YPB NCC Grant Application

Delaware Community Foundation

Organization and Program Information

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.

Primary Organization Name

EIN

What year was the organization founded?*

Is your Organization a 501(c)3 as designated by the IRS?
The Youth Philanthropy Board only accepts applications from 501(c)3 nonprofits.

Mission Statement*

Geographic Areas Served*

Organization Website

Program Name*

Amount Requested*
Maximum Request $2,500
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

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)
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

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

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**

**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*