

2021 Specific Interest Grants

Delaware Community Foundation

Organization Information

Primary Organization Name

Character Limit: 250

EIN

Character Limit: 250

Is this program fiscally sponsored by another organization?*

Choices

Yes

No

If applicable, share more about the fiscal sponsorship.

List the organization that serves as your fiscal sponsor. Upload documentation verifying your fiscal sponsor relationship.

Character Limit: 100 | File Size Limit: 1 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

Organization Mission Statement*

Character Limit: 1000

For which Specific Interest Grant opportunity are you applying?*

Click [here](#) for more information

Choices

- Small Grants for Arts in Wilmington
- Fulfillment of Terminally Ill Children’s Wishes
- Support Animals and Animal Welfare

Geographic Areas Served (list)*

Be as specific as possible, including specific counties, as well as specific cities and communities that your Organization serves.

Character Limit: 1000

Organization Website

Character Limit: 2000

Organization's Annual Operating Budget*

Character Limit: 20

Small Grants for Arts in Wilmington

Made possible through the Dave Ryerson Fund at the DCF, these small grants will support charitable organizations that support the arts in Wilmington.

The opportunity is designed for small organizations or larger organizations with smaller, discrete projects. Supported projects include the presentation of performing, visual, literary, media or folk arts in communities throughout Wilmington, and that reach audiences and participants with limited access to the arts or to a particular art form.

Awards will range from \$1,000 to 2,500.

Program Name*

Character Limit: 250

Program Start Date*

Character Limit: 10

Program End Date*

Must be after June 1, 2021 to qualify for funding.

Character Limit: 10

Request Amount*

Awards will range from \$1,000 to 2,500

Character Limit: 20

Total Program Budget*

This should tie to the attached program budget outlining how DCF dollars will be used.

Character Limit: 20

Program Abstract*

The project abstract may be shared with select DCF fundholders, after being vetted by the DCF Grants Committee. Make it clear, concise, and compelling.

The Project Abstract should include a brief description, the need for the project, the population it will serve, project goals and outcomes.

Character Limit: 1200

Program Description*

Provide a description of the proposed arts program and how it will benefit the community you serve and build opportunity. Specifically address how the program meets the goals of the *Small Arts in Wilmington* grant for which you are applying (details can be found at here).

Character Limit: 5000

Program Location*

What specific area of Wilmington will be served by this program? Include zip code and "neighborhood" e.g. EastSide Wilmington, 19802.

Character Limit: 5000

Describe the population served by the program for which you are requesting support*

Define the target population your program is intended to benefit. This will include age, gender, ethnicity, and other relevant data to better understand who will benefit from the program.

Character Limit: 5000

Fulfillment of Terminally Ill Children's Wishes and Support Animals and Animal Welfare Grant

Fulfillment of Terminally Ill Children's Wishes

Made possible through the Walls & Turner Charitable Fund at the DCF, these grants will support charitable organizations that:

- Grant the dreams and wishes of chronically and terminally ill children of families with limited financial resources in Delaware
- Grant the dreams and wishes of chronically and terminally parents with children in Delaware who do not have the financial resources for sharing a dream or wish with their children before their expected deaths

Awards will range from \$2,500 to \$7,500.

Support Animals and Animal Welfare

Made possible through the Walls & Turner Charitable Fund at the DCF, these grants will support charitable organizations that:

- Assist in the training of professionally trained seeing eye dogs and service assistance dogs for blind individuals, deaf individuals and/or individuals with mobility impairments and/or other physical disabilities
- Provide support services in connection with the placements of such dogs with eligible recipients who are residents of the State of Delaware who demonstrate a drive to become more independent and who would not be able to acquire such dogs without financial assistance
- Encourage the humane treatment of animals in Delaware through education of the public, adoption of animals without owners, neutering, and enforcement of laws governing the humane treatment of animals.

Awards will range from \$2,500 to \$7,500.

Program Name*

Character Limit: 100

Program Start Date*

Character Limit: 10

Program End Date*

Must be after June 1, 2021 to qualify for funding.

Character Limit: 10

Request Amount*

Awards will range from \$2,500 to \$7,500

Character Limit: 20

Total Program Budget*

This should tie to the attached program budget outlining how DCF dollars will be used.

Character Limit: 20

Program Abstract*

The project abstract may be shared with select DCF fundholders, after being vetted by the DCF Grants Committee. Make it clear, concise, and compelling.

The Project Abstract should include a brief description, the need for the project, the population it will serve, project goals and outcomes.

Character Limit: 1200

Program Description*

Provide a description of the proposed program and how it will benefit the community you serve and build opportunity. Specifically address how the program meets the goals of the Specific Interest grant for which you're applying.

Fulfillment of Terminally Ill Children's Wishes

Support Animals and Animal Welfare

Character Limit: 5000

Program Location*

What specific location will be served by this program? Include zip code and "neighborhood" e.g. Laurel, (Western Sussex) 19956

Character Limit: 1000

Describe the population served by the program for which you are requesting support*

Define the target population your program is intended to benefit. This will include age, gender, ethnicity, and other relevant data to better understand who will benefit from the program.

Character Limit: 2000

Funding

Substantiate Need*

Describe the specific uses of DCF funds for the program. If this is part of a larger or longer-term project, specify how DCF funds will be used within the phases of the project.

Character Limit: 1000

Organizational Capacity*

What is your experience working on this type of project? Who will be responsible for the project's oversight and what are their qualifications?

Character Limit: 1500

Other Funding*

Include a list of all other funding sources for this **Project Only** (grants, gifts, in-kind donations, and loans), including the amount of the contribution and its current status.

Include requests that are pending, the requested amount and anticipated decision date. Also note requests that were pursued but not funded.

Character Limit: 1000

Program Outcomes and Impact

Current Program Status*

If this is an ongoing program, enter how many are **currently** being served.

If this is a NEW program enter the **forecast amount** that will be served in Year 1.

Character Limit: 250

Forecast Program Status*

Enter the projected increase of participants that will be served during the grant year.

If this is a NEW program, enter 0.

Character Limit: 250

Program Outcomes Plan*

The next few questions are designed to help us understand the intended results of the proposed program.

In the space below, describe:

- **Activities:** Actions used to bring about the intended program changes, results or impact.
- **Outputs:** Direct products of project activities, such as countable targets of service to be delivered.
- **Outcomes:** Intended/Desired outcomes or results during the grant year.

Share at least three activities - with corresponding outputs and outcomes - and no more than five.

Provide your responses in a concise, bulleted list format, e.g.:

Activity 1: *Example - Host weekly one-hour tutoring sessions*

Outputs for Activity 1

- *Example: - 100 students participate in weekly sessions*

Outcomes for Activity 1

- *Example - 80% of the students will take one or more advanced or AP class each semester*

Character Limit: 7500

Measurement and Evaluation Practices*

Throughout the grant year, the DCF will request a written mid-year update and a virtual end of year report. To prepare, list bullets of ways your organization will measure success and evaluate the program. We will ask about progress toward these points in the mid-year and end of year report.

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 eligibility of your proposal.**

Incorporating the values of Diversity, Equity, and Inclusion*

At the DCF, we are committed to 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*

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*

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*

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*

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

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; 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

DCF Program Budget Template*

The DCF provided budget template will help the Grants Committee better understand how the DCF funds will be used to drive the execution of the project or program being proposed for

funding.

Click [HERE](#) to download the DCF provided budget template.
Please download, complete, and attach/upload to the application.

If a program budget is not attached, the proposal will be disqualified.

File Size Limit: 5 MB

Organization Budget*

Current Organization Budget

File Size Limit: 5 MB

Board List*

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

File Size Limit: 5 MB

IRS Determination 501(c)3 Letter*

File Size Limit: 3 MB

Additional Attachment (Optional)

Upload a photo or other collateral that helps visually support the proposed project. Include a brief description of the attached photo. **Note that these will be reviewed as a part of the evaluation process and may be shared with select DCF Fundholders.**

Character Limit: 100 | File Size Limit: 7 MB

Payment Processing

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

Authorization of Payment*

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

Choices

Checking Account

Saving Account

Attach Bank Details (Voided Check or Letter from Bank)*

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

File Size Limit: 2 MB

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

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

Character Limit: 100

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