2022 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 Arts Grants
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 Arts Grants**

Made possible through the Dave Ryerson Fund and the Beekhuis Community Fund at the DCF, these small grants will support charitable organizations that support the arts throughout Delaware.

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 Delaware, 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 Grant* for which you are applying (details can be found at here).
Program Location*
What specific community will be served by this program? Include zip code and "neighborhood" e.g. EastSide Wilmington, 19802.

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.

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.

Program Name*

Program Start Date*
The program can start before funding is received.

Program End Date*
Must be after June 1, 2021 to qualify for funding.

Request Amount*
Awards will range from $2,500 to $7,500
**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

*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*

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**Support Animals and Animal Welfare**
Support Animals and Animal Welfare

Made possible through the Walls & Turner Charitable Fund and the Freida Dolby 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*
The program can start before funding is received.
Character Limit: 10

Project End Date*
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.

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)

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. The link will take you to DropBox, DOWNLOAD the template, 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
**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*