2024 YPB NCC Grant Application

Organization and Program Information

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.

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

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.

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<table>
<thead>
<tr>
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<tbody>
<tr>
<td>Female</td>
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<td>Male</td>
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<td>Non-Binary</td>
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<td>Unknown/Not Tracked</td>
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<tr>
<td>Choose Not To Answer</td>
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<tr>
<td>Total number of board members</td>
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Board of Directors: Racial/Ethnic Makeup

Total should match the number of BOD above.

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</table>
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.

<table>
<thead>
<tr>
<th>Birth to 5 Years</th>
<th>5-12</th>
<th>13-18</th>
</tr>
</thead>
<tbody>
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</table>
## 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.

<table>
<thead>
<tr>
<th>Category</th>
<th>Percentage</th>
</tr>
</thead>
<tbody>
<tr>
<td>Black/African-American</td>
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<tr>
<td>Native American/Native Alaskan</td>
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<tr>
<td>Native Hawaiian/Other Pacific Islander</td>
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<tr>
<td>Asian American</td>
<td></td>
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<tr>
<td>Hispanic/Latinx</td>
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<tr>
<td>White/Caucasian</td>
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<tr>
<td>Other/Mixed Race</td>
<td></td>
</tr>
<tr>
<td>Total (should add up to 100%)</td>
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</tbody>
</table>
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.

<table>
<thead>
<tr>
<th>Gender Type</th>
<th>Percentage</th>
</tr>
</thead>
<tbody>
<tr>
<td>Female</td>
<td></td>
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<tr>
<td>Male</td>
<td></td>
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<tr>
<td>Choose Not To Answer</td>
<td></td>
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<tr>
<td>Total (should add up to 100%)</td>
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[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