

FY21 Capital Grant Application

Delaware Community Foundation

Organization Information

Primary Organization Name

Character Limit: 250

EIN*

Character Limit: 250

Is your Organization a 501(c)3 as designated by the IRS?

The Delaware Community Foundation only accepts applications from 501(c)3 nonprofits.

Choices

Yes

No

Mission Statement*

Character Limit: 1000

Organization History*

Brief History of the Organization, please include how many years the organization has been operating.

Character Limit: 250

What is the geographical area that your organization serves?*

Choices

New Castle County

City of Wilmington

Kent County

Sussex County

Statewide

Please enter the Zip Code(s) of the area your organization serves*

Character Limit: 50

Organization Website

Character Limit: 2000

Organization's Annual Operating Budget*

Character Limit: 20

Capital Funding Request

Project Name*

Character Limit: 100

Project Start Date*

Character Limit: 10

Project End Date*

Must be after December 31, 2020 to qualify for funding.

Character Limit: 10

Amount Requested*

Character Limit: 20

Organizational Capacity*

Describe your organizational capacity to complete the project:

- Capacity this funding would support
- Example of Successful completion of a similar project and its current status

Character Limit: 1500

Other Funding*

Please include a list of all other funding sources for this capital project only (grants, gifts, in-kind donations, and loans):

- Amount of the Contribution
- Pending Requests
 - Requested Amount
 - Anticipated Decision Date
 - Declines

Character Limit: 1000

Total Project Budget*

Character Limit: 20

Project Description*

Briefly describe the project, how it aligns with the organization mission, and DCF grant guidelines.

Character Limit: 750

Project Execution*

Briefly describe who will execute the capital project, timeline, and plan for possible project setbacks.

Character Limit: 500

Impact*

What are the current organizational or programmatic obstacles that will be eliminated by completing this capital project?

Character Limit: 2500

Site Visit Location & Contact Person*

If a virtual site visit needs to be scheduled for your organization, please indicate the best location and the contact person (include name, e-mail & phone).

Character Limit: 500

Diversity, Equity, and Inclusion (DEI)

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

Incorporating the values of Diversity, Equity, and Inclusion*

At the DCF, we are committed building opportunity for all. To be successful, we know that a focus on equity is crucial. The DCF has made several organizational commitments.

We would like to hear from you on how your organization is incorporating DEI values:

- For example, do you incorporate the perspectives of the population served in program design and delivery?
- Has your organization hosted cultural sensitivity training for staff and/or board of directors?
- Is your organization seeking out cross-cultural experiences that encourage awareness of other cultures or spend a day in the life of the community members you serve?

Character Limit: 750

What are the demographics of your Organization's Board of Directors?

How many serve on your Board of Directors*

Character Limit: 20

Board of Director's Demographic: Gender Makeup*

Please share the gender breakdown makeup of your Board of Director's. e.g.: 4 men, 4 women, and 1 who chose to not self-identify.

Character Limit: 250

Board of Directors: Racial/Ethnic Makeup*

Please share the racial/ethnic makeup of the organization Board of Directors

Choices

- Black/African American
- American Indian/Alaska Native
- Asian American
- Native American/Other Pacific Islander
- Hispanic/Latinx
- Not Hispanic/Latinx
- White/Caucasian
- Other/Mixed Race/Ethnicity

Please note the number of Board of Directors that identify as a minority population*

Please note the number of Board of Directors that identify as a minority population; i.e.

- 2 identify as Black/African American
- 2 identify as Hispanic/Latinx
- etc...

Character Limit: 500

What are the demographics of those that you serve?

Population Served Demographic: Age*

Please share the ages of the population your organization serves.

Choices

- Birth to Five
- 5 - 12
- 13 - 18
- Young Adults (19 - 25)
- Adults (25 - 59)
- Seniors (60+)

Population Served Demographic: Race/Ethnic Makeup*

Choices

- White/Caucasian
- Black/African American
- American Indian/Alaska Native
- Asian American

Native Hawaiian/Other Pacific Islander
Hispanic/Latinx
Other/Mixed Race/Ethnicity

Population Served Demographic: Gender Identity*

Choices

Female
Male
Non-Binary
Choose not to identify

Please list any goals related to DEI your Organization hopes to achieve in the future.*

If your organization does not have any active efforts that incorporate a DEI lens into your work, or you're looking to expand on your current work; please list any DEI goals your organization hopes to achieve in the future (e.g. developing a more diverse board of directors, conducting yearly cultural competency trainings with staff, active inclusion of diverse vendors, mechanisms for senior accountability for DEI performance, etc.).

Character Limit: 750

Required Attachments

Project Budget*

File Size Limit: 1 MB

Organization Budget*

File Size Limit: 4 MB

Most recent audited or independently reviewed financial statements*

File Size Limit: 8 MB

Board List*

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

File Size Limit: 1 MB

IRS Determination Letter (501(c)3)*

File Size Limit: 1 MB

Additional Attachment (Optional)

Optional: If needed, please upload an additional attachment that supports your proposal (e.g. a quote received for work that is part of the project). Describe the attachment briefly.

Character Limit: 100 | File Size Limit: 18 MB

Required Signatures

Signature of Applicant Organization's Executive Director/CEO**

By typing your name below, you confirm applicant organization does not discriminate in staffing or services on the basis of race, religion, gender, age, disability, national origin, or sexual orientation.

Character Limit: 50

Signature of Person Completing Application**

By typing your name below, you confirm applicant organization does not discriminate in staffing or services on the basis of race, religion, gender, age, disability, national origin, or sexual orientation.

Character Limit: 50

Payment Processing

Grants will be processed through Direct payment via ACH transfer. Please complete the fields below to allow the Delaware Community Foundation to award grants to your organization.

Authorization of Payment*

I (we) authorize the Delaware Community Foundation ("Company") to electronically debit my (our) account (and, if necessary, electronically credit my (our) account to correct erroneous debts) as follows:

Choices

Checking Account
Savings Account

Attach Bank Details (Voided Check or Letter from Bank)

Please attach either a voided check or a letter from the bank verifying your account number. This will allow for accuracy of bank details and for efficient payment processing.

File Size Limit: 6 MB

Signature: Agree and Approval for Payment Processing: By typing your name below:*

I(we) understand that this authorization will remain in full force and effect until I(we) notify COMPANY in writing that I(we) wish to revoke this authorization. I(we) understand that COMPANY requires at least 5 business days prior notice in order to cancel this authorization.

Character Limit: 50

