

# 2024 YPB NCC Grant Application

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*Delaware Community Foundation*

## *Organization and Program Information*

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### **Focus Statement**

The New Castle County Youth Philanthropy Board understand the importance of youth mental health. The board invites and encourages nonprofits that focus on the impact of gun violence, food insecurity, learning disabilities and other forms of trauma on youth to apply.

*Character Limit: 250*

### **Primary Organization Name**

*Character Limit: 250*

### **EIN**

*Character Limit: 250*

### **What year was the organization founded?\***

*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

### **Mission Statement\***

*Character Limit: 1000*

### **Geographic Areas Served\***

*Character Limit: 1000*

### **Organization Website**

*Character Limit: 2000*

### **Program Name\***

*Character Limit: 100*

### **Amount Requested\***

Maximum Request \$2,500

*Character Limit: 20*

## Total Program Budget\*

*Character Limit: 20*

## Organization's Annual Operating Budget\*

*Character Limit: 20*

## Program Description\*

How does your program fit with the YPB's strategic challenges in the focus statement? Briefly describe your program, its objectives, strategies and ways it will support the physical and mental health of youth including but not limited to improving food security, programs for those with disabilities, trauma, and gun safety in their community.

*Character Limit: 5000*

## Program Start Date\*

*Character Limit: 10*

## Program End Date\*

YPB is not a reimbursement grant. The program must end after May 31, 2024 to qualify for funding.

*Character Limit: 10*

## Impact You Seek: Outcomes\*

List desired grant outcomes of the program during the grant year.

*Character Limit: 1500*

## 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 provide a name, their cell phone and email, to schedule a site visit.

*Character Limit: 500*

## *Funding & Payment Processing*

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### YPB Funding\*

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

*Character Limit: 1500*

### Other funding\*

Please tell us whether or not other funding from other sources has been received ***for this program. If so, please list them.***

*Character Limit: 1000*

**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.

<b>Female</b>	
<b>Male</b>	
<b>Non-Binary</b>	
<b>Unknown/Not Tracked</b>	
<b>Choose Not To Answer</b>	
<b>Total number of board members</b>	

**Board of Directors: Racial/Ethnic Makeup**

Total should match the number of BOD above.

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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	

<b>Young Adults (Ages 19-25)</b>	
<b>Adults (Ages 25-59)</b>	
<b>Seniors (Ages 60+)</b>	
<b>Total (should add up to 100%)</b>	

**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.

<b>Black/African-American</b>	
<b>Native American/Native Alaskan</b>	
<b>Native Hawaiian/Other Pacific Islander</b>	
<b>Asian American</b>	
<b>Hispanic/Latinx</b>	
<b>White/Caucasian</b>	
<b>Other/Mixed Race</b>	
<b>Total (should add up to 100%)</b>	

### 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	
<b>Total (should add up to 100%)</b>	

### 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*

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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*