# 2021 Caesar Rodney Rotary Foundation (CRRF) Grant

Delaware Community Foundation

## Organization and Project Information

#### **Primary Organization Name**

Character Limit: 250

#### **EIN**

Character Limit: 250

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

The Caesar Rodney Rotary Foundation (CRRF) New Castle County Youth Empowerment Fund at the Delaware Community Foundation only accepts applications from 501(c)3 nonprofits.

#### Choices

Yes

No

#### Mission Statement\*

Character Limit: 1000

## Geographic Areas Served (list)\*

List the New Castle County, Delaware areas served. Please list specific communities.

Character Limit: 1000

#### Organization Website

Character Limit: 2000

## Project Name\*

Character Limit: 100

#### **Project Description\***

Briefly describe the project.

Character Limit: 2500

#### **Opportunity or Need**

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Please describe why the project is necessary, and the opportunity or need it will address for youth and young adults (ages birth through 25 years) who are underserved and at risk for not having the skills and support for a self-sufficient future.

Character Limit: 3000

#### Population Served\*

Define the target population your project is intended to benefit.

Please include number and ages of participants and other relevant local data.

What percentage of the participants are at risk?

How will you attract and retain participants?

Character Limit: 2000

#### Impact and Measures of Success\*

Describe the anticipated impact of the proposed project. How will success toward achieving that impact be measured?

Character Limit: 2500

#### Amount Requested\*

Note: Maximum available is \$2500

Character Limit: 20

#### Total Project Budget\*

Character Limit: 20

## **Organization's Annual Operating Budget\***

Character Limit: 20

#### **Project Start Date\***

Character Limit: 10

## Project End Date\*

Character Limit: 10

#### Collaborations\*

Please indicate any collaborators with whom you are working on this project.

Character Limit: 1500

## **Funding**

#### Substantiate Need\*

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

Character Limit: 1500

#### Other Funding\*

Please include a list of all other funding sources for this project only, including the amount of the contribution. Include requests that are pending, including the requested amount and anticipated decision date. Please also note requests that were pursued but not funded.

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.

For example: 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

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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.

#### For example:

- 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

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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

## **Project Budget\***

File Size Limit: 1 MB

#### Organization Budget\*

File Size Limit: 4 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

## 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

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## 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

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