

# 2022 Nanticoke Rotary Grant Application

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*Delaware Community Foundation*

## *Organization and Program Information*

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Available to any nonprofit organization, including any qualified school (public or private) on the Delmarva Peninsula, with particular emphasis given to Western Sussex County. All applicants within the Delmarva region will be considered by the Foundation Committee. Please, no applications for programs outside of Sussex County will be considered.

The Foundation does not support fundraising activities, PR initiatives, operating costs, travel expenses, or individuals.

*Character Limit: 250*

### **Primary Organization Name**

*Character Limit: 250*

### **Contact Person\***

*Character Limit: 100*

### **Title of Contact Person\***

*Character Limit: 100*

### **Address of Contact Person\***

*Character Limit: 250*

### **Contact Email\***

*Character Limit: 254*

### **Contact Phone Number\***

*Character Limit: 250*

### **EIN**

*Character Limit: 250*

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

Nanticoke Rotary only accepts applications from 501(c)3 nonprofits.

#### **Choices**

Yes

No

**Amount Requested\***

Maximum Request \$5,000

*Character Limit: 20*

**Program Name\***

*Character Limit: 100*

**Program location(s):\***

*Character Limit: 250*

**Program Start Date\***

*Character Limit: 10*

**Program Description\***

Briefly describe the community project that the grant will be used for. You may include, but not limited to, why this particular project is needed in the community, and who the project directly affects.

*Character Limit: 2500*

**Mission Statement\***

Describe the mission statement and organization's objectives.

*Character Limit: 1000*

## *Diversity, Equity & 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 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: 1000*

## Funding & Payment Processing

**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

Savings Account  
Checking 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: 3 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: 150*

## *Required Attachments*

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### **Program Budget\***

*File Size Limit: 1 MB*

### **501(c) Letter\***

*File Size Limit: 1 MB*

## *Required Signatures*

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### **Signature of Applicant Organization's Executive Director/CEO/President\*\***

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. You also acknowledge that you have read, understood and agree with the above.

*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*