p> <p><input checked="" type="checkbox"/> Infant Mortality</p> <p><input type="checkbox"/> Housing Development</p> <p><input type="checkbox"/> Economic Development</p> <p><input checked="" type="checkbox"/> Youth/At-Risk Youth</p> <p><input type="checkbox"/> Criminal Justice Issues</p> <p><input type="checkbox"/> Leadership Development</p>	<p><b>Religious</b></p> <p><input type="checkbox"/> General</p> <p><input type="checkbox"/> Education</p> <p><input type="checkbox"/> Specific Church or Synagogue</p> <p>_____ (name)</p>	<p><b>Environmental Concerns</b></p> <p><input type="checkbox"/> General</p> <p><input type="checkbox"/> Energy</p> <p><input type="checkbox"/> Conservation</p> <p><input type="checkbox"/> Preservation</p>
<p><b>Other (Specify as needed)</b></p> <p>_____</p> <p>_____</p> <p>_____</p> <p>_____</p>		

2. Does your organization or giving program have specific grantmaking priorities? NONE

**B. TYPES OF SUPPORT**

1. What a type of support is your organization or giving program willing to consider?

	YES	NO	MC		YES	NO	MC
Annual Campaigns			X	Publications		X	
Building/Equipment Funds			X	Research		X	
Capital Campaigns			X	Scholarships/Fellowships	X		
Emergency Funds		X		Seed Money		X	
Endowment Funds		X		Special Projects	X		
General Purpose/Operating		X		Student Loans		X	
Grants to Individuals	X			Technical Assistance	X		
Matching Funds/Challenge Grants		X		Conferences/Training		X	
Matching Employee Gift Programs	X			Other			
Program-Related Investments		X					

2. Do you have any geographic limitations, priorities or preferences to your funding decisions? (If yes, please explain) yes, We primarily do our funding locally and only in the state of Delaware

3. What limitations or restrictions occur in your funding decisions? In other words, what types of support do you NOT provide. Political, Religious

4. Do you have any policies regarding grant-making to an organization which is a member of United Way? If yes, what are your guidelines? no

**C. APPLICATION INFORMATION**

1. How should the initial approach to your organization occur?

- Phone  Proposal with Cover Letter
- Letter  Proposal only
- Personal Visit or Appointment  E-mail or web-based form on foundation website

2. How do you prefer applications be submitted? no

- Mail  Delivered in person
- Via our website  To the following e-mail address: \_\_\_\_\_

3. Do you have a specific Application Form that must accompany the proposal? NO

Application URL:

What, if any, application deadline(s) exist? NONE

4. When and how often do Board Meetings occur? Quarterly

5. What is the time frame for **notification of approval** of the grant application?

\_\_\_\_\_

6. Do you notify an organization if a decision is made to **not** fund their request?  
\_\_\_\_ Yes    X No

7. Does your organization provide, upon request, any of the following documents?

- |                                | Yes  | No       |
|--------------------------------|------|----------|
| • Annual Report                | ____ | <u>X</u> |
| • Corporate Giving Report      | ____ | <u>X</u> |
| • Grant Application Guidelines | ____ | <u>X</u> |
| • Other ( _____ )              | ____ | ____     |

#### D. FINANCIAL INFORMATION

1. Please give the following information regarding your grant-making activities **during your most recent fiscal year:**

Fiscal Month/Year Ended:

Total Grant Budget/Assets:  
(for most recent year)

Total Number of Grants Awarded:

Number of Grants in Delaware:

Total Amount of Grants Awarded:

- Highest Grant Awarded:
- Lowest Grant Awarded:
- Range of Average Grant: \_\_\_\_\_

2. What is the source of funds for your grant-making program?

\_\_\_\_\_

**DIRECTORY OF DELAWARE GRANTMAKERS**  
**Delaware Community Foundation**

1. Name of Organization: **Bank One**
  2. Category: corporation
  3. Mailing Address: DE1-1113 201 N. Walnut St.  
Wilmington, DE 19801
  4. Phone 302-282-7508 FAX: 302-282-7168  
E-mail eileen\_steele@bankone.com Website
- Name and Title of Contact Person: Eileen Steele, Vice President, Community Relations
6. Year and Location of Incorporation: 1985
  7. Does your organization have a formally organized giving program? yes
  8. Does your organization make grants in the state of Delaware? yes

**A. PURPOSE AND ACTIVITIES**

1. What types of activities does your organization or giving program support?  
(Please check **ALL** that apply.)

**Cultural**

- General
- Painting/Sculpture
- Literature
- Music
- Theatre
- Dance
- Museums

**Education**

- General
- Early Childhood
- Elementary/Secondary
- College/University
- Vocational
- Adult/Continuing Ed.
- Special Education
- Specific Programs

**Health**

- General
- Education/Preventative
- Mental Health
- Alcohol/Drug
- AIDS
- Medical Care & Treatment
- Research

**Social Welfare**

- General
- Poverty Issues
- Homelessness
- Elderly
- Child Care
- Disabilities/Handicaps
- Literacy
- Teen Pregnancy
- Infant Mortality
- Housing Development
- Economic Development
- Youth/At-Risk Youth

**Religious**

- General
- Education
- Specific Church  
or Synagogue
- \_\_\_\_\_ (name)

**Environmental Concerns**

- General
- Energy
- Conservation
- Preservation

- Criminal Justice Issues
- Leadership Development

\_\_\_\_\_

**Other** (Specify as needed) College readiness, academic enrichment, financial literacy, diversity initiatives

2. Does your organization or giving program have specific grantmaking priorities? If so, please explain: Supporting youth through education, encouraging economic empowerment and self-sufficiency, enriching cultural life

**B. TYPES OF SUPPORT**

1. What a type of support is your organization or giving program willing to consider?

	YES	NO	MC		YES	NO	MC
Annual Campaigns		X		Publications		X	
Building/Equipment Funds			X	Research		X	
Capital Campaigns			X	Scholarships/Fellowships		X	
Emergency Funds			X	Seed Money	X		
Endowment Funds		X		Special Projects	X		
General Purpose/Operating	X			Student Loans		X	
Grants to Individuals		X		Technical Assistance	X		
Matching Funds/Challenge Grants			X	Conferences/Training		X	
Matching Employee Gift Programs	X			Other			
Program-Related Investments	X						

2. Do you have any geographic limitations, priorities or preferences to your funding decisions? (If yes, please explain) yes New Castle County

3. What limitations or restrictions occur in your funding decisions? In other words, what types of support do you NOT provide (List only criteria not mentioned in #1 above.) Do not support sports teams, beauty pageants, and Olympic hopefuls.

4. Do you have any policies regarding grant-making to an organization which is a member of United Way? If yes, what are your guidelines?

**C. APPLICATION INFORMATION**

22. How should the initial approach to your organization occur? mail

- Phone
- Letter
- Personal Visit or Appointment
- Proposal with Cover Letter
- Proposal only
- E-mail or web-based form on foundation website

23. How do you prefer applications be submitted? yes

- Mail
- Via our website
- Delivered in person
- To the following e-mail address: \_\_\_\_\_

24. Do you have a specific Application Form that must accompany the proposal? yes

Application URL:

What, if any, application deadline(s) exist? Second week of January

25. When and how often do Board Meetings occur?  
Twice annually

26. What is the time frame for **notification of approval** of the grant application? 2-4 months after submission

---

27. Do you notify an organization if a decision is made to **not** fund their request?  
 Yes     No

28. Does your organization provide, upon request, any of the following documents?

	Yes	No
• Annual Report	<input checked="" type="checkbox"/>	<input type="checkbox"/>
• Corporate Giving Report	<input type="checkbox"/>	<input checked="" type="checkbox"/>
• Grant Application Guidelines	<input checked="" type="checkbox"/>	<input type="checkbox"/>
• Other ( _____ )	<input type="checkbox"/>	<input type="checkbox"/>

#### D. FINANCIAL INFORMATION

1. Please give the following information regarding your grant-making activities **during your most recent fiscal year**:

Fiscal Month/Year Ended:                    12/  
Total Grant Budget/Assets:                undisclosed  
(for most recent year)

Total Number of Grants Awarded:        undisclosed  
Number of Grants in Delaware:            undisclosed

Total Amount of Grants Awarded:        undisclosed  
• Highest Grant Awarded:                undisclosed  
• Lowest Grant Awarded:                 undisclosed  
• Range of Average Grant:                undisclosed \_\_\_\_\_

2. What is the source of funds for your grant-making program? (Please check ALL that apply.) corpdollars, corpfound



2. Does your organization or giving program have specific grantmaking priorities? If so, please explain:

**B. TYPES OF SUPPORT**

1. What a type of support is your organization or giving program willing to consider?

	YES	NO	MC		YES	NO	MC
Annual Campaigns				Publications			
Building/Equipment Funds				Research			
Capital Campaigns				Scholarships/Fellowships			
Emergency Funds				Seed Money			
Endowment Funds				Special Projects			
General Purpose/Operating				Student Loans			
Grants to Individuals				Technical Assistance			
Matching Funds/Challenge Grants				Conferences/Training			
Matching Employee Gift Programs				Other			
Program-Related Investments							

- 2. Do you have any geographic limitations, priorities or preferences to your funding decisions? (If yes, please explain)
- 3. What limitations or restrictions occur in your funding decisions? In other words, what types of support do you NOT provide (List only criteria not mentioned in #1 above.)
- 4. Do you have any policies regarding grant-making to an organization which is a member of United Way? If yes, what are your guidelines?

**C. APPLICATION INFORMATION**

8. How should the initial approach to your organization occur?

- Phone
- Letter
- Personal Visit or Appointment
- Proposal with Cover Letter
- Proposal only
- E-mail or web-based form on foundation website

9. How do you prefer applications be submitted?

- Mail
- Via our website
- Delivered in person
- To the following e-mail address: \_\_\_\_\_

10. Do you have a specific Application Form that must accompany the proposal?

Application URL:

What, if any, application deadline(s) exist?

11. When and how often do Board Meetings occur?

12. What is the time frame for **notification of approval** of the grant application?

\_\_\_\_\_

13. Do you notify an organization if a decision is made to **not** fund their request?  
\_\_\_\_ Yes    \_\_\_\_ No

14. Does your organization provide, upon request, any of the following documents?

- |                                | Yes  | No   |
|--------------------------------|------|------|
| • Annual Report                | ____ | ____ |
| • Corporate Giving Report      | ____ | ____ |
| • Grant Application Guidelines | ____ | ____ |
| • Other ( _____ )              | ____ | ____ |

#### D. FINANCIAL INFORMATION

1. Please give the following information regarding your grant-making activities **during your most recent fiscal year:**

Fiscal Month/Year Ended:

Total Grant Budget/Assets:  
(for most recent year)

Total Number of Grants Awarded:

Number of Grants in Delaware:

Total Amount of Grants Awarded:

- Highest Grant Awarded:
- Lowest Grant Awarded:
- Range of Average Grant: \_\_\_\_\_

2. What is the source of funds for your grant-making program? (Please check ALL that apply.)

\_\_\_\_\_

**DIRECTORY OF DELAWARE GRANTMAKERS**  
**Delaware Community Foundation**

1. Name of Organization: **Catholic Campaign for Human Development**
2. Category: annual fund
3. Mailing Address: **\_c/o Catholic Charities P.O. Box 2601  
 Wilmington, DE 19805**
4. Phone **302-655-9624** FAX: **302-655-9721**  
 E-mail **azampini@ccwilm.org** Website **www.cdow.org/charities.html**

Name and Title of Contact Person: **Andy Zampini, Director of Parish Social Ministry**

6. Year and Location of Incorporation:
7. Does your organization have a formally organized giving program? **no**
8. Does your organization make grants in the state of Delaware? **yes**

**A. PURPOSE AND ACTIVITIES**

1. What types of activities does your organization or giving program support?  
 (Please check **ALL** that apply.)

**Cultural**

- General
- Painting/Sculpture
- Literature
- Music
- Theatre
- Dance
- Museums

**Education**

- General
- Early Childhood
- Elementary/Secondary
- College/University
- Vocational
- Adult/Continuing Ed.
- Special Education
- Specific Programs

**Health**

- General
- Education/Preventative
- Mental Health
- Alcohol/Drug
- AIDS
- Medical Care & Treatment
- Research

**Social Welfare**

- General
- Poverty Issues
- Homelessness
- Elderly
- Child Care
- Disabilities/Handicaps
- Literacy
- Teen Pregnancy
- Infant Mortality
- Housing Development
- Economic Development
- Youth/At-Risk Youth
- Criminal Justice Issues
- Leadership Development

**Religious**

- General
- Education
- Specific Church  
or Synagogue
- \_\_\_\_\_ (name)

**Environmental Concerns**

- General
- Energy
- Conservation
- Preservation

**Other (Specify as needed)**

\_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_



19. Do you notify an organization if a decision is made to **not** fund their request?  
  X   Yes           No

20. Does your organization provide, upon request, any of the following documents?

- |                                | Yes           | No            |
|--------------------------------|---------------|---------------|
| • Annual Report                | <u>      </u> | <u>  X  </u>  |
| • Corporate Giving Report      | <u>      </u> | <u>  X  </u>  |
| • Grant Application Guidelines | <u>  X  </u>  | <u>      </u> |
| • Other ( _____ )              | <u>      </u> | <u>      </u> |

#### **D. FINANCIAL INFORMATION**

1. Please give the following information regarding your grant-making activities **during your most recent fiscal year:**

Fiscal Month/Year Ended:

Total Grant Budget/Assets:            \$20,400  
(for most recent year)

Total Number of Grants Awarded:        6

Number of Grants in Delaware:            5

Total Amount of Grants Awarded:        \$20,400

- Highest Grant Awarded:                \$5,000
- Lowest Grant Awarded:                 \$2,000
- Range of Average Grant:                \$1,000-\$7,500

2. What is the source of funds for your grant-making program? annual church collection

\_\_\_\_\_

**DIRECTORY OF DELAWARE GRANTMAKERS**  
**Delaware Community Foundation**

1. Name of Organization: **Charles Stewart Mott Foundation**
2. Category: foundation
3. Mailing Address: 503 S. Saginaw St. Suite 1200  
Flint, MI 48502
4. Phone 810.238.5651 FAX: 810.766.1753  
E-mail info@mott.org Website www.mott.org

Name and Title of Contact Person: ,

6. Year and Location of Incorporation: 1926
7. Does your organization have a formally organized giving program? yes
8. Does your organization make grants in the state of Delaware? yes

**A. PURPOSE AND ACTIVITIES**

1. What types of activities does your organization or giving program support?  
(Please check **ALL** that apply.)

**Cultural**

- General
- Painting/Sculpture
- Literature
- Music
- Theatre
- Dance
- Museums

**Education**

- General
- Early Childhood
- Elementary/Secondary
- College/University
- Vocational
- Adult/Continuing Ed.
- Special Education
- Specific Programs

**Health**

- General
- Education/Preventative
- Mental Health
- Alcohol/Drug
- AIDS
- Medical Care & Treatment
- Research

**Social Welfare**

- General
- Poverty Issues
- Homelessness
- Elderly
- Child Care
- Disabilities/Handicaps
- Literacy
- Teen Pregnancy
- Infant Mortality
- Housing Development
- Economic Development
- Youth/At-Risk Youth
- Criminal Justice Issues
- Leadership Development

**Religious**

- General
- Education
- Specific Church  
or Synagogue
- \_\_\_\_\_ (name)

**Environmental Concerns**

- General
- Energy
- Conservation
- Preservation

**Other** (Specify as needed)

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

2. Does your organization or giving program have specific grantmaking priorities? If so, please explain:

**B. TYPES OF SUPPORT**

1. What a type of support is your organization or giving program willing to consider?

	YES	NO	MC		YES	NO	MC
Annual Campaigns				Publications		X	
Building/Equipment Funds				Research	X		
Capital Campaigns	X			Scholarships/Fellowships		X	
Emergency Funds		X		Seed Money	X		
Endowment Funds				Special Projects			X
General Purpose/Operating	X			Student Loans		X	
Grants to Individuals		X		Technical Assistance	X		
Matching Funds/Challenge Grants	X			Conferences/Training	X		
Matching Employee Gift Programs		X		Other			
Program-Related Investments							

2. Do you have any geographic limitations, priorities or preferences to your funding decisions? (If yes, please explain) **yes, Mott makes grants in the United States and, on a limited geographic basis, internationally including Central and Eastern Europe and Russia, and South Africa.**

3. What limitations or restrictions occur in your funding decisions? In other words, what types of support do you NOT provide) **no**

4. Do you have any policies regarding grant-making to an organization which is a member of United Way? If yes, what are your guidelines? **no**

**C. APPLICATION INFORMATION**

29. How should the initial approach to your organization occur? **mail**

- Phone
- Letter
- Personal Visit or Appointment
- Proposal with Cover Letter
- Proposal only
- E-mail or web-based form on foundation website

30. How do you prefer applications be submitted? **no**

- Mail
- Via our website
- Delivered in person
- To the following e-mail address: \_\_\_\_\_

31. Do you have a specific Application Form that must accompany the proposal? **no**

Application URL: \_\_\_\_\_

What, if any, application deadline(s) exist? **grant recommendations are finalized by September 30**

32. When and how often do Board Meetings occur? **four months from the time the proposal is received quarterly**

33. What is the time frame for **notification of approval** of the grant application? **Four months**

34. Do you notify an organization if a decision is made to **not** fund their request?  
 Yes     No

35. Does your organization provide, upon request, any of the following documents?

- |                                | Yes                                 | No                                  |
|--------------------------------|-------------------------------------|-------------------------------------|
| • Annual Report                | <input checked="" type="checkbox"/> | <input type="checkbox"/>            |
| • Corporate Giving Report      | <input type="checkbox"/>            | <input checked="" type="checkbox"/> |
| • Grant Application Guidelines | <input checked="" type="checkbox"/> | <input type="checkbox"/>            |
| • Other ( _____ )              | <input type="checkbox"/>            | <input type="checkbox"/>            |

#### D. FINANCIAL INFORMATION

1. Please give the following information regarding your grant-making activities **during your most recent fiscal year:**

Fiscal Month/Year Ended:            06/1905  
Total Grant Budget/Assets:        2 billion (est.)  
(for most recent year)

Total Number of Grants Awarded:    606  
Number of Grants in Delaware:        0

Total Amount of Grants Awarded:    \$109.8 million

- Highest Grant Awarded:            \$2.3 million
- Lowest Grant Awarded:             \$2,000
- Range of Average Grant:

2. What is the source of funds for your grant-making program? (Please check ALL that apply.)\*\*, \*\*, \*

\_\_\_\_\_

**DIRECTORY OF DELAWARE GRANTMAKERS**  
**Delaware Community Foundation**

1. Name of Organization: **Charlotte W. Newcombe Foundation**

2. Category: foundation

3. Mailing Address: 35 Park Place  
Princeton, NJ 08542-6918

4. Phone 609-924-7022 FAX: 609-252-1773

E-mail \_\_\_\_\_ Website \_\_\_\_\_

Name and Title of Contact Person: Sallie Campbell, Associate Director

6. Year and Location of Incorporation: 1979

7. Does your organization have a formally organized giving program? yes

8. Does your organization make grants in the state of Delaware? yes

**A. PURPOSE AND ACTIVITIES**

1. What types of activities does your organization or giving program support?  
(Please check **ALL** that apply.)

**Cultural**

- General
- Painting/Sculpture
- Literature
- Music
- Theatre
- Dance
- Museums

**Education**

- General
- Early Childhood
- Elementary/Secondary
- College/University
- Vocational
- Adult/Continuing Ed.
- Special Education
- Specific Programs

**Health**

- General
- Education/Preventative
- Mental Health
- Alcohol/Drug
- AIDS
- Medical Care & Treatment
- Research

**Social Welfare**

- General
- Poverty Issues
- Homelessness
- Elderly
- Child Care
- Disabilities/Handicaps
- Literacy
- Teen Pregnancy
- Infant Mortality
- Housing Development
- Economic Development
- Youth/At-Risk Youth
- Criminal Justice Issues
- Leadership Development

**Religious**

- General
- Education
- Specific Church or Synagogue
- \_\_\_\_\_ (name)

**Environmental Concerns**

- General
- Energy
- Conservation
- Preservation



Application URL: What, if any, application deadline(s) exist? varies by program, explained on application

39. When and how often do Board Meetings occur?  
5 times per year: February, April, June, October, and December
40. What is the time frame for **notification of approval** of the grant application? Within 1-2 weeks of April and June meetings
41. Do you notify an organization if a decision is made to **not** fund their request?  
  X   Yes         No
42. Does your organization provide, upon request, any of the following documents?
- |                                | Yes          | No          |
|--------------------------------|--------------|-------------|
| • Annual Report                | <u>  X  </u> | <u>    </u> |
| • Corporate Giving Report      | <u>    </u>  | <u>    </u> |
| • Grant Application Guidelines | <u>  X  </u> | <u>    </u> |
| • Other ( _____ )              | <u>    </u>  | <u>    </u> |

#### **D. FINANCIAL INFORMATION**

1. Please give the following information regarding your grant-making activities **during your most recent fiscal year:**

Fiscal Month/Year Ended:            12/2002  
Total Grant Budget/Assets:         \$1,889,636  
(for most recent year)

Total Number of Grants Awarded:    52  
Number of Grants in Delaware:        0

Total Amount of Grants Awarded:

- Highest Grant Awarded:            \$733,700
- Lowest Grant Awarded:             \$2,000
- Range of Average Grant:            —

2. What is the source of funds for your grant-making program? (Please check ALL that apply.)

\_\_\_\_\_

**DIRECTORY OF DELAWARE GRANTMAKERS**  
**Delaware Community Foundation**

1. Name of Organization: **Crystal Trust**
  2. Category: charitable trust
  3. Mailing Address:  P.O. Box 39  
 Montchanin, DE 19710-0039
  4. Phone 302-651-0533 FAX: \_\_\_\_\_  
E-mail \_\_\_\_\_ Website \_\_\_\_\_
- Name and Title of Contact Person: Stephen Doberstein, Director
6. Year and Location of Incorporation: 1947
  7. Does your organization have a formally organized giving program? yes
  8. Does your organization make grants in the state of Delaware? yes

**A. PURPOSE AND ACTIVITIES**

1. What types of activities does your organization or giving program support?  
(Please check **ALL** that apply.)

**Cultural**

- General
- Painting/Sculpture
- Literature
- Music
- Theatre
- Dance
- Museums

**Education**

- General
- Early Childhood
- Elementary/Secondary
- College/University
- Vocational
- Adult/Continuing Ed.
- Special Education
- Specific Programs

**Health**

- General
- Education/Preventative
- Mental Health
- Alcohol/Drug
- AIDS
- Medical Care & Treatment
- Research

**Social Welfare**

- General
- Poverty Issues
- Homelessness
- Elderly
- Child Care
- Disabilities/Handicaps
- Literacy
- Teen Pregnancy
- Infant Mortality
- Housing Development
- Economic Development
- Youth/At-Risk Youth
- Criminal Justice Issues
- Leadership Development

**Religious**

- General
- Education
- Specific Church or Synagogue
- \_\_\_\_\_ (name)

**Environmental Concerns**

- General
- Energy
- Conservation
- Preservation

**Other** (Specify as needed)  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_



48. Do you notify an organization if a decision is made to **not** fund their request?

Yes     No

49. Does your organization provide, upon request, any of the following documents?

	Yes	No
• Annual Report	<input type="checkbox"/>	<input checked="" type="checkbox"/>
• Corporate Giving Report	<input type="checkbox"/>	<input type="checkbox"/>
• Grant Application Guidelines	<input checked="" type="checkbox"/>	<input type="checkbox"/>
• Other ( _____ )	<input type="checkbox"/>	<input type="checkbox"/>

#### D. FINANCIAL INFORMATION

1. Please give the following information regarding your grant-making activities **during your most recent fiscal year:**

Fiscal Month/Year Ended:

Total Grant Budget/Assets:  
(for most recent year)

Total Number of Grants Awarded:

Number of Grants in Delaware:

Total Amount of Grants Awarded:

- Highest Grant Awarded:
- Lowest Grant Awarded:
- Range of Average Grant: \_\_\_\_\_

2. What is the source of funds for your grant-making program? (Please check ALL that apply.)

\_\_\_\_\_

**DIRECTORY OF DELAWARE GRANTMAKERS**  
**Delaware Community Foundation**

1. Name of Organization: **Deutsche Bank Trust Company Delaware**
2. Category: corp
3. Mailing Address: 1011 Centre Road, Suite 200  
 Wilmington, DE 19805
4. Phone 302-636-3301 FAX: 302-636-3222
- E-mail \*\* Website \*\*

Name and Title of Contact Person: Lorraine deMeurisse, Vice President

6. Year and Location of Incorporation: 1985
7. Does your organization have a formally organized giving program? yes
8. Does your organization make grants in the state of Delaware? yes

**A. PURPOSE AND ACTIVITIES**

1. What types of activities does your organization or giving program support?  
 (Please check ALL that apply.)

**Cultural**

- General  
 Painting/Sculpture  
 Literature  
 Music  
 Theatre  
 Dance  
 Museums

**Education**

- General  
 Early Childhood  
 Elementary/Secondary  
 College/University  
 Vocational  
 Adult/Continuing Ed.  
 Special Education  
 Specific Programs

**Health**

- General  
 Education/Preventative  
 Mental Health  
 Alcohol/Drug  
 AIDS  
 Medical Care & Treatment  
 Research

**Social Welfare**

- General  
 Poverty Issues  
 Homelessness  
 Elderly  
 Child Care  
 Disabilities/Handicaps  
 Literacy  
 Teen Pregnancy  
 Infant Mortality  
 Housing Development  
 Economic Development  
 Youth/At-Risk Youth  
 Criminal Justice Issues  
 Leadership Development

**Religious**

- General  
 Education  
 Specific Church  
 or Synagogue  
 \_\_\_\_\_  
 (name)

**Environmental Concerns**

- General  
 Energy  
 Conservation  
 Preservation

**Other (Specify as needed)**

\_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_

2. Does your organization or giving program have specific grantmaking priorities? If so, please explain: The above named social welfare issues specifically as they affect low-income populations only.

**B. TYPES OF SUPPORT**

1. What a type of support is your organization or giving program willing to consider?

	YES	NO	MC		YES	NO	MC
Annual Campaigns	X			Publications		X	
Building/Equipment Funds	X			Research		X	
Capital Campaigns	X			Scholarships/Fellowships		X	
Emergency Funds	X			Seed Money	X		
Endowment Funds		X		Special Projects	X		
General Purpose/Operating	X			Student Loans		X	
Grants to Individuals		X		Technical Assistance	X		
Matching Funds/Challenge Grants	X			Conferences/Training			X
Matching Employee Gift Programs		X		Other			
Program-Related Investments			X				

2. Do you have any geographic limitations, priorities or preferences to your funding decisions? (If yes, please explain) yes New Castle County or statewide service within State of Delaware
3. What limitations or restrictions occur in your funding decisions? In other words, what types of support do you NOT provide (List only criteria not mentioned in #1 above.)  
no
4. Do you have any policies regarding grant-making to an organization which is a member of United Way? NO

**C. APPLICATION INFORMATION**

21. How should the initial approach to your organization occur?

- Phone  Proposal with Cover Letter  
 Letter  Proposal only  
 Personal Visit or Appointment  E-mail or web-based form on foundation website

22. How do you prefer applications be submitted?

- Mail  Delivered in person  
 Via our website  To the following e-mail address: \_\_\_\_\_

23. Do you have a specific Application Form that must accompany the proposal? no

Application URL:

What, if any, application deadline(s) exist? None

24. When and how often do Board Meetings occur? At least quarterly

What is the time frame for **notification of approval** of the grant application? within 30 days of approval

25. Do you notify an organization if a decision is made to **not** fund their request?  
 Yes     No

26. Does your organization provide, upon request, any of the following documents?

	Yes	No
• Annual Report	_____	_____
• Corporate Giving Report	_____	_____
• Grant Application Guidelines	_____	_____
• Other ( _____ )	_____	_____

#### **D. FINANCIAL INFORMATION**

1. Please give the following information regarding your grant-making activities **during your most recent fiscal year:**

Fiscal Month/Year Ended:  
Total Grant Budget/Assets  
(for most recent year)

Total Number of Grants Awarded:  
Number of Grants in Delaware:

Total Amount of Grants Awarded:

- Highest Grant Awarded:            \$20,000
- Lowest Grant Awarded:            \$1,000
- Range of Average Grant:

2. What is the source of funds for your grant-making program? corpdollars, corpfoundation,  
\_\_\_\_\_

**DIRECTORY OF DELAWARE GRANTMAKERS**  
**Delaware Community Foundation**

1. Name of Organization: **Discover Bank**\_
2. Category: corporation
3. Mailing Address: 12 Read's Way Corporate Commons  
New Castle, DE 19720
4. Phone 302-323-7522 FAX: 302-323-7582
- E-mail \_\_\_\_\_ Website \_\_\_\_\_

Name and Title of Contact Person: Roger Pryor, Sr., CRA / Community Affairs Director

6. Year and Location of Incorporation: 1911
7. Does your organization have a formally organized giving program? yes
8. Does your organization make grants in the state of Delaware? yes

**A. PURPOSE AND ACTIVITIES**

1. What types of activities does your organization or giving program support?  
(Please check **ALL** that apply.)

**Cultural**

- General  
 Painting/Sculpture  
 Literature  
 Music  
 Theatre  
 Dance  
 Museums

**Education**

- General  
 Early Childhood  
 Elementary/Secondary  
 College/University  
 Vocational  
 Adult/Continuing Ed.  
 Special Education  
 Specific Programs

**Health**

- General  
 Education/Preventative  
 Mental Health  
 Alcohol/Drug  
 AIDS  
 Medical Care & Treatment  
 Research

**Social Welfare**

- General  
 Poverty Issues  
 Homelessness  
 Elderly  
 Child Care  
 Disabilities/Handicaps  
 Literacy  
 Teen Pregnancy  
 Infant Mortality  
 Housing Development  
 Economic Development  
 Youth/At-Risk Youth  
 Criminal Justice Issues  
 Leadership Development

**Religious**

- General  
 Education  
 Specific Church  
or Synagogue  
\_\_\_\_\_  
(name)

**Environmental Concerns**

- General  
 Energy  
 Conservation  
 Preservation

**Other** (Specify as needed)

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

2. Does your organization or giving program have specific grantmaking priorities? If so, please explain:

**B. TYPES OF SUPPORT**

1. What a type of support is your organization or giving program willing to consider?

	YES	NO	MC		YES	NO	MC
Annual Campaigns			X	Publications		X	
Building/Equipment Funds		X		Research			X
Capital Campaigns		X		Scholarships/Fellowships			X
Emergency Funds			X	Seed Money			X
Endowment Funds			X	Special Projects			X
General Purpose/Operating			X	Student Loans		X	
Grants to Individuals		X		Technical Assistance			X
Matching Funds/Challenge Grants			X	Conferences/Training			X
Matching Employee Gift Programs		X		Other			
Program-Related Investments			X				

- 2. Do you have any geographic limitations, priorities or preferences to your funding decisions? (If yes, please explain) **yes Statewide Delaware or Lower Kent and Sussex Counties.**
- 3. What limitations or restrictions occur in your funding decisions? In other words, what types of support do you NOT provide (List only criteria not mentioned in #1 above.)  
**no**
- 4. Do you have any policies regarding grant-making to an organization which is a member of United Way? If yes, what are your guidelines? **NO**

**C. APPLICATION INFORMATION**

50. How should the initial approach to your organization occur? mail, \*\*, \*\*, \*\*

- Phone
- Proposal with Cover Letter
- Letter
- Proposal only
- Personal Visit or Appointment
- E-mail or web-based form on foundation website

51. How do you prefer applications be submitted? no

- Mail
- Delivered in person
- Via our website
- To the following e-mail address: \_\_\_\_\_

52. Do you have a specific Application Form that must accompany the proposal? NO

Application URL: \*\*

What, if any, application deadline(s) exist? \*\*

53. When and how often do Board Meetings occur?

54. What is the time frame for **notification of approval** of the grant application? 30 to 45 days

55. Do you notify an organization if a decision is made to **not** fund their request?  
 Yes     No

56. Does your organization provide, upon request, any of the following documents?

- |                                | Yes                                 | No                       |
|--------------------------------|-------------------------------------|--------------------------|
| • Annual Report                | <input checked="" type="checkbox"/> | <input type="checkbox"/> |
| • Corporate Giving Report      | <input type="checkbox"/>            | <input type="checkbox"/> |
| • Grant Application Guidelines | <input type="checkbox"/>            | <input type="checkbox"/> |
| • Other ( _____ )              | <input type="checkbox"/>            | <input type="checkbox"/> |

#### D. FINANCIAL INFORMATION

1. Please give the following information regarding your grant-making activities **during your most recent fiscal year**:

Fiscal Month/Year Ended:                      Decline  
Total Grant Budget/Assets:                    \*\*  
(for most recent year)

Total Number of Grants Awarded:            Decline  
Number of Grants in Delaware:               \*\*

Total Amount of Grants Awarded:           Decline  
• Highest Grant Awarded:                    \*\*  
• Lowest Grant Awarded:  
• Range of Average Grant:                   \*\* \_\_\_\_\_

2. What is the source of funds for your grant-making program? corpdollars, \*\*, \_\_\_\_\_

**DIRECTORY OF DELAWARE GRANTMAKERS**  
**Delaware Community Foundation**

1. Name of Organization: **DuPont**
2. Category: corporation
3. Mailing Address: 1007 Market Street D-11046A  
Wilmington,DE 19802
4. Phone 302-774-2294 FAX: 302-773-2010  
E-mail rick.m.deadwyler@usa.dupont.com Website www.dupont.com

Name and Title of Contact Person: Rick Deadwyler, Corporate Contributions Officer

6. Year and Location of Incorporation: 1802
7. Does your organization have a formally organized giving program? yes
8. Does your organization make grants in the state of Delaware? yes

**A. PURPOSE AND ACTIVITIES**

1. What types of activities does your organization or giving program support?  
(Please check **ALL** that apply.)

**Cultural**

- General
- Painting/Sculpture
- Literature
- Music
- Theatre
- Dance
- Museums

**Education**

- General
- Early Childhood
- Elementary/Secondary
- College/University
- Vocational
- Adult/Continuing Ed.
- Special Education
- Specific Programs

**Health**

- General
- Education/Preventative
- Mental Health
- Alcohol/Drug
- AIDS
- Medical Care & Treatment
- Research

**Social Welfare**

- General
- Poverty Issues
- Homelessness
- Elderly
- Child Care
- Disabilities/Handicaps
- Literacy
- Teen Pregnancy
- Infant Mortality
- Housing Development
- Economic Development
- Youth/At-Risk Youth
- Criminal Justice Issues
- Leadership Development

**Religious**

- General
  - Education
  - Specific Church  
or Synagogue
- \_\_\_\_\_ (name)

**Environmental Concerns**

- General
- Energy
- Conservation
- Preservation

**Other** (Specify as needed)

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

2. Does your organization or giving program have specific grantmaking priorities? If so, please explain:

**B. TYPES OF SUPPORT**

1. What a type of support is your organization or giving program willing to consider?

	YES	NO	MC		YES	NO	MC
Annual Campaigns			X	Publications	X		
Building/Equipment Funds		X		Research	X		
Capital Campaigns		X		Scholarships/Fellowships			X
Emergency Funds			X	Seed Money			X
Endowment Funds			X	Special Projects			X
General Purpose/Operating			X	Student Loans		X	
Grants to Individuals		X		Technical Assistance			X
Matching Funds/Challenge Grants			X	Conferences/Training	X		
Matching Employee Gift Programs		X		Other			
Program-Related Investments		X					

- 2. Do you have any geographic limitations, priorities or preferences to your funding decisions? (If yes, please explain) no
- 3. What limitations or restrictions occur in your funding decisions? In other words, what types of support do you NOT provide (List only criteria not mentioned in #1 above.)
- 4. Do you have any policies regarding grant-making to an organization which is a member of United Way? If yes, what are your guidelines? YES

**C. APPLICATION INFORMATION**

- 57. How should the initial approach to your organization occur? mail, email
  - Phone
  - Letter
  - Personal Visit or Appointment
  - Proposal with Cover Letter
  - Proposal only
  - E-mail or web-based form on foundation website
- 58. How do you prefer applications be submitted? no
  - Mail
  - Via our website
  - Delivered in person
  - To the following e-mail address: \_\_\_\_\_
- 59. Do you have a specific Application Form that must accompany the proposal? nO
 

Application URL: \*\*

What, if any, application deadline(s) exist? \*\*
- 60. When and how often do Board Meetings occur? \*\*
- 61. What is the time frame for **notification of approval** of the grant application?

62. Do you notify an organization if a decision is made to **not** fund their request?  
  X   Yes           No

63. Does your organization provide, upon request, any of the following documents?

- |                                | Yes           | No            |
|--------------------------------|---------------|---------------|
| • Annual Report                | <u>      </u> | <u>  X  </u>  |
| • Corporate Giving Report      | <u>      </u> | <u>  X  </u>  |
| • Grant Application Guidelines | <u>  X  </u>  | <u>      </u> |
| • Other ( _____ )              | <u>      </u> | <u>      </u> |

#### D. FINANCIAL INFORMATION

1. Please give the following information regarding your grant-making activities **during your most recent fiscal year:**

Fiscal Month/Year Ended:                   \*\*

Total Grant Budget/Assets:               \*\*  
(for most recent year)

Total Number of Grants Awarded:       \*\*

Number of Grants in Delaware:           \*\*

Total Amount of Grants Awarded:       \*\*

• Highest Grant Awarded:               \*\*

• Lowest Grant Awarded:               \*\*

• Range of Average Grant:               \*\* \_\_\_\_\_

2. What is the source of funds for your grant-making program? corpdollars, \*\*, \_\_\_\_\_



2. Does your organization or giving program have specific grantmaking priorities? NO

**B. TYPES OF SUPPORT**

1. What a type of support is your organization or giving program willing to consider?

	YES	NO	MC		YES	NO	MC
Annual Campaigns			X	Publications			X
Building/Equipment Funds			X	Research			X
Capital Campaigns		X		Scholarships/Fellowships		X	
Emergency Funds			X	Seed Money			X
Endowment Funds		X		Special Projects			X
General Purpose/Operating			X	Student Loans		X	
Grants to Individuals		X		Technical Assistance		X	
Matching Funds/Challenge Grants			X	Conferences/Training		X	
Matching Employee Gift Programs		X		Other		X	
Program-Related Investments		X					

2. Do you have any geographic limitations, priorities or preferences to your funding decisions?  
no

3. What limitations or restrictions occur in your funding decisions? In other words, what types of support do you NOT provide (List only criteria not mentioned in #1 above.)  
yes

4. Do you have any policies regarding grant-making to an organization which is a member of United Way? Yes If yes, what are your guidelines? Do not make grants to United Way or its members.

**C. APPLICATION INFORMATION**

64. How should the initial approach to your organization occur? mail

- Phone
- Letter
- Personal Visit or Appointment
- Proposal with Cover Letter
- Proposal only
- E-mail or web-based form on foundation website

65. How do you prefer applications be submitted? no

- Mail
- Via our website
- Delivered in person
- To the following e-mail address: \_\_\_\_\_

66. Do you have a specific Application Form that must accompany the proposal? NO

Application URL:

What, if any, application deadline(s) exist? 1-Oct

67. When and how often do Board Meetings occur? As needed

68. What is the time frame for **notification of approval** of the grant application? December 10-31

69. Do you notify an organization if a decision is made to **not** fund their request?

- Yes
- No

70. Does your organization provide, upon request, any of the following documents?

- |                                | Yes   | No           |
|--------------------------------|-------|--------------|
| • Annual Report                | _____ | <u>  X  </u> |
| • Corporate Giving Report      | _____ | <u>  X  </u> |
| • Grant Application Guidelines | _____ | <u>  X  </u> |
| • Other ( _____ )              | _____ | <u>  X  </u> |

#### D. FINANCIAL INFORMATION

1. Please give the following information regarding your grant-making activities **during your most recent fiscal year**:

Fiscal Month/Year Ended: 06/1905  
Total Grant Budget/Assets:  
(for most recent year)

Total Number of Grants Awarded: 47  
Number of Grants in Delaware:

Total Amount of Grants Awarded: \$627,000  
• Highest Grant Awarded: \$60,000  
• Lowest Grant Awarded: 5,000  
• Range of Average Grant: \$7,500

2. What is the source of funds for your grant-making program? corpfound

\_\_\_\_\_

**DIRECTORY OF DELAWARE GRANTMAKERS**  
**Delaware Community Foundation**

1. Name of Organization: **Gannett Foundation**
2. Category: foundation
3. Mailing Address: The News Journal P.O. Box 15505  
 Wilmington, DE 19808
4. Phone 302-324-2509 FAX: 302-324-5510
- E-mail sklimaszewski@delawareonline.com Website www.gannettfoundation.org

Name and Title of Contact Person: Sue Klimaszewski, Grants Committee Coordinator

6. Year and Location of Incorporation:
7. Does your organization have a formally organized giving program? yes
8. Does your organization make grants in the state of Delaware? yes

**A. PURPOSE AND ACTIVITIES**

1. What types of activities does your organization or giving program support?  
 (Please check **ALL** that apply.)

**Cultural**

- General  
 Painting/Sculpture  
 Literature  
 Music  
 Theatre  
 Dance  
 Museums

**Education**

- General  
 Early Childhood  
 Elementary/Secondary  
 College/University  
 Vocational  
 Adult/Continuing Ed.  
 Special Education  
 Specific Programs

**Health**

- General  
 Education/Preventative  
 Mental Health  
 Alcohol/Drug  
 AIDS  
 Medical Care & Treatment  
 Research

**Social Welfare**

- General  
 Poverty Issues  
 Homelessness  
 Elderly  
 Child Care  
 Disabilities/Handicaps  
 Literacy  
 Teen Pregnancy  
 Infant Mortality  
 Housing Development  
 Economic Development  
 Youth/At-Risk Youth  
 Criminal Justice Issues  
 Leadership Development

**Religious**

- General  
 Education  
 Specific Church  
 or Synagogue  
 \_\_\_\_\_  
 (name)

**Environmental Concerns**

- General  
 Energy  
 Conservation  
 Preservation

**Other** (Specify as needed)

\_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_

2. Does your organization or giving program have specific grantmaking priorities? nO:

**B. TYPES OF SUPPORT**

1. What a type of support is your organization or giving program willing to consider?

	YES	NO	MC		YES	NO	MC
Annual Campaigns		X		Publications		X	
Building/Equipment Funds	X			Research		X	
Capital Campaigns	X			Scholarships/Fellowships		X	
Emergency Funds	X			Seed Money	X		
Endowment Funds		X		Special Projects	X		
General Purpose/Operating	X			Student Loans		X	
Grants to Individuals		X		Technical Assistance	X		
Matching Funds/Challenge Grants			X	Conferences/Training			X
Matching Employee Gift Programs		X		Other			
Program-Related Investments		X					

- 2. Do you have any geographic limitations, priorities or preferences to your funding decisions? (If yes, please explain) yes State of Delaware
- 3. What limitations or restrictions occur in your funding decisions? In other words, what types of support do you NOT provide NONE
- 4. Do you have any policies regarding grant-making to an organization which is a member of United Way? If yes, what are your guidelines?

**C. APPLICATION INFORMATION**

27. How should the initial approach to your organization occur?

- Phone  Proposal with Cover Letter
- Letter  Proposal only
- Personal Visit or Appointment  E-mail or web-based form on foundation website

28. How do you prefer applications be submitted?

- Mail  Delivered in person
- Via our website  To the following e-mail address: \_\_\_\_\_

29. Do you have a specific Application Form that must accompany the proposal? YES

Application URL: <http://www.gannettfoundation.org/APPFORMHOME.htm>

What, if any, application deadline(s) exist? NONE

30. When and how often do Board Meetings occur? Approx. each quarter

31. What is the time frame for **notification of approval** of the grant application?

32. Do you notify an organization if a decision is made to **not** fund their request?

- Yes  No

33. Does your organization provide, upon request, any of the following documents?

- |                                | Yes           | No            |
|--------------------------------|---------------|---------------|
| • Annual Report                | <u>  X  </u>  | <u>      </u> |
| • Corporate Giving Report      | <u>      </u> | <u>  X  </u>  |
| • Grant Application Guidelines | <u>  X  </u>  | <u>      </u> |
| • Other ( _____ )              | <u>      </u> | <u>      </u> |

#### D. FINANCIAL INFORMATION

1. Please give the following information regarding your grant-making activities **during your most recent fiscal year**:

Fiscal Month/Year Ended:	2002
Total Grant Budget/Assets: (for most recent year)	\$130,000
Total Number of Grants Awarded:	12
Number of Grants in Delaware:	100%
Total Amount of Grants Awarded:	\$130,000
• Highest Grant Awarded:	\$15,000
• Lowest Grant Awarded:	\$1,000
• Range of Average Grant:	\$2,000 - \$5,000

2. What is the source of funds for your grant-making program? corpfoundation,

\_\_\_\_\_

**DIRECTORY OF DELAWARE GRANTMAKERS**  
**Delaware Community Foundation**

1. Name of Organization: **Geraldine R. Dodge Foundation**
2. Category: foundation
3. Mailing Address: PO Box 1239  
Morristown, NJ 07962-1239
4. Phone 973-540-8443 FAX: 973-540-1211
- E-mail info@grdodge.org Website www.grdodge.org

Name and Title of Contact Person: Cynthia Evans, Comptroller

6. Year and Location of Incorporation: 1975
7. Does your organization have a formally organized giving program? yes
8. Does your organization make grants in the state of Delaware? no

**A. PURPOSE AND ACTIVITIES**

1. What types of activities does your organization or giving program support?  
(Please check ALL that apply.)

**Cultural**

- General
- Painting/Sculpture
- Literature
- Music
- Theatre
- Dance
- Museums

**Education**

- General
- Early Childhood
- Elementary/Secondary
- College/University
- Vocational
- Adult/Continuing Ed.
- Special Education
- Specific Programs

**Health**

- General
- Education/Preventative
- Mental Health
- Alcohol/Drug
- AIDS
- Medical Care & Treatment
- Research

**Social Welfare**

- General
- Poverty Issues
- Homelessness
- Elderly
- Child Care
- Disabilities/Handicaps
- Literacy
- Teen Pregnancy
- Infant Mortality
- Housing Development
- Economic Development
- Youth/At-Risk Youth
- Criminal Justice Issues
- Leadership Development

**Religious**

- General
- Education
- Specific Church or Synagogue
- \_\_\_\_\_ (name)

**Environmental Concerns**

- General
- Energy
- Conservation
- Preservation

**Other (Specify as needed)**

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

2. Does your organization or giving program have specific grantmaking priorities? If so, please explain:

**B. TYPES OF SUPPORT**

1. What a type of support is your organization or giving program willing to consider?

	YES	NO	MC		YES	NO	MC
Annual Campaigns				Publications			
Building/Equipment Funds				Research			
Capital Campaigns				Scholarships/Fellowships			
Emergency Funds				Seed Money			
Endowment Funds				Special Projects			
General Purpose/Operating				Student Loans			
Grants to Individuals				Technical Assistance			
Matching Funds/Challenge Grants				Conferences/Training			
Matching Employee Gift Programs				Other			
Program-Related Investments							

- 2. Do you have any geographic limitations, priorities or preferences to your funding decisions? (If yes, please explain)
- 3. What limitations or restrictions occur in your funding decisions? In other words, what types of support do you NOT provide (List only criteria not mentioned in #1 above.)
- 4. Do you have any policies regarding grant-making to an organization which is a member of United Way? If yes, what are your guidelines?

**C. APPLICATION INFORMATION**

71. How should the initial approach to your organization occur?

- Phone
- Letter
- Personal Visit or Appointment
- Proposal with Cover Letter
- Proposal only
- E-mail or web-based form on foundation website

72. How do you prefer applications be submitted?

- Mail
- Via our website
- Delivered in person
- To the following e-mail address: \_\_\_\_\_

73. Do you have a specific Application Form that must accompany the proposal?

Application URL:

What, if any, application deadline(s) exist?

74. When and how often do Board Meetings occur?

75. What is the time frame for **notification of approval** of the grant application?

76. Do you notify an organization if a decision is made to **not** fund their request?

- Yes
- No

77. Does your organization provide, upon request, any of the following documents?

- |                                | Yes   | No    |
|--------------------------------|-------|-------|
| • Annual Report                | _____ | _____ |
| • Corporate Giving Report      | _____ | _____ |
| • Grant Application Guidelines | _____ | _____ |
| • Other ( _____ )              | _____ | _____ |

#### D. FINANCIAL INFORMATION

1. Please give the following information regarding your grant-making activities **during your most recent fiscal year**:

Fiscal Month/Year Ended:

Total Grant Budget/Assets:

(for most recent year)

Total Number of Grants Awarded:

Number of Grants in Delaware:

Total Amount of Grants Awarded:

- Highest Grant Awarded:
- Lowest Grant Awarded:
- Range of Average Grant: \_\_\_\_\_

2. What is the source of funds for your grant-making program? (Please check ALL that apply.)

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**DIRECTORY OF DELAWARE GRANTMAKERS**  
**Delaware Community Foundation**

2. Name of Organization: **Housing Capacity Building Program**

2. Category: other

3. Mailing Address: \_18 The Green  
 Dover,DE 19901

5. Phone(302) 739-4263 FAX: (302)739-1670

E-mail kimb@dsha.state.de.us

Website\_

Name and Title of Contact Person: Kimberly Brockenbrough, Housing Capacity Building Program Manager

7. Year and Location of Incorporation:

8. Does your organization have a formally organized giving program? yes

9. Does your organization make grants in the state of Delaware? yes

**A. PURPOSE AND ACTIVITIES**

2. What types of activities does your organization or giving program support?  
 (Please check **ALL** that apply.)

**Cultural**

- General
- Painting/Sculpture
- Literature
- Music
- Theatre
- Dance
- Museums

**Education**

- General
- Early Childhood
- Elementary/Secondary
- College/University
- Vocational
- Adult/Continuing Ed.
- Special Education
- Specific Programs

**Health**

- General
- Education/Preventative
- Mental Health
- Alcohol/Drug
- AIDS
- Medical Care & Treatment
- Research

**Social Welfare**

- General
- Poverty Issues
- Homelessness
- Elderly
- Child Care
- Disabilities/Handicaps
- Literacy
- Teen Pregnancy
- Infant Mortality
- Economic Development
- Youth/At-Risk Youth
- Criminal Justice Issues
- Housing Development

**Religious**

- General
- Education
- Specific Church or Synagogue
- \_\_\_\_\_ (name)

**Environmental Concerns**

- General
- Energy
- Conservation
- Preservation
- \_\_\_\_\_
- \_\_\_\_\_
- \_\_\_\_\_

Leadership Development \_\_\_\_\_

**Other** (Specify as needed)

Grants are made to colleges/universities for scholarship support for students enrolled in a program established by the foundation. No grants made to individual students. \_\_\_\_\_

3. Does your organization or giving program have specific grantmaking priorities:

Leadership Development \_\_\_\_\_

**Other** (Specify as needed)

Grants are made to colleges/universities for scholarship support for students enrolled in a program established by the foundation. No grants made to individual students. \_\_\_\_\_

**C. TYPES OF SUPPORT**

2. What a type of support is your organization or giving program willing to consider?

	YES	NO	MC		YES	NO	MC
Annual Campaigns		X		Publications			X
Building/Equipment Funds			X	Research	X		
Capital Campaigns		X		Scholarships/Fellowships	X		
Emergency Funds			X	Seed Money	X		
Endowment Funds			X	Special Projects	X		
General Purpose/Operating			X	Student Loans		X	
Grants to Individuals		X		Technical Assistance	X		
Matching Funds/Challenge Grants	X			Conferences/Training	X		
Matching Employee Gift Programs		X		Other			
Program-Related Investments		X					

2. Do you have any geographic limitations, priorities or preferences to your funding decisions?  
Yes Only provide grants for Delaware

4. What limitations or restrictions occur in your funding decisions? In other words, what types of support do you NOT provide Staff Salaries

5. Do you have any policies regarding grant-making to an organization which is a member of United Way? If yes, what are your guidelines? no

**C. APPLICATION INFORMATION**

78. How should the initial approach to your organization occur? mail,

- \_\_\_\_ Phone
- \_\_\_\_ Letter
- \_\_\_\_ Personal Visit or Appointment
- \_\_\_\_ Proposal with Cover Letter
- \_\_X\_\_ Proposal only
- \_\_\_\_ E-mail or web-based form on foundation website

79. How do you prefer applications be submitted? yes

- \_\_X\_\_ Mail
- \_\_\_\_ Via our website
- \_\_\_\_ Delivered in person
- \_\_\_\_ To the following e-mail address: \_\_\_\_\_

80. Do you have a specific Application Form that must accompany the proposal? YES

Application URL:

What, if any, application deadline(s) exist? Varies, call for information

81. When and how often do Board Meetings occur? 1 to 2 times per year

82. What is the time frame for **notification of approval** of the grant application? 3 months

83. Do you notify an organization if a decision is made to **not** fund their request?

Yes     No

84. Does your organization provide, upon request, any of the following documents?

	Yes	No
• Annual Report	<input checked="" type="checkbox"/>	<input type="checkbox"/>
• Corporate Giving Report	<input type="checkbox"/>	<input checked="" type="checkbox"/>
• Grant Application Guidelines	<input checked="" type="checkbox"/>	<input type="checkbox"/>
• Other ( _____ )	<input type="checkbox"/>	<input type="checkbox"/>

#### D. FINANCIAL INFORMATION

2. Please give the following information regarding your grant-making activities **during your most recent fiscal year:**

Fiscal Month/Year Ended:                      FY (October 2002)  
Total Grant Budget/Assets:                      \$313,465  
(for most recent year)

Total Number of Grants Awarded:              11  
Number of Grants in Delaware:                  11

Total Amount of Grants Awarded:              \$137,000

- Highest Grant Awarded:                      \$28,000
- Lowest Grant Awarded:                        \$3,800
- Range of Average Grant:                      \$7,500 - \$15,000

3. What is the source of funds for your grant-making program? corpdollars

**DIRECTORY OF DELAWARE GRANTMAKERS**  
**Delaware Community Foundation**

1. Name of Organization: **The Laffey-McHugh Foundation**
  2. Category: foundation
  3. Mailing Address: P.O. Box 2286  
Wilmington, DE 19899
  4. Phone 302-654-1680 FAX: 302-654-1681  
E-mail laffeymchughde@aol.com Website
- Name and Title of Contact Person: David Sysko, Executive Director
6. Year and Location of Incorporation: 1958 Wilmington, DE
  7. Does your organization have a formally organized giving program? yes
  8. Does your organization make grants in the state of Delaware? yes

**A. PURPOSE AND ACTIVITIES**

1. What types of activities does your organization or giving program support?  
(Please check **ALL** that apply.)

**Cultural**

- General
- Painting/Sculpture
- Literature
- Music
- Theatre
- Dance
- Museums

**Education**

- General
- Early Childhood
- Elementary/Secondary
- College/University
- Vocational
- Adult/Continuing Ed.
- Special Education
- Specific Programs

**Health**

- General
- Education/Preventative
- Mental Health
- Alcohol/Drug
- AIDS
- Medical Care & Treatment
- Research

**Social Welfare**

- General
- Poverty Issues
- Homelessness
- Elderly
- Child Care
- Disabilities/Handicaps
- Literacy
- Teen Pregnancy
- Infant Mortality
- Housing Development
- Economic Development
- Youth/At-Risk Youth
- Criminal Justice Issues
- Leadership Development

**Religious**

- General
  - Education
  - Specific Church  
or Synagogue
- \_\_\_\_\_ (name)

**Environmental Concerns**

- General
- Energy
- Conservation
- Preservation

**Other (Specify as needed)**  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

2. Does your organization or giving program have specific grantmaking priorities? If so, please explain:

**B. TYPES OF SUPPORT**

1. What a type of support is your organization or giving program willing to consider?

	YES	NO	MC		YES	NO	MC
Annual Campaigns			X	Publications			X
Building/Equipment Funds	X			Research			X
Capital Campaigns	X			Scholarships/Fellowships	X		
Emergency Funds	X			Seed Money	X		
Endowment Funds			X	Special Projects	X		
General Purpose/Operating	X			Student Loans			X
Grants to Individuals		X		Technical Assistance	X		
Matching Funds/Challenge Grants			X	Conferences/Training	X		
Matching Employee Gift Programs		X		Other			
Program-Related Investments		X					

- 2. Do you have any geographic limitations, priorities or preferences to your funding decisions? (If yes, please explain) yes Emphasis on Delaware, but not restricted.
- 3. What limitations or restrictions occur in your funding decisions? In other words, what types of support do you NOT provide NONE
- 4. Do you have any policies regarding grant-making to an organization which is a member of United Way? If yes, what are your guidelines? NONE

**C. APPLICATION INFORMATION**

85. How should the initial approach to your organization occur?

- Phone
- Proposal with Cover Letter
- Letter
- Proposal only
- Personal Visit or Appointment
- E-mail or web-based form on foundation website

86. How do you prefer applications be submitted?

- Mail
- Delivered in person
- Via our website
- To the following e-mail address: laffeymchughde@aol.com

87. Do you have a specific Application Form that must accompany the proposal? YES

Application URL:

What, if any, application deadline(s) exist? April 1, October 1

88. When and how often do Board Meetings occur? June, December

89. What is the time frame for **notification of approval** of the grant application? Within the month of the board meeting

90. Do you notify an organization if a decision is made to **not** fund their request?

- Yes
- No

91. Does your organization provide, upon request, any of the following documents?

- |                                | Yes          | No           |
|--------------------------------|--------------|--------------|
| • Annual Report                | _____        | <u>  X  </u> |
| • Corporate Giving Report      | _____        | <u>  X  </u> |
| • Grant Application Guidelines | <u>  X  </u> | _____        |
| • Other ( _____ )              | _____        | _____        |

#### D. FINANCIAL INFORMATION

1. Please give the following information regarding your grant-making activities **during your most recent fiscal year**:

Fiscal Month/Year Ended: 06/1905  
Total Grant Budget/Assets:  
(for most recent year)

Total Number of Grants Awarded: 154  
Number of Grants in Delaware:

Total Amount of Grants Awarded:  
• Highest Grant Awarded: \$300,000  
• Lowest Grant Awarded: \$3,000  
• Range of Average Grant: \$20,000-50,000

2. What is the source of funds for your grant-making program?

\_\_\_\_\_

**DIRECTORY OF DELAWARE GRANTMAKERS**  
**Delaware Community Foundation**

1. Name of Organization: **Longwood Foundation**
  2. Category: foundation
  3. Mailing Address: 100 W. 10th St. Suite 1109  
Wilmington, DE 19801
  4. Phone 302-654-2477 FAX: 302-654-2323  
E-mail \_\_\_\_\_ Website \_\_\_\_\_
- Name and Title of Contact Person: Peter Morrow, Executive Director
6. Year and Location of Incorporation: \_\_\_\_\_
  7. Does your organization have a formally organized giving program? yes
  8. Does your organization make grants in the state of Delaware? yes

**A. PURPOSE AND ACTIVITIES**

1. What types of activities does your organization or giving program support?  
(Please check **ALL** that apply.)

**Cultural**

- General
- Painting/Sculpture
- Literature
- Music
- Theatre
- Dance
- Museums

**Education**

- General
- Early Childhood
- Elementary/Secondary
- College/University
- \_\_\_\_\_ Vocational
- Adult/Continuing Ed.
- Special Education
- Specific Programs

**Health**

- General
- Education/Preventative
- Mental Health
- Alcohol/Drug
- AIDS
- Medical Care & Treatment
- Research

**Social Welfare**

- General
- Poverty Issues
- Homelessness
- Elderly
- Child Care
- Disabilities/Handicaps
- Literacy
- Teen Pregnancy
- Infant Mortality
- Housing Development
- Economic Development
- Youth/At-Risk Youth
- Criminal Justice Issues
- Leadership Development

**Religious**

- General
- Education
- Specific Church  
or Synagogue
- \_\_\_\_\_ (name)

**Environmental Concerns**

- General
- Energy
- Conservation
- Preservation

**Other** (Specify as needed)

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

2. Does your organization or giving program have specific grantmaking priorities?

**B. TYPES OF SUPPORT**

1. What a type of support is your organization or giving program willing to consider?

	YES	NO	MC		YES	NO	MC
Annual Campaigns			X	Publications		X	
Building/Equipment Funds	X			Research		X	
Capital Campaigns	X			Scholarships/Fellowships		X	
Emergency Funds			X	Seed Money	X		
Endowment Funds		X		Special Projects	X		
General Purpose/Operating		X		Student Loans		X	
Grants to Individuals		X		Technical Assistance	X		
Matching Funds/Challenge Grants	X			Conferences/Training	X		
Matching Employee Gift Programs		X		Other			
Program-Related Investments		X					

2. Do you have any geographic limitations, priorities or preferences to your funding decisions?  
 Yes - Delaware and Southern Chester County, PA

3. What limitations or restrictions occur in your funding decisions? In other words, what types of support do you NOT provide Operating, ongoing program support, scholarship/financial aid, events, endowment  
 no

4. Do you have any policies regarding grant-making to an organization which is a member of United Way? If yes, what are your guidelines? NO

**C. APPLICATION INFORMATION**

92. How should the initial approach to your organization occur? mail

- Phone
- Proposal with Cover Letter
- Letter
- Proposal only
- Personal Visit or Appointment
- E-mail or web-based form on foundation website

93. How do you prefer applications be submitted? no

- Mail
- Delivered in person
- Via our website
- To the following e-mail address: \_\_\_\_\_

94. Do you have a specific Application Form that must accompany the proposal? NO

Application URL:

What, if any, application deadline(s) exist? 3/15 and 9/15 each year

95. When and how often do Board Meetings occur? twice a year

96. What is the time frame for **notification of approval** of the grant application? immediately

97. Do you notify an organization if a decision is made to **not** fund their request?

Yes     No

98. Does your organization provide, upon request, any of the following documents?

	Yes	No
• Annual Report	<input type="checkbox"/>	<input checked="" type="checkbox"/>
• Corporate Giving Report	<input type="checkbox"/>	<input checked="" type="checkbox"/>
• Grant Application Guidelines	<input type="checkbox"/>	<input checked="" type="checkbox"/>
• Other ( _____ )	<input type="checkbox"/>	<input type="checkbox"/>

#### D. FINANCIAL INFORMATION

1. Please give the following information regarding your grant-making activities **during your most recent fiscal year:**

Fiscal Month/Year Ended:                    09/2002

Total Grant Budget/Assets:  
(for most recent year)

Total Number of Grants Awarded:        114

Number of Grants in Delaware:            88

Total Amount of Grants Awarded:

- Highest Grant Awarded:                \$12,000,000
- Lowest Grant Awarded:                 \$4,500
- Range of Average Grant:                \$200,000-\$300,000

2. What is the source of funds for your grant-making program? private foundation

\_\_\_\_\_



2. Does your organization or giving program have specific grantmaking priorities? Focus on mentoring

**B. TYPES OF SUPPORT**

1. What a type of support is your organization or giving program willing to consider?

	YES	NO	MC		YES	NO	MC
Annual Campaigns				Publications			
Building/Equipment Funds		X		Research		X	
Capital Campaigns		X		Scholarships/Fellowships		X	
Emergency Funds		X		Seed Money		X	
Endowment Funds		X		Special Projects		X	
General Purpose/Operating		X		Student Loans		X	
Grants to Individuals		X		Technical Assistance		X	
Matching Funds/Challenge Grants		X		Conferences/Training		X	
Matching Employee Gift Programs		X		Other		X	
Program-Related Investments		X					

2. Do you have any geographic limitations, priorities or preferences to your funding decisions? (If yes, please explain) yes Wilmington, DE, Jackson, WY and Phoenix, AZ

3. What limitations or restrictions occur in your funding decisions? In other words, what types of support do you NOT provide (List only criteria not mentioned in #1 above.)

4. Do you have any policies regarding grant-making to an organization which is a member of United Way? If yes, what are your guidelines?

**C. APPLICATION INFORMATION**

34. How should the initial approach to your organization occur?

- Phone
- Letter
- Personal Visit or Appointment
- Proposal with Cover Letter
- Proposal only
- E-mail or web-based form on foundation website

35. How do you prefer applications be submitted? no

- Mail
- Via our website
- Delivered in person
- To the following e-mail address: \_\_\_\_\_

36. Do you have a specific Application Form that must accompany the proposal?

Application URL:

What, if any, application deadline(s) exist?

37. When and how often do Board Meetings occur?

38. What is the time frame for **notification of approval** of the grant application?

39. Do you notify an organization if a decision is made to **not** fund their request?

- Yes
- No

40. Does your organization provide, upon request, any of the following documents?

- |                                | Yes   | No           |
|--------------------------------|-------|--------------|
| • Annual Report                | _____ | <u>  X  </u> |
| • Corporate Giving Report      | _____ | <u>  X  </u> |
| • Grant Application Guidelines | _____ | <u>  X  </u> |
| • Other ( _____ )              | _____ | _____        |

#### D. FINANCIAL INFORMATION

1. Please give the following information regarding your grant-making activities **during your most recent fiscal year**:

Fiscal Month/Year Ended:

Total Grant Budget/Assets:

(for most recent year)

Total Number of Grants Awarded:

Number of Grants in Delaware:

Total Amount of Grants Awarded:

- Highest Grant Awarded:
- Lowest Grant Awarded:
- Range of Average Grant: \_\_\_\_\_

2. What is the source of funds for your grant-making program? (Please check ALL that apply.)

\_\_\_\_\_



2. Does your organization or giving program have specific grantmaking priorities? YES, :  
Focus on Italian-American culture and heritage and Italian language

**B. TYPES OF SUPPORT**

1. What a type of support is your organization or giving program willing to consider?

	YES	NO	MC		YES	NO	MC
Annual Campaigns			X	Publications	X		
Building/Equipment Funds			X	Research	X		
Capital Campaigns			X	Scholarships/Fellowships	X		
Emergency Funds		X		Seed Money	X		
Endowment Funds			X	Special Projects	X		
General Purpose/Operating			X	Student Loans			X
Grants to Individuals	X			Technical Assistance			X
Matching Funds/Challenge Grants	X			Conferences/Training	X		
Matching Employee Gift Programs			X	Other			
Program-Related Investments			X				

2. Do you have any geographic limitations, priorities or preferences to your funding decisions? NO

3. What limitations or restrictions occur in your funding decisions? In other words, what types of support do you NOT provide NONE

4. Do you have any policies regarding grant-making to an organization which is a member of United Way? If yes, what are your guidelines? NONE

**C. APPLICATION INFORMATION**

99. How should the initial approach to your organization occur? mail

- Phone
- Letter
- Personal Visit or Appointment
- Proposal with Cover Letter
- Proposal only
- E-mail or web-based form on foundation website

100. How do you prefer applications be submitted? yes

- Mail
- Via our website
- Delivered in person
- To the following e-mail address: \_\_\_\_\_

101. Do you have a specific Application Form that must accompany the proposal? YES

Application URL: [www.niaf.org/grants/index.asp](http://www.niaf.org/grants/index.asp) twice a year,

What, if any, application deadline(s) exist? end of May and end of November

102. When and how often do Board Meetings occur? 4 times a year

103. What is the time frame for **notification of approval** of the grant application? Approximately 6 weeks after deadline

104. Do you notify an organization if a decision is made to **not** fund their request?

Yes     No

105. Does your organization provide, upon request, any of the following documents?

	Yes	No
• Annual Report	<input type="checkbox"/>	<input checked="" type="checkbox"/>
• Corporate Giving Report	<input type="checkbox"/>	<input checked="" type="checkbox"/>
• Grant Application Guidelines	<input checked="" type="checkbox"/>	<input type="checkbox"/>
• Other ( _____ )	<input type="checkbox"/>	<input type="checkbox"/>

#### D. FINANCIAL INFORMATION

1. Please give the following information regarding your grant-making activities **during your most recent fiscal year:**

Fiscal Month/Year Ended:            11/2002  
Total Grant Budget/Assets:        \$150,000  
(for most recent year)

Total Number of Grants Awarded:    36  
Number of Grants in Delaware:        0

Total Amount of Grants Awarded:

- Highest Grant Awarded:            \$15,000
- Lowest Grant Awarded:            \$750
- Range of Average Grant:        \$5,000

2. What is the source of funds for your grant-making program?

\_\_\_\_\_

**DIRECTORY OF DELAWARE GRANTMAKERS**  
**Delaware Community Foundation**

1. Name of Organization: **The News Journal/Gannett Foundation**
  2. Category: foundation
  3. Mailing Address: P.O. Box 15505  
Wilmington, DE 19850
  4. Phone 302-324-2509 FAX: 302-324-5510  
E-mail sklimaszewski@delawareonline.com Website www.gannettfoundation.org
- Name and Title of Contact Person: Sue Klimaszewski, Contribution Committee Coordinator
6. Year and Location of Incorporation:
  7. Does your organization have a formally organized giving program? yes
  8. Does your organization make grants in the state of Delaware? yes

**A. PURPOSE AND ACTIVITIES**

1. What types of activities does your organization or giving program support?  
(Please check ALL that apply.)

**Cultural**

- General
- Painting/Sculpture
- Literature
- Music
- Theatre
- Dance
- Museums

**Education**

- General
- Early Childhood
- Elementary/Secondary
- College/University
- Vocational
- Adult/Continuing Ed.
- Special Education
- Specific Programs

**Health**

- General
- Education/Preventative
- Mental Health
- Alcohol/Drug
- AIDS
- Medical Care & Treatment
- Research

**Social Welfare**

- General
- Poverty Issues
- Homelessness
- Elderly
- Child Care
- Disabilities/Handicaps
- Literacy
- Teen Pregnancy
- Infant Mortality
- Housing Development
- Economic Development
- Youth/At-Risk Youth
- Criminal Justice Issues
- Leadership Development

**Religious**

- General
  - Education
  - Specific Church  
or Synagogue
- \_\_\_\_\_ (name)

**Environmental Concerns**

- General
- Energy
- Conservation
- Preservation

**Other (Specify as needed)**  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

2. Does your organization or giving program have specific grantmaking priorities? If so, please explain:

**B. TYPES OF SUPPORT**

1. What a type of support is your organization or giving program willing to consider?

	YES	NO	MC		YES	NO	MC
Annual Campaigns		X		Publications		X	
Building/Equipment Funds	X			Research		X	
Capital Campaigns	X			Scholarships/Fellowships		X	
Emergency Funds	X			Seed Money	X		
Endowment Funds		X		Special Projects	X		
General Purpose/Operating	X			Student Loans		X	
Grants to Individuals		X		Technical Assistance			X
Matching Funds/Challenge Grants		X		Conferences/Training			X
Matching Employee Gift Programs		X		Other			
Program-Related Investments		X					

2. Do you have any geographic limitations, priorities or preferences to your funding decisions? (If yes, please explain) yes State of Delaware, Southern Chester County

3. What limitations or restrictions occur in your funding decisions? In other words, what types of support do you NOT provide (List only criteria not mentioned in #1 above.)  
NO

4. Do you have any policies regarding grant-making to an organization which is a member of United Way? NO

**C. APPLICATION INFORMATION**

106. How should the initial approach to your organization occur?

- Phone
- Letter
- Personal Visit or Appointment
- Proposal with Cover Letter
- Proposal only
- E-mail or web-based form on foundation website

107. How do you prefer applications be submitted?

- Mail
- Via our website
- Delivered in person
- To the following e-mail address: \_\_\_\_\_

108. Do you have a specific Application Form that must accompany the proposal? yes

Application URL: <http://www.gannettfoundation.org/APPFORMHOME.htm>

What, if any, application deadline(s) exist?

109. When and how often do Board Meetings occur? January, April, July/August

110. What is the time frame for **notification of approval** of the grant application?

\_\_\_\_\_

111. Do you notify an organization if a decision is made to **not** fund their request?  
\_\_\_\_ Yes    \_\_\_\_ No

112. Does your organization provide, upon request, any of the following documents?

	Yes	No
• Annual Report	<u>  X  </u>	<u>      </u>
• Corporate Giving Report	<u>      </u>	<u>  X  </u>
• Grant Application Guidelines	<u>  X  </u>	<u>      </u>
• Other ( _____ )	<u>      </u>	<u>      </u>

#### D. FINANCIAL INFORMATION

1. Please give the following information regarding your grant-making activities **during your most recent fiscal year**:

Fiscal Month/Year Ended:            12/2002  
Total Grant Budget/Assets:        \$139,000  
(for most recent year)

Total Number of Grants Awarded:    14  
Number of Grants in Delaware:        14

Total Amount of Grants Awarded:

- Highest Grant Awarded:            \$15,000
- Lowest Grant Awarded:             \$1,000
- Range of Average Grant:            \$2,000-\$5,000

2. What is the source of funds for your grant-making program? corpfound

\_\_\_\_\_

**DIRECTORY OF DELAWARE GRANTMAKERS**  
**Delaware Community Foundation**

1. Name of Organization: **The Pew Charitable Trusts**
  2. Category: foundation
  3. Mailing Address: One Commerce Square, Suite 1700 2005 Market Street  
Philadelphia,PA 19103
  4. Phone 215 575 9050 FAX: 215 575 4939  
E-mail info@pewtrusts.com Website www.pewtrusts.com
- Name and Title of Contact Person: Bruce Compton, Grants Information Manager & Archivist
6. Year and Location of Incorporation: 1948
  7. Does your organization have a formally organized giving program? yes
  8. Does your organization make grants in the state of Delaware? yes

**A. PURPOSE AND ACTIVITIES**

1. What types of activities does your organization or giving program support?  
(Please check **ALL** that apply.)

**Cultural**

- General
- Painting/Sculpture
- Literature
- Music
- Theatre
- Dance
- Museums

**Education**

- General
- Early Childhood
- Elementary/Secondary
- College/University
- Vocational
- Adult/Continuing Ed.
- Special Education
- Specific Programs

**Health**

- General
- Education/Preventative
- Mental Health
- Alcohol/Drug
- AIDS
- Medical Care & Treatment
- Research

**Social Welfare**

- General
- Poverty Issues
- Homelessness
- Elderly
- Child Care
- Disabilities/Handicaps
- Literacy
- Teen Pregnancy
- Infant Mortality
- Housing Development
- Economic Development
- Youth/At-Risk Youth
- Criminal Justice Issues
- Leadership Development

**Religious**

- General
- Education
- Specific Church or Synagogue
- \_\_\_\_\_ (name)

**Environmental Concerns**

- General
- Energy
- Conservation
- Preservation

**Other** (Specify as needed)  
Public Policy Civic engagement  
Campaign Finance Reform  
Government Performance

2. Does your organization or giving program have specific grantmaking priorities? No:

**B. TYPES OF SUPPORT**

1. What a type of support is your organization or giving program willing to consider?

	YES	NO	MC		YES	NO	MC
Annual Campaigns		X		Publications	X		
Building/Equipment Funds		X		Research	X		
Capital Campaigns		X		Scholarships/Fellowships	X		
Emergency Funds		X		Seed Money		X	
Endowment Funds		X		Special Projects	X		
General Purpose/Operating	X			Student Loans		X	
Grants to Individuals		X		Technical Assistance	X		
Matching Funds/Challenge Grants	X			Conferences/Training	X		
Matching Employee Gift Programs		X		Other			
Program-Related Investments	X						

2. Do you have any geographic limitations, priorities or preferences to your funding decisions? (If yes, please explain) yes The Pew Charitable Trusts have a national focus, with a special relationship with the Philadelphia area.

3. What limitations or restrictions occur in your funding decisions? In other words, what types of support do you NOT provide No grants are made to individuals or governmental organizations. No grants are made for endowment

4. Do you have any policies regarding grant-making to an organization which is a member of United Way? If yes, what are your guidelines? \*\*

**C. APPLICATION INFORMATION**

113. How should the initial approach to your organization occur?

- Phone
- Letter
- Personal Visit or Appointment
- Proposal with Cover Letter
- Proposal only
- E-mail or web-based form on foundation website

114. How do you prefer applications be submitted? no

- Mail
- Via our website
- Delivered in person
- To the following e-mail address: \_\_\_\_\_

115. Do you have a specific Application Form that must accompany the proposal? NO

Application URL: None

What, if any, application deadline(s) exist? NONE

116. When and how often do Board Meetings occur? quarterly (March, June, September, December)

117. What is the time frame for **notification of approval** of the grant application? It can take six to eight months for a proposal to go through all the steps of the review process.

---

118. Do you notify an organization if a decision is made to **not** fund their request?

Yes     No

119. Does your organization provide, upon request, any of the following documents?

	Yes	No
• Annual Report	<input type="checkbox"/>	<input checked="" type="checkbox"/>
• Corporate Giving Report	<input type="checkbox"/>	<input checked="" type="checkbox"/>
• Grant Application Guidelines	<input type="checkbox"/>	<input checked="" type="checkbox"/>
• Other ( _____ )	<input type="checkbox"/>	<input type="checkbox"/>

#### D. FINANCIAL INFORMATION

1. Please give the following information regarding your grant-making activities **during your most recent fiscal year:**

Fiscal Month/Year Ended:                    06/1905  
Total Grant Budget/Assets:                \$3,753,638,000 (market value of assets)  
(for most recent year)

Total Number of Grants Awarded:        \$166,330,000  
Number of Grants in Delaware:            0

Total Amount of Grants Awarded:        \$0

- Highest Grant Awarded:                \$9,920,000
- Lowest Grant Awarded:                 \$15,000
- Range of Average Grant:                \$580,000

2. What is the source of funds for your grant-making program?

\_\_\_\_\_



2. Does your organization or giving program have specific grantmaking priorities? If so, please explain:

**B. TYPES OF SUPPORT**

1. What a type of support is your organization or giving program willing to consider?

	YES	NO	MC		YES	NO	MC
Annual Campaigns				Publications			
Building/Equipment Funds				Research			
Capital Campaigns				Scholarships/Fellowships			
Emergency Funds				Seed Money			
Endowment Funds				Special Projects			
General Purpose/Operating				Student Loans			
Grants to Individuals				Technical Assistance			
Matching Funds/Challenge Grants				Conferences/Training			
Matching Employee Gift Programs				Other			
Program-Related Investments							

- 2. Do you have any geographic limitations, priorities or preferences to your funding decisions? (If yes, please explain)
- 3. What limitations or restrictions occur in your funding decisions? In other words, what types of support do you NOT provide (List only criteria not mentioned in #1 above.)
- 4. Do you have any policies regarding grant-making to an organization which is a member of United Way? If yes, what are your guidelines?

**C. APPLICATION INFORMATION**

120. How should the initial approach to your organization occur?

- Phone
- Letter
- Personal Visit or Appointment
- Proposal with Cover Letter
- Proposal only
- E-mail or web-based form on foundation website

121. How do you prefer applications be submitted?

- Mail
- Via our website
- Delivered in person
- To the following e-mail address: \_\_\_\_\_

122. Do you have a specific Application Form that must accompany the proposal?

Application URL:

What, if any, application deadline(s) exist?

123. When and how often do Board Meetings occur?

124. What is the time frame for **notification of approval** of the grant application?

125. Do you notify an organization if a decision is made to **not** fund their request?

\_\_\_\_ Yes    \_\_\_\_ No

126. Does your organization provide, upon request, any of the following documents?

	Yes	No
• Annual Report	_____	_____
• Corporate Giving Report	_____	_____
• Grant Application Guidelines	_____	_____
• Other ( _____ )	_____	_____

#### D. FINANCIAL INFORMATION

1. Please give the following information regarding your grant-making activities **during your most recent fiscal year:**

Fiscal Month/Year Ended:

Total Grant Budget/Assets:  
(for most recent year)

Total Number of Grants Awarded:

Number of Grants in Delaware:

Total Amount of Grants Awarded:

- Highest Grant Awarded:
- Lowest Grant Awarded:
- Range of Average Grant: \_\_\_\_\_

2. What is the source of funds for your grant-making program? (Please check ALL that apply.)

\_\_\_\_\_



2. Does your organization or giving program have specific grantmaking priorities? If so, please explain:  
Only make grants to Roman Catholic churches and organization

**B. TYPES OF SUPPORT**

1. What a type of support is your organization or giving program willing to consider?

	YES	NO	MC		YES	NO	MC
Annual Campaigns		X		Publications	X		
Building/Equipment Funds	X			Research		X	
Capital Campaigns		X		Scholarships/Fellowships		X	
Emergency Funds	X			Seed Money	X		
Endowment Funds		X		Special Projects	X		
General Purpose/Operating	X			Student Loans		X	
Grants to Individuals		X		Technical Assistance	X		
Matching Funds/Challenge Grants	X			Conferences/Training	X		
Matching Employee Gift Programs		X		Other		X	
Program-Related Investments	X						

- 2. Do you have any geographic limitations, priorities or preferences to your funding decisions?  
(If yes, please explain) Worldwide
- 3. What limitations or restrictions occur in your funding decisions? In other words, what types of support do you NOT provide Endowment, debt, after-the-fact, scholarships, fellowships, legislative lobbying, pre research. on-going subsidies, grants by other grantmakers
- 4. Do you have any policies regarding grant-making to an organization which is a member of United Way?? no

**C. APPLICATION INFORMATION**

41. How should the initial approach to your organization occur?

- Phone
- Letter
- Personal Visit or Appointment
- Proposal with Cover Letter
- Proposal only
- E-mail or web-based form on foundation website

42. How do you prefer applications be submitted? yes

- Mail
- Via our website
- Delivered in person
- To the following e-mail address: \_\_\_\_\_

43. Do you have a specific Application Form that must accompany the proposal? YES

Application URL:

What, if any, application deadline(s) exist? 12/8-2/8 and 6/8-8/8 each year

44. When and how often do Board Meetings occur? 4 per year, but only twice for funding

45. What is the time frame for **notification of approval** of the grant application? 3-4 months after submission

46. Do you notify an organization if a decision is made to **not** fund their request?  
 Yes     No

47. Does your organization provide, upon request, any of the following documents?

- |                                | Yes                                 | No                                  |
|--------------------------------|-------------------------------------|-------------------------------------|
| • Annual Report                | <input type="checkbox"/>            | <input checked="" type="checkbox"/> |
| • Corporate Giving Report      | <input type="checkbox"/>            | <input checked="" type="checkbox"/> |
| • Grant Application Guidelines | <input checked="" type="checkbox"/> | <input type="checkbox"/>            |
| • Other ( _____ )              | <input type="checkbox"/>            | <input type="checkbox"/>            |

#### D. FINANCIAL INFORMATION

1. Please give the following information regarding your grant-making activities **during your most recent fiscal year:**

Fiscal Month/Year Ended:                    12/2002  
Total Grant Budget/Assets:                Budget: \$4,612,128, Assets: \$118,600,031  
(for most recent year)

Total Number of Grants Awarded:        472  
Number of Grants in Delaware:            51

Total Amount of Grants Awarded:        \$4,612,128  
• Highest Grant Awarded:                \$234,517  
• Lowest Grant Awarded:                 \$250  
• Range of Average Grant:                \$5,000-\$15,000

2. What is the source of funds for your grant-making program? family gifts to endowment

\_\_\_\_\_

**DIRECTORY OF DELAWARE GRANTMAKERS**  
**Delaware Community Foundation**

1. Name of Organization: **The Robin Foundation**
2. Category: foundation
3. Mailing Address: \_c/o Ashford Capitol Management P.O. Box 4172  
Greenville,DE 19807

4. Phone 302-655-1750 FAX: \_\_\_\_\_  
E-mail pvernon@ashfordcapitol.com Website\_ \_\_\_\_\_

Name and Title of Contact Person: Lyn Vernon,

6. Year and Location of Incorporation: \_\_\_\_\_
7. Does your organization have a formally organized giving program? yes
8. Does your organization make grants in the state of Delaware? yes

**A. PURPOSE AND ACTIVITIES**

1. What types of activities does your organization or giving program support?  
(Please check **ALL** that apply.)

**Cultural**

- \_\_\_ General
- \_\_\_ Painting/Sculpture
- \_\_\_ Literature
- \_\_\_ Music
- \_\_\_ Theatre
- \_\_\_ Dance
- \_\_\_ Museums

**Education**

- \_\_\_ General
- \_\_\_ Early Childhood
- \_\_\_ Elementary/Secondary
- \_\_\_ College/University
- \_\_\_ Vocational
- \_\_\_ Adult/Continuing Ed.
- \_\_\_ Special Education
- \_\_\_ Specific Programs

**Health**

- \_\_\_ General
- \_\_\_ Education/Preventative
- \_\_\_ Mental Health
- \_\_\_ Alcohol/Drug
- \_\_\_ AIDS
- \_\_\_ Medical Care & Treatment
- \_\_\_ Research

**Social Welfare**

- \_\_\_ General
- \_\_\_ Poverty Issues
- \_\_\_ Homelessness
- \_\_\_ Elderly
- \_\_\_ Child Care
- \_\_\_ Disabilities/Handicaps
- \_\_\_ Literacy
- \_\_\_ Teen Pregnancy
- \_\_\_ Infant Mortality
- \_\_\_ Housing Development
- \_\_\_ Economic Development
- \_\_\_ Youth/At-Risk Youth
- \_\_\_ Criminal Justice Issues
- \_\_\_ Leadership Development

**Religious**

- \_\_\_ General
- \_\_\_ Education
- \_\_\_ Specific Church  
or Synagogue
- \_\_\_\_\_ (name)

**Environmental Concerns**

- \_\_\_ General
- \_\_\_ Energy
- \_\_\_ Conservation
- \_\_\_ Preservation

**Other (Specify as needed)**

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

2. Does your organization or giving program have specific grantmaking priorities? If so, please explain:

**B. TYPES OF SUPPORT**

1. What a type of support is your organization or giving program willing to consider?

	YES	NO	MC		YES	NO	MC
Annual Campaigns		X		Publications			X
Building/Equipment Funds		X		Research		X	
Capital Campaigns			X	Scholarships/Fellowships		X	
Emergency Funds		X		Seed Money	X		
Endowment Funds			X	Special Projects	X		
General Purpose/Operating		X		Student Loans		X	
Grants to Individuals		X		Technical Assistance			X
Matching Funds/Challenge Grants			X	Conferences/Training			X
Matching Employee Gift Programs		X		Other		X	
Program-Related Investments		X					

- 2. Do you have any geographic limitations, priorities or preferences to your funding decisions? (If yes, please explain) yes, Eastern Seaboard of US
- 3. What limitations or restrictions occur in your funding decisions? In other words, what types of support do you NOT provide NONE
- 4. Do you have any policies regarding grant-making to an organization which is a member of United Way? If yes, what are your guidelines? NO

**C. APPLICATION INFORMATION**

48. How should the initial approach to your organization occur? mail

- Phone  Proposal with Cover Letter
- Letter  Proposal only
- Personal Visit or Appointment  E-mail or web-based form on foundation website

49. How do you prefer applications be submitted?

- Mail  Delivered in person
- Via our website  To the following e-mail address: \_\_\_\_\_

50. Do you have a specific Application Form that must accompany the proposal? NO

Application URL:

What, if any, application deadline(s) exist? 1-Oct

51. When and how often do Board Meetings occur? once a year in November or December, more as needed

52. What is the time frame for **notification of approval** of the grant application? 3 months

53. Do you notify an organization if a decision is made to **not** fund their request?  
 Yes     No

54. Does your organization provide, upon request, any of the following documents?

- |                                | Yes   | No    |
|--------------------------------|-------|-------|
| • Annual Report                | _____ | _____ |
| • Corporate Giving Report      | _____ | _____ |
| • Grant Application Guidelines | _____ | _____ |
| • Other ( _____ )              | _____ | _____ |

#### D. FINANCIAL INFORMATION

1. Please give the following information regarding your grant-making activities **during your most recent fiscal year:**

Fiscal Month/Year Ended:                      12/

Total Grant Budget/Assets:  
(for most recent year)

Total Number of Grants Awarded:

Number of Grants in Delaware:

Total Amount of Grants Awarded:

- Highest Grant Awarded:                      \$10,000
- Lowest Grant Awarded:
- Range of Average Grant:                      \_\_\_\_\_

2. What is the source of funds for your grant-making program? (Please check ALL that apply.)

\_\_\_\_\_

**DIRECTORY OF DELAWARE GRANTMAKERS**  
**Delaware Community Foundation**

1. Name of Organization: **The Seabrook Foundation**
  2. Category: foundation
  3. Mailing Address: 55 Nimrod Rd  
Seabrook, NJ 8079
  4. Phone \_\_\_\_\_ FAX: \_\_\_\_\_  
E-mail \_\_\_\_\_ Website \_\_\_\_\_
- Name and Title of Contact Person: \_\_\_\_\_
6. Year and Location of Incorporation: \_\_\_\_\_
  7. Does your organization have a formally organized giving program? no
  8. Does your organization make grants in the state of Delaware? no

**A. PURPOSE AND ACTIVITIES**

1. What types of activities does your organization or giving program support?  
(Please check **ALL** that apply.)

<p><b>Cultural</b></p> <p><input type="checkbox"/> General</p> <p><input type="checkbox"/> Painting/Sculpture</p> <p><input type="checkbox"/> Literature</p> <p><input type="checkbox"/> Music</p> <p><input type="checkbox"/> Theatre</p> <p><input type="checkbox"/> Dance</p> <p><input type="checkbox"/> Museums</p>	<p><b>Education</b></p> <p><input type="checkbox"/> General</p> <p><input type="checkbox"/> Early Childhood</p> <p><input type="checkbox"/> Elementary/Secondary</p> <p><input type="checkbox"/> College/University</p> <p><input type="checkbox"/> Vocational</p> <p><input type="checkbox"/> Adult/Continuing Ed.</p> <p><input type="checkbox"/> Special Education</p> <p><input type="checkbox"/> Specific Programs</p>	<p><b>Health</b></p> <p><input type="checkbox"/> General</p> <p><input type="checkbox"/> Education/Preventative</p> <p><input type="checkbox"/> Mental Health</p> <p><input type="checkbox"/> Alcohol/Drug</p> <p><input type="checkbox"/> AIDS</p> <p><input type="checkbox"/> Medical Care &amp; Treatment</p> <p><input type="checkbox"/> Research</p>
<p><b>Social Welfare</b></p> <p><input type="checkbox"/> General</p> <p><input type="checkbox"/> Poverty Issues</p> <p><input type="checkbox"/> Homelessness</p> <p><input type="checkbox"/> Elderly</p> <p><input type="checkbox"/> Child Care</p> <p><input type="checkbox"/> Disabilities/Handicaps</p> <p><input type="checkbox"/> Literacy</p> <p><input type="checkbox"/> Teen Pregnancy</p> <p><input type="checkbox"/> Infant Mortality</p> <p><input type="checkbox"/> Housing Development</p> <p><input type="checkbox"/> Economic Development</p> <p><input type="checkbox"/> Youth/At-Risk Youth</p> <p><input type="checkbox"/> Criminal Justice Issues</p> <p><input type="checkbox"/> Leadership Development</p>	<p><b>Religious</b></p> <p><input type="checkbox"/> General</p> <p><input type="checkbox"/> Education</p> <p><input type="checkbox"/> Specific Church or Synagogue</p> <p>_____ (name)</p>	<p><b>Environmental Concerns</b></p> <p><input type="checkbox"/> General</p> <p><input type="checkbox"/> Energy</p> <p><input type="checkbox"/> Conservation</p> <p><input type="checkbox"/> Preservation</p> <p><b>Other (Specify as needed)</b></p> <p>_____</p> <p>_____</p> <p>_____</p> <p>_____</p>

2. Does your organization or giving program have specific grantmaking priorities? If so, please explain:

**B. TYPES OF SUPPORT**

1. What a type of support is your organization or giving program willing to consider?

	YES	NO	MC		YES	NO	MC
Annual Campaigns				Publications			
Building/Equipment Funds				Research			
Capital Campaigns				Scholarships/Fellowships			
Emergency Funds				Seed Money			
Endowment Funds				Special Projects			
General Purpose/Operating				Student Loans			
Grants to Individuals				Technical Assistance			
Matching Funds/Challenge Grants				Conferences/Training			
Matching Employee Gift Programs				Other			
Program-Related Investments							

- 2. Do you have any geographic limitations, priorities or preferences to your funding decisions? (If yes, please explain)
- 3. What limitations or restrictions occur in your funding decisions? In other words, what types of support do you NOT provide (List only criteria not mentioned in #1 above.)
- 4. Do you have any policies regarding grant-making to an organization which is a member of United Way? If yes, what are your guidelines?

**C. APPLICATION INFORMATION**

127. How should the initial approach to your organization occur?

- Phone
- Letter
- Personal Visit or Appointment
- Proposal with Cover Letter
- Proposal only
- E-mail or web-based form on foundation website

128. How do you prefer applications be submitted?

- Mail
- Via our website
- Delivered in person
- To the following e-mail address: \_\_\_\_\_

129. Do you have a specific Application Form that must accompany the proposal?

Application URL:

What, if any, application deadline(s) exist?

130. When and how often do Board Meetings occur?

131. What is the time frame for **notification of approval** of the grant application?

132. Do you notify an organization if a decision is made to **not** fund their request?

\_\_\_ Yes    \_\_\_ No

133. Does your organization provide, upon request, any of the following documents?

	Yes	No
• Annual Report	___	___
• Corporate Giving Report	___	___
• Grant Application Guidelines	___	___
• Other ( _____ )	___	___

**D. FINANCIAL INFORMATION**

1. Please give the following information regarding your grant-making activities **during your most recent fiscal year:**

Fiscal Month/Year Ended:

Total Grant Budget/Assets:

(for most recent year)

Total Number of Grants Awarded:

Number of Grants in Delaware:

Total Amount of Grants Awarded:

- Highest Grant Awarded:
- Lowest Grant Awarded:
- Range of Average Grant: \_\_\_\_\_

2. What is the source of funds for your grant-making program? (Please check ALL that apply.)

\_\_\_



2. Does your organization or giving program have specific grantmaking priorities? If so, please explain:

**B. TYPES OF SUPPORT**

1. What a type of support is your organization or giving program willing to consider?

	YES	NO	MC		YES	NO	MC
Annual Campaigns				Publications			
Building/Equipment Funds				Research			
Capital Campaigns				Scholarships/Fellowships			
Emergency Funds				Seed Money			
Endowment Funds				Special Projects			
General Purpose/Operating				Student Loans			
Grants to Individuals				Technical Assistance			
Matching Funds/Challenge Grants				Conferences/Training			
Matching Employee Gift Programs				Other			
Program-Related Investments							

- 2. Do you have any geographic limitations, priorities or preferences to your funding decisions? (If yes, please explain)
- 3. What limitations or restrictions occur in your funding decisions? In other words, what types of support do you NOT provide (List only criteria not mentioned in #1 above.)
- 4. Do you have any policies regarding grant-making to an organization which is a member of United Way? If yes, what are your guidelines?

**C. APPLICATION INFORMATION**

134. How should the initial approach to your organization occur?

- Phone
- Letter
- Personal Visit or Appointment
- Proposal with Cover Letter
- Proposal only
- E-mail or web-based form on foundation website

135. How do you prefer applications be submitted?

- Mail
- Via our website
- Delivered in person
- To the following e-mail address: \_\_\_\_\_

136. Do you have a specific Application Form that must accompany the proposal?

Application URL:

What, if any, application deadline(s) exist?

137. When and how often do Board Meetings occur?

138. What is the time frame for **notification of approval** of the grant application?

139. Do you notify an organization if a decision is made to **not** fund their request?

- Yes
- No

140. Does your organization provide, upon request, any of the following documents?

- |                                | Yes   | No    |
|--------------------------------|-------|-------|
| • Annual Report                | _____ | _____ |
| • Corporate Giving Report      | _____ | _____ |
| • Grant Application Guidelines | _____ | _____ |
| • Other ( _____ )              | _____ | _____ |

#### D. FINANCIAL INFORMATION

1. Please give the following information regarding your grant-making activities **during your most recent fiscal year:**

Fiscal Month/Year Ended:

Total Grant Budget/Assets:

(for most recent year)

Total Number of Grants Awarded:

Number of Grants in Delaware:

Total Amount of Grants Awarded:

- Highest Grant Awarded:
- Lowest Grant Awarded:
- Range of Average Grant: \_\_\_\_\_

2. What is the source of funds for your grant-making program? (Please check ALL that apply.)

\_\_\_\_\_

**DIRECTORY OF DELAWARE GRANTMAKERS**  
**Delaware Community Foundation**

1. Name of Organization: **Verizon Foundation**
  2. Category: foundation
  3. Mailing Address: 901 Tatnall Street Second Floor  
 Wilmington, DE 19801
  4. Phone 302-576-5322 FAX: 302-777-0491
- E-mail [lauren.a.petrusky@verizon.com](mailto:lauren.a.petrusky@verizon.com) (or) [luanne.k.baratta@verizon.com](mailto:luanne.k.baratta@verizon.com)  
 Website [www.verizon.com/foundation](http://www.verizon.com/foundation)
5. Name and Title of Contact Person: Lauren/Luanne Petrusky/Baratta, Manager-Corporate Contributions & Events
  6. Year and Location of Incorporation: 2000 (with the merger of Bell Atlantic Foundation & GTE Foundation)
  7. Does your organization have a formally organized giving program? yes
  8. Does your organization make grants in the state of Delaware? yes

**A. PURPOSE AND ACTIVITIES**

1. What types of activities does your organization or giving program support?  
 (Please check **ALL** that apply.)

**Cultural**

- General
- Painting/Sculpture
- Literature
- Music
- Theatre
- Dance
- Museums

**Education**

- General
- Early Childhood
- Elementary/Secondary
- College/University
- Vocational
- Adult/Continuing Ed.
- Special Education
- Specific Programs

**Health**

- General
- Education/Preventative
- Mental Health
- Alcohol/Drug
- AIDS
- Medical Care & Treatment
- Research

**Social Welfare**

- General
- Poverty Issues
- Homelessness
- Elderly
- Child Care
- Disabilities/Handicaps
- Literacy
- Teen Pregnancy
- Infant Mortality
- Housing Development
- Economic Development
- Youth/At-Risk Youth

**Religious**

- General
- Education
- Specific Church or Synagogue
- \_\_\_\_\_ (name)

**Environmental Concerns**

- General
- Energy
- Conservation
- Preservation

**Other** (Specify as needed)

\_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_



57. Do you have a specific Application Form that must accompany the proposal? YES

Application URL: www.verizon.com/foundation\_

What, if any, application deadline(s) exist? Budget closes November 30\_

58. When and how often do Board Meetings occur? ongoing

What is the time frame for **notification of approval** of the grant application? 6-12 weeks

59. Do you notify an organization if a decision is made to **not** fund their request?

Yes  No

60. Does your organization provide, upon request, any of the following documents?

- |   | Yes                                 | No                       |
|---|-------------------------------------|--------------------------|
| • Annual Report   | <input checked="" type="checkbox"/> | <input type="checkbox"/> |
| • Corporate Giving Report   | <input checked="" type="checkbox"/> | <input type="checkbox"/> |
| • Grant Application Guidelines  | <input checked="" type="checkbox"/> | <input type="checkbox"/> |
| • Other ( <input type="checkbox"/> WEBSITE <input type="checkbox"/> ) | <input type="checkbox"/>            | <input type="checkbox"/> |

**D. FINANCIAL INFORMATION**

1. Please give the following information regarding your grant-making activities **during your most recent fiscal year:**

- Fiscal Month/Year Ended: 06/1905
- Total Grant Budget/Assets: \$323,700  
(for most recent year)
- Total Number of Grants Awarded: 42
- Number of Grants in Delaware: 42
- Total Amount of Grants Awarded: \$42
  - Highest Grant Awarded: \$55,000
  - Lowest Grant Awarded: \$60
  - Range of Average Grant: \$2,500-\$5,000

2. What is the source of funds for your grant-making program. corpfoundation,

\_\_\_\_\_

**DIRECTORY OF DELAWARE GRANTMAKERS**  
**Delaware Community Foundation**

1. Name of Organization: **Welfare Foundation**
  2. Category: foundation
  3. Mailing Address: 100 W. 10th St. Suite 1109  
Wilmington, DE 19801
  4. Phone 302-654-2477 FAX: 302-654-2323  
E-mail \_\_\_\_\_ Website \_\_\_\_\_
- Name and Title of Contact Person: Peter Morrow, Executive Director
6. Year and Location of Incorporation: \_\_\_\_\_
  7. Does your organization have a formally organized giving program? yes
  8. Does your organization make grants in the state of Delaware? yes

**A. PURPOSE AND ACTIVITIES**

1. What types of activities does your organization or giving program support?  
(Please check **ALL** that apply.)

**Cultural**

- General
- Painting/Sculpture
- Literature
- Music
- Theatre
- Dance
- Museums

**Education**

- General
- Early Childhood
- Elementary/Secondary
- College/University
- \_\_\_\_\_ Vocational
- Adult/Continuing Ed.
- Special Education
- Specific Programs

**Health**

- General
- Education/Preventative
- Mental Health
- Alcohol/Drug
- \_\_\_\_\_ AIDS
- Medical Care & Treatment
- Research

**Social Welfare**

- General
- Poverty Issues
- Homelessness
- Elderly
- Child Care
- Disabilities/Handicaps
- Literacy
- Teen Pregnancy
- Infant Mortality
- Housing Development
- Economic Development
- Youth/At-Risk Youth
- Criminal Justice Issues
- Leadership Development

**Religious**

- General
- Education
- Specific Church  
or Synagogue
- \_\_\_\_\_ (name)

**Environmental Concerns**

- General
- Energy
- Conservation
- Preservation

**Other (Specify as needed)**  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_



66. Do you notify an organization if a decision is made to **not** fund their request?  
  X   Yes         No

67. Does your organization provide, upon request, any of the following documents?

- |                                | Yes         | No           |
|--------------------------------|-------------|--------------|
| • Annual Report                | <u>    </u> | <u>  X  </u> |
| • Corporate Giving Report      | <u>    </u> | <u>  X  </u> |
| • Grant Application Guidelines | <u>    </u> | <u>  X  </u> |
| • Other ( _____ )              | <u>    </u> | <u>    </u>  |

#### D. FINANCIAL INFORMATION

1. Please give the following information regarding your grant-making activities **during your most recent fiscal year**:

Fiscal Month/Year Ended:                    12/2002  
Total Grant Budget/Assets:  
    (for most recent year)

Total Number of Grants Awarded:        84  
Number of Grants in Delaware:            80

Total Amount of Grants Awarded:  
• Highest Grant Awarded:                \$250,000  
• Lowest Grant Awarded:                 \$300  
• Range of Average Grant:                \$50,000-\$60,000

2. What is the source of funds for your grant-making program? private foundation

\_\_\_\_\_

**DIRECTORY OF DELAWARE GRANTMAKERS**  
**Delaware Community Foundation**

1. Name of Organization: **Wilmington Savings Fund Society**
  2. Category: charitable trust
  3. Mailing Address: 838 Market St.  
Wilmington, DE 19801
  4. Phone 302-573-3215 FAX: 302-571-7215  
E-mail lynn.buchanan@wsfsbank.com Website www.wsfsbank.com
- Name and Title of Contact Person: Lynn Buchanan, Vice President and CRA Manager
6. Year and Location of Incorporation: 1832 Wilmington, DE
  7. Does your organization have a formally organized giving program? yes
  8. Does your organization make grants in the state of Delaware? yes

**A. PURPOSE AND ACTIVITIES**

1. What types of activities does your organization or giving program support?  
(Please check ALL that apply.)

**Cultural**

- General
- Painting/Sculpture
- Literature
- Music
- Theatre
- Dance
- Museums

**Education**

- General
- Early Childhood
- Elementary/Secondary
- College/University
- Vocational
- Adult/Continuing Ed.
- Special Education
- Specific Programs

**Health**

- General
- Education/Preventative
- Mental Health
- Alcohol/Drug
- AIDS
- Medical Care & Treatment
- Research

**Social Welfare**

- General
- Poverty Issues
- Homelessness
- Elderly
- Child Care
- Disabilities/Handicaps
- Literacy
- Teen Pregnancy
- Infant Mortality
- Housing Development
- Economic Development
- Youth/At-Risk Youth
- Criminal Justice Issues
- Leadership Development

**Religious**

- General
  - Education
  - Specific Church or Synagogue
- \_\_\_\_\_ (name)

**Environmental Concerns**

- General
- Energy
- Conservation
- Preservation

**Other (Specify as needed)**

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

2. Does your organization or giving program have specific grantmaking priorities The Bank focuses on select community causes that are designed to have a significant impact on the greatest cross-section of its community while meeting the most pressing needs.

**B. TYPES OF SUPPORT**

1. What a type of support is your organization or giving program willing to consider?

	YES	NO	MC		YES	NO	MC
Annual Campaigns	X			Publications			X
Building/Equipment Funds	X			Research	X		
Capital Campaigns			X	Scholarships/Fellowships	X		
Emergency Funds			X	Seed Money			X
Endowment Funds			X	Special Projects			X
General Purpose/Operating	X			Student Loans		X	
Grants to Individuals		X		Technical Assistance	X		
Matching Funds/Challenge Grants	X			Conferences/Training	X		
Matching Employee Gift Programs			X	Other			
Program-Related Investments	X						

2. Do you have any geographic limitations, priorities or preferences to your funding decisions? (If yes, please explain) yes The Bank's primary market area, which includes the entire State of Delaware and Chester County, PA.
3. What limitations or restrictions occur in your funding decisions? In other words, what types of support do you NOT provide NO
4. Do you have any policies regarding grant-making to an organization which is a member of United Way? NO

**C. APPLICATION INFORMATION**

68. How should the initial approach to your organization occur?

Phone  Proposal with Cover Letter  
 Letter  Proposal only  
 Personal Visit or Appointment  E-mail or web-based form on foundation website

69. How do you prefer applications be submitted? no mail, in person, or e-mailed to

Mail  Delivered in person  
 Via our website  To the following e-mail address: lynn.buchanan@wsfsbank.com

70. Do you have a specific Application Form that must accompany the proposal? NO

Application URL:

What, if any, application deadline(s) exist? none

71. When and how often do Board Meetings occur? Monthly or as needed

72. What is the time frame for **notification of approval** of the grant application? 30 to 60 days

---

73. Do you notify an organization if a decision is made to **not** fund their request?  
 Yes     No

74. Does your organization provide, upon request, any of the following documents?

- |                                | Yes                                 | No                       |
|--------------------------------|-------------------------------------|--------------------------|
| • Annual Report                | <input checked="" type="checkbox"/> | <input type="checkbox"/> |
| • Corporate Giving Report      | <input checked="" type="checkbox"/> | <input type="checkbox"/> |
| • Grant Application Guidelines | <input checked="" type="checkbox"/> | <input type="checkbox"/> |
| • Other ( _____ )              | <input type="checkbox"/>            | <input type="checkbox"/> |

#### D. FINANCIAL INFORMATION

1. Please give the following information regarding your grant-making activities **during your most recent fiscal year:**

Fiscal Month/Year Ended:            12/2002  
Total Grant Budget/Assets:        not provided  
(for most recent year)

Total Number of Grants Awarded:    216  
Number of Grants in Delaware:        205

Total Amount of Grants Awarded:    not provided

- Highest Grant Awarded:            not provided
- Lowest Grant Awarded:             not provided
- Range of Average Grant:            not provided \_\_\_\_\_

2. What is the source of funds for your grant-making program? corpdollars,  
\_\_\_\_\_

**DIRECTORY OF DELAWARE GRANTMAKERS**  
**Delaware Community Foundation**

1. Name of Organization: **Wilmington Trust Company**
2. Category: corp
3. Mailing Address: 1100 North Market Street  
Wilmington, DE 19890
4. Phone 302.651.8624 FAX: 302.427.4559  
E-mail \*\* Website \*\*
5. Name and Title of Contact Person: Timothy S. McLaughlin, Corporate Contributions Officer
6. Year and Location of Incorporation: 1903
7. Does your organization have a formally organized giving program? yes
8. Does your organization make grants in the state of Delaware? yes

**A. PURPOSE AND ACTIVITIES**

1. What types of activities does your organization or giving program support?  
(Please check **ALL** that apply.)

**Cultural**

- General
- Painting/Sculpture
- Literature
- Music
- Theatre
- Dance
- Museums

**Education**

- General
- Early Childhood
- Elementary/Secondary
- College/University
- Vocational
- Adult/Continuing Ed.
- Special Education
- Specific Programs

**Health**

- General
- Education/Preventative
- Mental Health
- Alcohol/Drug
- AIDS
- Medical Care & Treatment
- Research

**Social Welfare**

- General
- Poverty Issues
- Homelessness
- Elderly
- Child Care
- Disabilities/Handicaps
- Literacy
- Teen Pregnancy
- Infant Mortality
- Housing Development
- Economic Development
- Youth/At-Risk Youth
- Criminal Justice Issues
- Leadership Development

**Religious**

- General
- Education
- Specific Church or Synagogue
- \_\_\_\_\_ (name)

**Environmental Concerns**

- General
- Energy
- Conservation
- Preservation

**Other** (Specify as needed)

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

2. Does your organization or giving program have specific grantmaking priorities? If so, please explain: Community/Housing Development, Arts & Culture, Youth at Risk, Financial Literacy

**B. TYPES OF SUPPORT**

1. What a type of support is your organization or giving program willing to consider?

	YES	NO	MC		YES	NO	MC
Annual Campaigns		X		Publications			X
Building/Equipment Funds		X		Research			X
Capital Campaigns	X			Scholarships/Fellowships		X	
Emergency Funds			X	Seed Money			X
Endowment Funds		X		Special Projects			X
General Purpose/Operating			X	Student Loans		X	
Grants to Individuals		X		Technical Assistance			X
Matching Funds/Challenge Grants			X	Conferences/Training		X	
Matching Employee Gift Programs		X		Other		X	
Program-Related Investments			X				

2. Do you have any geographic limitations, priorities or preferences to your funding decisions? (If yes, please explain) yes Capital and Operating grants are primarily limited to organizations in the state of Delaware and southeastern Pennsylvania

3. What limitations or restrictions occur in your funding decisions? In other words, what types of support do you NOT provide We do not provide support for Endowment, politically affiliated organization or causes, schools (public-private- charter), religious organizations/churches, fraternal organizations, individuals or small groups, organizations that discriminate based on race- creed- color- religion- gender- age- national origin- sexual orientation- physical or mental disability, organizations not designated charitable under the IRS code

4. Do you have any policies regarding grant-making to an organization which is a member of United Way? Do not provide operating or program funds to full member agencies

**C. APPLICATION INFORMATION**

75. How should the initial approach to your organization occur?

- Phone
- Letter
- Personal Visit or Appointment
- Proposal with Cover Letter
- Proposal only
- E-mail or web-based form on foundation website

76. How do you prefer applications be submitted?

- Mail
- Via our website
- Delivered in person
- To the following e-mail address: \_\_\_\_\_

77. Do you have a specific Application Form that must accompany the proposal? NO

Application URL: \_

What, if any, application deadline(s) exist? NONE

78. When and how often do Board Meetings occur? quarterly- March/June/September/December

79. What is the time frame for **notification of approval** of the grant application? Within two weeks of the meeting at which the grant request was reviewed

80. Do you notify an organization if a decision is made to **not** fund their request?

Yes     No

81. Does your organization provide, upon request, any of the following documents?

	Yes	No
• Annual Report	<input checked="" type="checkbox"/>	<input type="checkbox"/>
• Corporate Giving Report	<input type="checkbox"/>	<input checked="" type="checkbox"/>
• Grant Application Guidelines	<input checked="" type="checkbox"/>	<input type="checkbox"/>
• Other ( _____ )	<input type="checkbox"/>	<input type="checkbox"/>

#### D. FINANCIAL INFORMATION

1. Please give the following information regarding your grant-making activities **during your most recent fiscal year:**

Fiscal Month/Year Ended:                    2002

Total Grant Budget/Assets:                \*\*  
(for most recent year)

Total Number of Grants Awarded:        260

Number of Grants in Delaware:            246

Total Amount of Grants Awarded:        \*\*

- Highest Grant Awarded:                \$100,000.00
- Lowest Grant Awarded:                 \$100.00
- Range of Average Grant:                \$2,500 to \$5,000

2. What is the source of funds for your grant-making program? corpdollars, \*\*, \_\_\_\_\_

**DIRECTORY OF DELAWARE GRANTMAKERS**  
**Delaware Community Foundation**

1. Name of Organization: **Winterthur Museum, Garden, and Library**

2. Category: museum

3. Mailing Address: Academic Programs Winterthur Museum  
 Winterthur, DE 19735

4. Phone 302-888 FAX: 302-888-4740

5. E-mail academicprograms@winterthur.org Website www.winterthur.org

Name and Title of Contact Person: Gretchen Buggeln, Director, Research Fellowship Program

6. Year and Location of Incorporation:

7. Does your organization have a formally organized giving program? yes

8. Does your organization make grants in the state of Delaware? yes

**A. PURPOSE AND ACTIVITIES**

1. What types of activities does your organization or giving program support?  
 (Please check ALL that apply.)

**Cultural**

- General
- Painting/Sculpture
- Literature
- Music
- Theatre
- Dance
- Museums

**Education**

- General
- Early Childhood
- Elementary/Secondary
- College/University
- Vocational
- Adult/Continuing Ed.
- Special Education
- Specific Programs

**Health**

- General
- Education/Preventative
- Mental Health
- Alcohol/Drug
- AIDS
- Medical Care & Treatment
- Research

**Social Welfare**

- General
- Poverty Issues
- Homelessness
- Elderly
- Child Care
- Disabilities/Handicaps
- Literacy
- Teen Pregnancy
- Infant Mortality
- Housing Development
- Economic Development
- Youth/At-Risk Youth
- Criminal Justice Issues
- Leadership Development

**Religious**

- General
- Education
- Specific Church or Synagogue
- \_\_\_\_\_ (name)

**Environmental Concerns**

- General
- Energy
- Conservation
- Preservation

**Other (Specify as needed)**

\_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_



86. What is the time frame for **notification of approval** of the grant application? By April 15

87. Do you notify an organization if a decision is made to **not** fund their request?  
  X   Yes           No

88. Does your organization provide, upon request, any of the following documents?

- |                                | Yes           | No            |
|--------------------------------|---------------|---------------|
| • Annual Report                | <u>      </u> | <u>  X  </u>  |
| • Corporate Giving Report      | <u>      </u> | <u>  X  </u>  |
| • Grant Application Guidelines | <u>      </u> | <u>  X  </u>  |
| • Other ( _____ )              | <u>      </u> | <u>      </u> |

#### D. FINANCIAL INFORMATION

1. Please give the following information regarding your grant-making activities **during your most recent fiscal year:**

Fiscal Month/Year Ended:            08/  
Total Grant Budget/Assets:         \$80,000  
(for most recent year)

Total Number of Grants Awarded:    22  
Number of Grants in Delaware:

Total Amount of Grants Awarded:

- Highest Grant Awarded:            \$15,000
- Lowest Grant Awarded:             \$1,500
- Range of Average Grant:         \$1500/MONTH

2. What is the source of funds for your grant-making program? SPECIFIC ENDOWMENTS

3.

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