

# YPB NCC Grant Application

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*Delaware Community Foundation*

## *Organization and Program Information*

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### **Focus Statement**

The New Castle County YPB will consider supporting non-profits that promote equitable education for individuals experiencing mental health issues, or are in the foster care system, or who have learning disabilities.

*Character Limit: 250*

### **Primary Organization Name**

*Character Limit: 250*

### **EIN**

*Character Limit: 250*

### **What year was the organization founded?\***

*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

### **Mission Statement\***

*Character Limit: 1000*

### **Geographic Areas Served\***

*Character Limit: 1000*

### **Organization Website**

*Character Limit: 2000*

### **Program Name\***

*Character Limit: 100*

### **Amount Requested\***

Maximum Request \$2,500

*Character Limit: 20*

## Total Program Budget\*

*Character Limit: 20*

## Organization's Annual Operating Budget\*

*Character Limit: 20*

## Which "special consideration" areas of the focus statement does your program apply?\*

### Choices

Mental Health

Foster Care

Learning Disabilities

## If other chosen, please list here:

*Character Limit: 100*

## Program Description\*

How does your program fit with the YPB's specific challenges in the focus statement? Briefly describe your program, its objectives, strategies and ways it will promote equitable education for individuals experiencing mental health issues, or are in the foster care system, or who have learning disabilities.

*Character Limit: 2000*

## Program Start Date\*

*Character Limit: 10*

## Program End Date\*

YPB funding is not a reimbursement grant, the program must end after May 1, 2022 to qualify for funding.

*Character Limit: 10*

## Impact you Seek: Outcomes\*

List desired grant outcomes of the program during grant year.

*Character Limit: 1500*

## Contact for Virtual Site Visit\*

If a site visit needs to be scheduled for your organization, please indicate the best contact person (include name, e-mail & phone).

*Character Limit: 500*

## Funding

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### YPB Funding\*

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

*Character Limit: 1500*

### Other Funding\*

Please tell us whether or not funding from other sources has been received **for this program. If so, please list them.**

*Character Limit: 1000*

## Diversity, Equity, and Inclusion (DEI)

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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.

### Incorporating the values of Diversity, Equity, and Inclusion

At the DCF, we are committed 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?
- What are the demographics of your Organization's Board of Directors?

### How many serve on your Board of Directors\*

*Character Limit: 25*

### 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*

### 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: 250*

What are the demographics of those that you serve?

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

## Please 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; please 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

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### Program Budget\*

*File Size Limit: 1 MB*

### Organization Budget\*

*File Size Limit: 4 MB*

### 501(c)3 Letter\*

*File Size Limit: 1 MB*

## Required Signatures

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### 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*

## *Payment Processing*

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### **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 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: 250*