

2023 BIPOC Leaders and Communities Grants

Delaware Community Foundation

Organization Information

Primary Organization Name

Character Limit: 250

EIN

Character Limit: 250

Is this program fiscally sponsored by another organization?*

Choices

Yes

No

If applicable, please share more about the fiscal sponsorship.

If applicable, please list the organization that serves as fiscal sponsor. Please also upload documentation verifying your fiscal sponsor relationship.

(Please put n/a if this does not apply.)

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

Organization Website

Character Limit: 2000

Organization's Annual Operating Budget*

Character Limit: 20

Proposal Information

Which goal best aligns with your grant request?*

Choices

- Programs that Strengthen Community
- Build Organizational Capacity

Programs that Strengthen Community

Program or Project Name*

Character Limit: 100

Program or Project Abstract*

Please include a brief description, including the need for the program or project, the population it will serve, goals and outcomes.

The project abstract may be shared with select DCF fundholders, after being vetted by the DCF / AAEFD Grants Committee, so please make it clear, concise, and compelling.

Character Limit: 1200

Summary Description*

Please provide a summary of the program that strengthen community work you plan to pursue and **why it is critical for your organization**. Examples of this work include but not limited to:

- Grassroots organizing & advocacy efforts
- Programs that improve economic well-being for people of color
- Programs that alleviate the impact of race-based discrimination and disparities
- Prepare and empower communities to participate in decision making processes

Character Limit: 1000

Desired Timeline*

Provide a high-level timeline to execute the program/project. If this is a one-year project, multi-year, seasonal etc... the more details you can provide, the better.

Character Limit: 750

Amount Requested*

Maximum Request: \$20,000

Character Limit: 20

Program Target Population that will be served

In the following tables, define the target population your program is intended to benefit. Please include the numerical breakdown of participants and their specific age group.

Age Group	Number of each Participant in a specific age group
Birth to Five	
6 to 12	
13 to 18	

Young Adults (19 to 25)	
Adults (25 to 59)	
Seniors (60+)	

Program Target Population that will be served

In the following tables, define the target population your program is intended to benefit. Please include the number and racial/ethnic makeup of the participants.

Racial/Ethnic Makeup	Number of each Participant Racial/Ethnic Makeup

Overcome Barriers and Strengthen the Community*

What are the barriers or challenges faced by this population and community? How will the project help overcome these barriers and strengthen the community?

Character Limit: 2000

Program Outcomes and Community Impact*

Please provide specific details on the program outcomes and community impact. Include how the program will strengthen the community and provide opportunity specifically for people of color.

e.g., provide grassroots organizing and advocacy efforts that aim to change policies and practices that negatively impact people of color, because of their race or ethnicity.

Character Limit: 5000

Program or Project Budget*

Character Limit: 20

Organizational Capacity Project

Project for Organizational Capacity*

Character Limit: 250

Project for Organizational Capacity Abstract*

Please include a brief description, including the need for the program or project, goals and outcomes.

The project abstract may be shared with select DCF fundholders, after being vetted by the DCF / AAEPD Grants Committee, so please make it clear, concise, and compelling.

Character Limit: 1200

Summary Description*

Please provide a summary of the organizational capacity building work you plan to pursue and **why it is critical for your organization.**

These grants to build organizational capacity are intended to:

Build the capacity of existing, new, and emerging leaders of color.

Examples include, and are not limited to, skill building, training, and mentorship

For this grant program, a “leader” is an individual currently in a leadership position (executive director, senior staff) or that is an emerging leader in the organization.

Build the capacity of nonprofit organizations that serve communities of color.

Examples include strategic planning, financial management, identifying a communications strategy, improving volunteer recruitment, or ensuring thoughtful leadership

succession. Efforts may include Board, staff and/or volunteers . Organization must serve a community represented by at least 40% people of color, and Board composition must be reflective of the community served

Character Limit: 1500

Desired Timeline*

Provide a high-level timeline to execute the capacity building work. Please elaborate if this is a one-year project, multi-year, seasonal etc... the more details you can provide, the better.

Character Limit: 2000

Amount Requested*

max request is \$20,000

Character Limit: 20

Participants*

Be as specific as possible describing WHO will directly participate in the capacity building work. For example, an organizational leader, board member(s), staff member(s), etc.

Please also provide the following demographic information for those participating:

- Age
- Race / Ethnic Makeup

Character Limit: 750

Outcomes and Impact*

Please provide specific details on the outcomes/impact of this work for your organization and the communities you serve. Describe how the proposed work:

- Is responding to organizational needs
- Will improve the organization's ability to fulfill its mission
- Will impact the communities you serve (include the barriers they currently face, and how your organization will help to overcome them)
- Will create measurable change for your organization and community

Character Limit: 2500

Budget*

Please provide details about the expected costs related to this work. If you have quotes from consultants that would provide certain services, please share those amounts. Otherwise, please include estimates.

Character Limit: 20

Measuring Success and Other Funding

Measuring Success*

Throughout the grant year, the DCF will request a written mid-year update and a virtual end of year report. Please provide 3-5 ways your organization will measure success for this project. At your mid-year and end-of-year report, we will ask for progress towards these objectives.

Character Limit: 1000

Substantiate Need*

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

Character Limit: 1000

Other Funding*

Please include a list of all other funding sources for this program or project only (grants, gifts, in-kind donations, and loans), including the amount of the contribution.

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

Character Limit: 1000

Required Attachments

Project/Program Budget*

Please provide budget detail for the program/project for which you are applying, including what expenses are included in this grant request.

File Size Limit: 5 MB

Organization Budget*

Please provide budget detail for the organization, which should clearly include the program for which you are applying for this grant request.

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) Letter*

File Size Limit: 3 MB

Additional Attachment (Optional)

Please upload a photo or other collateral that helps visually support the proposed project, please include a brief description of the attached photo. **Please 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

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.

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 and now, we'd 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 serve on your Board of Directors*

Character Limit: 20

Board of Director's Demographic: Gender Makeup

Please provide an estimate of the gender identity distribution of your board of directors. The total should match the number in the previous question.

Gender Identity	Quantitative Data for Board of Directors Gender Identity

How Many Board Members Identify as LGBTQ+?*

Please put zero (0) if unknown.

Character Limit: 250

Board of Directors: Racial/Ethnic Makeup

Please provide an estimate of the racial/ethnic distribution of your board of directors. These entries are in % and should total 100%. If the answer is zero (0) for a category, please put 0.

Race/Ethnic Makeup	% (Percentage)

What are the demographics of those that you serve?

Population Served Demographic: Age

Please provide an estimate of the age distribution of the people you serve. These entries are in % and should total 100%. If the answer is zero (0) for a category, please put 0.

Age Range	% (Percentage)

Population Served Demographic: Race/Ethnic Makeup

Please provide an estimate of the racial/ethnic distribution of the population served. These entries are in % and should total 100%. If the answer is zero (0) for a category, please put 0.

Race/Ethnic Makeup	% (Percentage)

Population Served Demographic: Gender Identity

Please provide an estimate of the gender identity distribution of the people you serve. These entries are in % and should total 100%. If the answer is zero (0) for a category, please put 0.

Gender Identity	% (Percentage)

Primary Geography Served*

Please indicate the primary geography your organization serves.

Choices

- New Castle County
- Kent County

Sussex County
Statewide

Primary Geography Served

Zip Codes Please list the 5 primary zip codes served by your organization.

Zip Code	

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

Payment Processing

Grants will be processed through Direct payment via ACH transfer. Please 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)*

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: 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

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