

# 2023 Specific Interest Grants

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*Delaware Community Foundation*

## *Organization Information*

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### Primary Organization Name

*Character Limit: 250*

### EIN

*Character Limit: 250*

### Is this program fiscally sponsored by another organization?\*

#### Choices

Yes

No

### If applicable, share more about the fiscal sponsorship.

List the organization that serves as your fiscal sponsor. Upload documentation verifying your fiscal sponsor relationship.

*Character Limit: 100 | File Size Limit: 1 MB*

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

The Delaware Community Foundation only accepts applications from 501(c)3 nonprofits.

#### Choices

Yes

No

### NTEE Code\*

National Taxonomy of Exempt Entities (NTEE) is a classification system developed by the National Center for Charitable Statistics.

Please find the codes and descriptions here, and choose the code that is your organization's primary classification (this is also in a Guidestar profile, if your organization has one).

#### Choices

A - Arts, Culture & Humanities

B - Education

C - Environment

D - Animal-Related

E - Health Care

F - Mental Health & Crisis Intervention

G - Voluntary Health Associations & Medical Disciplines

H - Medical Research

I - Crime & Legal-Related

- J - Employment
- K - Food, Agriculture & Nutrition
- L - Housing & Shelter
- M - Public Safety, Disaster Preparedness & Relief
- N - Recreation & Sports
- O - Youth Development
- P - Human Services
- Q - International, Foreign Affairs & National Security
- R - Civil Rights, Social Action & Advocacy
- S - Community Improvement & Capacity Building
- T - Philanthropy, Voluntarism & Grantmaking Foundations
- U - Science & Technology
- V - Social Science
- W - Public & Societal Benefit
- X - Religion-Related
- Y - Mutual & Membership Benefit
- Z - Unknown

### Organization Mission Statement\*

*Character Limit: 1000*

### For which Specific Interest Grant opportunity are you applying?\*

Click [here](#) for more information

#### Choices

- Fulfillment of Terminally Ill Children’s Wishes
- Support Animals and Animal Welfare
- Small Arts Grant

### Geographic Areas Served (list)\*

Be as specific as possible, including specific counties, as well as specific cities and communities that your Organization serves.

*Character Limit: 1000*

### Organization Website

*Character Limit: 2000*

### Organization's Annual Operating Budget\*

*Character Limit: 20*

## *Fulfillment of Terminally Ill Children's Wishes*

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### Fulfillment of Terminally Ill Children's Wishes

Made possible through the Walls & Turner Charitable Fund at the DCF, these grants will support charitable organizations that:

- Grant the dreams and wishes of chronically and terminally ill children of families with limited financial resources in Delaware
- Grant the dreams and wishes of chronically and terminally parents with children in Delaware who do not have the financial resources for sharing a dream or wish with their children before their expected deaths

*Award max will be \$10,000*

### **Program Name\***

*Character Limit: 100*

### **Program Start Date\***

The program can start before funding is received.

*Character Limit: 10*

### **Program End Date\***

Must be after June 1, 2023 to qualify for funding.

*Character Limit: 10*

### **Request Amount\***

Award max is \$10,000

*Character Limit: 20*

### **Total Program Budget\***

This should tie to the attached program budget outlining how DCF dollars will be used.

*Character Limit: 20*

### **Program Abstract\***

**The program abstract may be shared with select DCF fundholders, after being vetted by the DCF Grants Committee. Make it clear, concise, and compelling.**

The Program Abstract should include a brief description, the need for the project, the population it will serve, project goals and outcomes.

*Character Limit: 1200*

### **Program Description\***

Provide a description of the proposed program and how it will benefit the community you serve and build opportunity. Specifically address how the program meets the goals of the Specific

Interest grant for which you're applying.

Fulfillment of Terminally Ill Children's Wishes

*Character Limit: 5000*

### **Program Location\***

What specific location will be served by this program? Include zip code and "neighborhood" e.g. Laurel, (Western Sussex) 19956

*Character Limit: 1000*

### **Describe the population served by the program for which you are requesting support\***

Define the target population your program is intended to benefit. This will include age, gender, ethnicity, and other relevant data to better understand who will benefit from the program.

*Character Limit: 2000*

## *Small Arts Grant*

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Made possible through the Dave Ryerson Fund and the Beekhuis Community Fund at the DCF, these small grants will support charitable organizations that support the arts throughout Delaware.

The opportunity is designed for small organizations or larger organizations with smaller, discrete projects. Supported programs include the presentation of performing, visual, literary, media or folk arts in communities throughout Delaware, and that reach audiences and participants with limited access to the arts or to a particular art form.

*Awards will range from \$1,000 to 2,500.*

### **Program Name\***

*Character Limit: 250*

### **Program Start Date\***

*Character Limit: 10*

### **Program End Date\***

Must be after June 1, 2023 to qualify for funding.

*Character Limit: 10*

### **Request Amount\***

*Awards will range from \$1,000 to 2,500*

*Character Limit: 20*

### **Total Program Budget\***

This should tie to the attached program budget outlining how DCF dollars will be used.

*Character Limit: 20*

### **Program Abstract\***

**The program abstract may be shared with select DCF fundholders, after being vetted by the DCF Grants Committee. Make it clear, concise, and compelling.**

The Program Abstract should include a brief description, the need for the project, the population it will serve, project goals and outcomes.

*Character Limit: 1200*

### **Program Description\***

Provide a description of the proposed arts program and how it will benefit the community you serve and build opportunity. Specifically address how the program meets the goals of the *Small Arts Grant* for which you are applying (details can be found at <https://delcf.org/grants/here>).

*Character Limit: 5000*

### **Program Location\***

What specific community will be served by this program? Include zip code and "neighborhood" e.g. EastSide Wilmington, 19802.

*Character Limit: 5000*

### **Describe the population served by the program for which you are requesting support\***

Define the target population your program is intended to benefit. This will include age, gender, ethnicity, and other relevant data to better understand who will benefit from the program.

*Character Limit: 5000*

## *Support Animals and Animal Welfare*

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### Support Animals and Animal Welfare

Made possible through the Walls & Turner Charitable Fund and the Freida Dolby Fund at the DCF, these grants will support charitable organizations that:

- Assist in the training of professionally trained seeing eye dogs and service assistance dogs for blind individuals, deaf individuals and/or individuals with mobility impairments and/or other physical disabilities
- Provide support services in connection with the placements of such dogs with eligible recipients who are residents of the State of Delaware who demonstrate a drive to

become more independent and who would not be able to acquire such dogs without financial assistance

- Encourage the humane treatment of animals in Delaware through education of the public, adoption of animals without owners, neutering, and enforcement of laws governing the humane treatment of animals.

*Awards will range from \$2,500 to \$7,500.*

### **Program Name\***

*Character Limit: 100*

### **Program Start Date\***

The program can start before funding is received.

*Character Limit: 10*

### **Program End Date\***

Must be after June 1, 2023 to qualify for funding.

*Character Limit: 10*

### **Request Amount\***

Awards will range from \$2,500 to \$7,500

*Character Limit: 20*

### **Total Program Budget\***

This should tie to the attached program budget outlining how DCF dollars will be used.

*Character Limit: 20*

### **Program Abstract\***

**The program abstract may be shared with select DCF fundholders, after being vetted by the DCF Grants Committee. Make it clear, concise, and compelling.**

The Program Abstract should include a brief description, the need for the project, the population it will serve, project goals and outcomes.

*Character Limit: 1200*

### **Program Description\***

Provide a description of the proposed program and how it will benefit the community you serve and build opportunity. Specifically address how the program meets the goals of the Specific Interest grant for which you're applying.

**Support Animals and Animal Welfare**

*Character Limit: 5000*

### Program Location\*

What specific location will be served by this program? Include zip code and "neighborhood" e.g. Laurel, (Western Sussex) 19956

*Character Limit: 1000*

### Describe the population served by the program for which you are requesting support\*

Define the target population your program is intended to benefit. This will include age, gender, ethnicity, and other relevant data to better understand who will benefit from the program.

*Character Limit: 2000*

## Funding

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### Substantiate Need\*

Describe the specific uses of DCF funds for the program. If this is part of a larger or longer-term project, specify how DCF funds will be used within the phases of the project.

*Character Limit: 1000*

### Organizational Capacity\*

What is your experience working on this type of program? Who will be responsible for the program's oversight and what are their qualifications?

*Character Limit: 1500*

### Other Funding\*

Include a list of all other funding sources for this **Program Only** (grants, gifts, in-kind donations, and loans), including the amount of the contribution and its current status.

Include requests that are pending, the requested amount and anticipated decision date. Also note requests that were pursued but not funded.

*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 eligibility of your proposal.**

## **Incorporating the values of Diversity, Equity, and 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 the community members you serve?

*Character Limit: 750*

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

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

*Character Limit: 20*

**Please share the number of Board Members that identify with the following racial/ethnic groups. Enter whole numbers, which should total to the number of Board Members.**

### **Black/African American**

*Character Limit: 20*

### **American Indian/Alaska Native**

*Character Limit: 20*

### **Asian American**

*Character Limit: 20*

### **Native American/Other Pacific Islander**

*Character Limit: 20*

### **Hispanic/Latinx**

*Character Limit: 20*

### **White/Caucasian**

*Character Limit: 20*

### **Other/Mixed Race/Ethnicity**

*Character Limit: 20*



Please share the number of Board Members that identify with the following gender identities. Enter whole numbers, which should total to the number of Board Members

**Female**

*Character Limit: 20*

**Male**

*Character Limit: 20*

**Non-Binary**

*Character Limit: 20*

**Choose not to identify**

*Character Limit: 20*

**Unknown/Not Tracked**

*Character Limit: 20*

**How many people on your Board identify as LGBTQ+?**

*Character Limit: 20*

**Communities Served:**

What are the demographics of those that you serve?

Please provide an estimate of the racial/ethnic distribution of the community your organization serves. The entries are in % and should total 100%.

**Black/African American**

**Scoring Options:** 1 - 99

**American Indian/Alaska Native**

**Scoring Options:** 1 - 99

**Asian American**

**Scoring Options:** 1 - 99

**Native American/Other Pacific Islander**

**Scoring Options:** 1 - 99

**Hispanic/Latinx**

**Scoring Options:** 1 - 99

**White/Caucasian**

**Scoring Options:** 1 - 99

## Other/Mixed Race/Ethnicity

Scoring Options: 1 - 99

Please provide an estimate of the age distribution of the community your organization serves. The entries are in % and should total 100%.

### Birth to Five

Scoring Options: 1 - 99

### 5-12

Scoring Options: 1 - 99

### 13-18

Scoring Options: 1 - 99

### Young Adults (19-25)

Scoring Options: 1 - 99

### Adults (22-59)

Scoring Options: 1 - 99

### Seniors (60+)

Scoring Options: 1 - 99

### Unknown/Not tracked

Scoring Options: 1 - 99

Please provide an estimate of the age distribution of the community your organization serves. The entries are in % and should total 100%.

### Female

Scoring Options: 1 - 99

### Male

Scoring Options: 1 - 99

### Non-Binary

Scoring Options: 1 - 99

### Choose not to identify

Scoring Options: 1 - 99

## Unknown/Not tracked

Scoring Options: 1 - 99

Please indicate the primary geography your organization serves.\*

### Choices

- New Castle County
- Kent County
- Sussex County
- Statewide
- Outside of Delaware

Please list the primary zip codes served by your organization (up to five)

### Zip Code

Character Limit: 20

### Zip Code

Character Limit: 20

### Zip Code

Character Limit: 20

### Zip Code

Character Limit: 20

### Zip Code

Character Limit: 20

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

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### DCF Program Budget Template\*

The DCF provided budget template will help the Grants Committee better understand how the DCF funds will be used to drive the execution of the project or program being proposed for funding.

Click [HERE](#) to download the DCF provided budget template.  
The link will take you to DropBox, **DOWNLOAD the template, complete and attach/upload to the application.**

**If a program budget is not attached, the proposal will be disqualified.**

*File Size Limit: 5 MB*

### Organization Budget\*

Current Organization Budget

*File Size Limit: 5 MB*

### Board List\*

Please upload a list of your organization's board of directors.

*File Size Limit: 5 MB*

### IRS Determination 501(c)3 Letter\*

*File Size Limit: 3 MB*

### Additional Attachment (Optional)

Upload a photo or other collateral that helps visually support the proposed project. Include a brief description of the attached photo. **Note that these will be reviewed as a part of the evaluation process and may be shared with select DCF Fundholders.**

*Character Limit: 100 | File Size Limit: 7 MB*

## Payment Processing

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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.

### 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

Saving 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 and Approval for Payment Processing: By typing your name below:\***

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*

### *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*