

2021 Community Needs Grant

Delaware Community Foundation

Organization Information

Organization Eligibility

- In 2020, the organization must have had an operating budget for the fiscal year of at least \$25,000, but not more than \$750,000.
- Organizations must be actively providing services.
- Must be a 501(c)(3) public charity in good standing.
- 100% of the requested amount must benefit Delaware communities.
- Organizations are eligible to apply even if they received funding previously from the Delaware COVID-19 Strategic Response Fund (March – September 2020).

Organization Name*

Character Limit: 250

Organization Address*

Character Limit: 250

Organization Phone*

Character Limit: 50

EIN

Character Limit: 250

Is this program fiscally sponsored by another organization?

Choices

Yes

No

If applicable, please share more about the fiscal sponsorship.

If applicable, please list the organization that serves as fiscal sponsor. Please also upload documentation verifying your fiscal sponsor relationship.

(Please put n/a if this does not apply.)

Character Limit: 200 | File Size Limit: 2 MB

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

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

Choices

Yes

No

NTEE Code*

National Taxonomy of Exempt Entities (NTEE) is a classification system developed by the National Center for Charitable Statistics.

Please find the codes and descriptions here, and choose the code that is your organization's primary classification (this is also in a Guidestar profile, if your organization has one).

Choices

- A - Arts, Culture & Humanities
- B - Education
- C - Environment
- D - Animal-Related
- E - Health Care
- F - Mental Health & Crisis Intervention
- G - Voluntary Health Associations & Medical Disciplines
- H - Medical Research
- I - Crime & Legal-Related
- J - Employment
- K - Food, Agriculture & Nutrition
- L - Housing & Shelter
- M - Public Safety, Disaster Preparedness & Relief
- N - Recreation & Sports
- O - Youth Development
- P - Human Services
- Q - International, Foreign Affairs & National Security
- R - Civil Rights, Social Action & Advocacy
- S - Community Improvement & Capacity Building
- T - Philanthropy, Voluntarism & Grantmaking Foundations
- U - Science & Technology
- V - Social Science
- W - Public & Societal Benefit
- X - Religion-Related
- Y - Mutual & Membership Benefit
- Z - Unknown

Mission Statement and Brief Background about your organization*

Character Limit: 10000

Year your organization was Founded?*

Character Limit: 30

Organization Website*

Character Limit: 2000

Executive Director Name*

Character Limit: 150

Executive Director Email*

Character Limit: 100

Primary Contact Name*

Character Limit: 100

Primary Contact Email*

Character Limit: 100

Primary Contact Phone*

Please include phone number that we can reach the primary contact directly, i.e. mobile phone or office line if phones are being directed to offsite working space.

Character Limit: 100

About your Request

What is the total annual operating budget for your organization?*

Character Limit: 20

Request Amount*

Character Limit: 20

Demonstrate a Revenue Gap

Below, please demonstrate a decrease in revenue (due to decreased program revenue or noncapital fundraising revenue) in fiscal year 2020, based on a comparison with the prior fiscal year, or a gap in revenue that does not meet increased demand for services.

FY19 Revenue*

Character Limit: 20

FY20 Revenue*

Character Limit: 20

Below please choose the main driver for the revenue gap*

Choices

- Program Revenue
- Fundraising Revenue
- Increased Demand

Included a description of how COVID-19 Contributed to this decrease or gap.*

Character Limit: 500

Steps taken to pivot your Operations?*

In fiscal year 2020, what steps have you taken to pivot your operations, or respond to revenue gaps?

Character Limit: 1000

How is your organization addressing the challenges of the COVID-19 pandemic*

How is your organization addressing the economic, social, and emotional challenges of communities disproportionately impacted by COVID-19? Please be specific about the communities you serve and the challenges they face?

Character Limit: 1000

What is the measurable impact your organization is providing to the community?*

What is the measurable impact your organization is providing to the community, which will be supported by this grant?

Character Limit: 1000

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.**

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

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

Required Attachments

Attach Financials - Statement of Revenue page or Board Approved Accounting Records*

Please choose the option that best fits your organization:

- To support the request, applicants will be asked to submit a Statement of Revenue page of its 990 Part VIII for FY19 and FY20.
- For organizations that do not file 990s or do not have a completed 990 for each year (FY19 and FY20), accounting records showing the Board-approved budget and actuals will be accepted.
- For organizations that have only completed one fiscal year, accounting records showing the Board-approved budget and actuals will be accepted.

File Size Limit: 2 MB

Current Operating Budget*

File Size Limit: 5 MB

Board list, including professional affiliation

File Size Limit: 2 MB

Most recent form 990 tax form

File Size Limit: 4 MB

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 to electronically credit my (our) account (and, if necessary, electronically debit my (our) account to correct erroneous credits) 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: 2 MB

Signature: Agree and Approval for Payment Processing*

By typing your name below:

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

Character Limit: 250