

2022 Georgetown-Millsboro Rotary Grant Application

Delaware Community Foundation

Organization and Program Information

Grants are available to any qualified 501c3 nonprofit organization. If you received a grant in the 2021 grant cycle, you MAY NOT apply this year for a 2022 grant.

Georgetown-Millsboro Rotary grants are:

- Awarded to programs that serve the Georgetown and Millsboro areas,
- Typically range between \$500 and \$5000,
- Made to organizations that support:
 - Programs that assist the disadvantaged or are
 - Community service endeavors

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

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

Georgetown-Millsboro Rotary only accepts applications from 501(c)3 nonprofits.

Choices

Yes

No

EIN

Character Limit: 250

Mission Statement*

Describe the mission statement and organization's objectives.

Character Limit: 1000

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 Georgetown-Millsboro Rotary grant will be used for. You may include, but not limited to, why this particular project is needed in the community, and specifically who the project directly affects.

Character Limit: 3000

Other funding sources*

Tell us if you have obtained, or plan to ask for other monies from other sources, to fund this program/project.

Character Limit: 1000

Action Plan*

Describe the specific steps and timeline to accomplish your objectives and the people and/or other organization(s) involved.

Character Limit: 2500

Evaluation*

Describe how the outcome of the project will be measured and/or what will be considered a successful result.

Character Limit: 2500

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.

Incorporating the Values of Diversity, Equity & Inclusion

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 of other cultures or spend a day in the life of 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: 100

Board of Director's Demographic: Gender Makeup*

Gender breakdown makeup of your Board of Directors.

For example: 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
 Native Hawaiian/Other Pacific Islander
 Asian American
 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.

For example:

- 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*

Choices

- Black/African American
- American Indian/Alaska Native
- Native Hawaiian/Other Pacific Islander
- Asian American
- Hispanic/Latinx
- White/Caucasian
- Other/Mixed Race/Ethnicity

Population Served Demographic: Gender Identity*

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 for staff, active inclusion of diverse vendors, mechanisms for senior accountability for DEI performance, etc.)

Character Limit: 750

Required Attachments

Program Budget*

Please make sure all income sources (known or anticipated) are listed to fund this program/project.

File Size Limit: 2 MB

501(c) Letter*

File Size Limit: 1 MB

Board of Directors List*

Please upload your most completed list of Board of Directors for your organization.

File Size Limit: 2 MB

Testimonials or Articles on Organization*

If you have any recent articles or testimonials you can share with us, please upload them as a PDF document.

File Size Limit: 4 MB

Payment Processing

Grants will be processed through Direct payment via ACH transfer. Complete the fields below to allow the Delaware Community Foundation to award grants 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 credit my (our) account (and, if necessary, electronically debit my (our) account to correct erroneous credits) as follows:

Choices

Checking Account

Savings Account

Attach Bank Details (Voided Check or Letter from Bank)

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: 250

Required Signatures

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