

2022 YPB Kent Grant Application

Delaware Community Foundation

Organization and Program Information

Focus Statement

The YPB of Kent County will consider supporting non-profits that provide assistance for mental health and healthcare services for the underprivileged and uninsured community.

Character Limit: 250

Primary Organization Name

Character Limit: 250

EIN

Character Limit: 250

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

The Youth Philanthropy Board only accepts applications from 501(c)3 nonprofits.

Choices

- Yes
- No

Organization Website

Character Limit: 2000

Mission Statement*

Character Limit: 1000

Geographic Areas Served*

Please list all the main areas of Kent County where your clients come from. If they come from all over Kent Co., put All of Kent County as your answer.

Character Limit: 250

Program Name*

Character Limit: 100

Which areas of the focus statement does your program apply to?*

Choices

- Medical (non-mental health) Services
- Mental Health
- Both

Program Description*

Please describe your program, its objectives, and anticipated benefit to the community. If the program you are applying for has a specific benefit to the community, please list that, e.g. Cancer screenings, pre-natal care, women's reproductive care, suicide prevention, etc.

Character Limit: 5000

Amount Requested*

Maximum Request \$5,000

Character Limit: 20

Total Program Budget*

Character Limit: 20

Organization's Annual Operating Budget*

Character Limit: 20

Program Start Date*

Character Limit: 10

Program End Date (if applicable)*

Must be after May 31, 2022 to qualify for funding.

Character Limit: 10

Population Served*

Define the target population your program is intended to reach. **(Include number and ages of participants.)** How will you attract and retain participants?

Character Limit: 2000

Please list the location(s) of the program and the hours of operation.*

Character Limit: 1000

Site Visit Contact Person*

Site visits in 2022 **could be** via Zoom which the YPB will schedule through the Coordinator. Please tell us whom to reach out to, their cell phone and email, to schedule the Site Visit.

Character Limit: 500

Is this a new program? If not, how long has it been in existence?*

Character Limit: 200

Goal Measurement*

Please explain how program outcomes will be measured.

Character Limit: 2500

Funding & Payment Processing

YPB Funding*

If your organization is awarded a grant, please outline specifically how YPB funds will be used within your program.

Character Limit: 1500

How will your program be affected if it is **not** funded by the Youth Philanthropy Board? How will your program be affected if it receives **partial** funding from the Youth Philanthropy Board? *

Character Limit: 500

Should your application be approved, grants will be processed through Direct payment via ACH transfer. Please complete the fields below to allow the Delaware Community Foundation to make safe, quick awards to your organization.

Has Your Organization Received a Previous ACH Grant Payment from DCF?*

If you have received a grant from the DCF since March, 2020, answer yes; you may then skip the boxes below. If you don't know or have not received a grant in the past, please fill out the boxes below.

Also, if you think you have different bank information, please fill out the boxes below.

Choices

Yes

No

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: 2 MB

SIGNATURE: Agree & Approval for Payment Processing*

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

Diversity, Equity & 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.

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?

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

How many serve on your Board of Directors?*

Character Limit: 100

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*

Click all that apply.

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*

Click all that apply.

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

Program Budget*

File Size Limit: 1 MB

Organization Budget*

File Size Limit: 4 MB

501(c) Letter*

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

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