2024 YPB Kent Grant Application

Delaware Community Foundation

Organization and Program Information

Focus Statement

The Kent County Youth Philanthropy Board believes in the conservation of a sustainable mind, body and environment. In 2024 they invite nonprofits to apply that prioritize the wellbeing of the individual and the planet, e.g. via environmental protection, mental health, homelessness, domestic violence and/or substance/alcohol abuse.

Character Limit: 250

Primary Organization Name

Character Limit: 250

EIN

Character Limit: 250

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

The Youth Philanthropy Board only accepts applications from 501(c)3 nonprofits.

Choices

Yes
No

Organization Website

Character Limit: 2000

Mission Statement*

Character Limit: 1000

Geographic Areas Served*

If your clients come from specific areas of Kent County, please let us know.

Character Limit: 1000

Program Name*

Character Limit: 100

Which areas of the focus statement does your program apply to?*

Click all that apply

Choices

Environmental Protection
Mental Health

Homelessness
Domestic Violence
Drug/Alcohol Addiction

Program Description*

Describe your program, its strategies and anticipated overall benefit to the community.

Character Limit: 5000

Amount Requested*

Maximum Request $5,000

Character Limit: 20

Total Program Budget*

Character Limit: 20

Organization's Annual Operating Budget*

Character Limit: 20

Program Start Date*

Character Limit: 10

Program End Date*

Must be after May 31, 2024 to qualify for funding.

Character Limit: 10

Population Served*

Define the target population your program is intended to reach. (Include number and ages of participants.) How will you attract and retain participants?

Character Limit: 2000

Please list the location(s) of the program and the hours of operation.*

Character Limit: 1000

Site Visit Contact Person*

Site visits in 2024 will hopefully be in person but will could be via Zoom which the YPB will schedule through the Coordinator if Covid numbers rise this Winter. Please tell us whom to reach out to, their cell phone and email, to schedule a site visit.

Character Limit: 500

Is this a new program? If not, how long has it been in existence?*

Character Limit: 200

Goal Measurement*

Detail your expected goals, objectives and outcomes and explain how project outcomes will be measured.

Character Limit: 2500

Funding & Payment Processing

YPB Funding*

If your organization is awarded a grant, please outline specifically how YPB funds will be used.

Character Limit: 1500

How will your program be affected if it is **not** funded by the Youth Philanthropy Board? How will your program be affected if it receives **partial** funding from the Youth Philanthropy Board? *

Character Limit: 1500

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 quick, safe 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, 2021, 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

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

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.

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
Total should match the number of BOD above.

Female	
Male	
Non-Binary	

Unknown/Not Tracked	
Choose Not To Answer	
Total number of board members	

Board of Directors: Racial/Ethnic Makeup

Total should match the number of BOD above.

Black/African-American	
Native American/Native Alaskan	
Native Hawaiian/Other Pacific Islander	
Asian American	
Hispanic/Latinx	
White/Caucasian	
Other/Mixed Race	
Total number of Board of Directors	

What are the demographics of those that you serve?

Population Served Demographic: Age

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

Birth to 5 Years	
5-12	
13-18	
Young Adults (Ages 19-25)	
Adults (Ages 25-59)	
Seniors (Ages 60+)	
Total (should add up to 100%)	

Population Served Demographic: Race/Ethnic Makeup

Please provide an estimate of the race/ethnic makeup of the population you serve. **These entries are in percentages (%) and should total 100%.** If the answer is zero (0) for a category, please put a zero.

Black/African-American	
Native American/Native Alaskan	
Native Hawaiian/Other Pacific Islander	

Asian American	
Hispanic/Latinx	
White/Caucasian	
Other/Mixed Race	
Total (should add up to 100%)	

Population Served Demographic: Gender Makeup

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

Female	
Male	
Non-Binary	
Unknown/Not Tracked	
Choose Not To Answer	
Total (should add up to 100%)	

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

Program Budget*

Please upload a budget just for the program for which you are applying for funds. Do not upload the organization budget here.

File Size Limit: 1 MB

Organization Budget*

Please upload the organization budget for the entire non-profit here.

File Size Limit: 4 MB

501(c) 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