

2025 Fund for Women Grant Application

Delaware Community Foundation

Section One: Applying Organization Information

Name of Organization*

Character Limit: 200

Organization Address, City, State, ZIP*

Character Limit: 750

Organization Phone*

Character Limit: 15

Organization Website*

Character Limit: 2000

What year was the organization founded?*

Character Limit: 25

EIN*

Character Limit: 15

% of Board Members making annual financial contribution to your organization*

Character Limit: 5

Section Two: Contact Info

Executive Director/President Name*

Character Limit: 100

Executive Director Phone Number*

Character Limit: 10

Executive Director Email*

Character Limit: 100

Primary Contact Name:*

Character Limit: 50

Primary Contact Title:*

Character Limit: 50

Primary Contact Phone Number:*

Character Limit: 10

Primary Contact Email:*

Character Limit: 100

Secondary Contact Name:*

(ideally an administrative contact but this can be anyone other than the primary contact)

Character Limit: 100

Secondary Contact Title:*

Character Limit: 100

Secondary Contact Phone Number:*

Character Limit: 10

Secondary Contact Email Address*

Character Limit: 100

Section Three: Project Focus & Overview

Name of Project/Program*

Character Limit: 250

Grant Amount Requested*

Maximum Request is \$15,000

Character Limit: 20

Project Primary Focus Area*

Please pick one:

Choices

Housing/Homelessness/Safety

Healthcare/Nutrition

Education/Career Training/Life Skills

Economic Advancement/Civic Engagement

Recovery/Self-sufficiency/Domestic Violence/Human Trafficking

Project Description*

Describe the project, including who will manage the project and be accountable for its results.

Character Limit: 3000

What is the need you expect to fill with this project?*

Character Limit: 3000

Explain how your project will empower women and girls to achieve their potential.*

Character Limit: 3000

Target Population*

Describe your target population, how you intend to recruit them and a timeline for recruitment.

Character Limit: 3000

Measures of Success*

How will you measure success and how will you know if the project has been successful? Include the data that will be collected, major milestones where measurement will be taken, and timeline for data collection.

Character Limit: 3000

Describe how the project will be sustainable over the next 5 years.*

Character Limit: 3000

Collaboration*

Indicate any collaborators with whom you are working and the expected benefit from the collaboration. **Please put N/A if not applicable to your project.** If you plan to collaborate with another organization or entity, please submit a letter of confirmation on the collaborating organization's letterhead.

File Size Limit: 2 MB

Does this project align with one of the Fund for Women's current advocacy efforts?

This will not determine your ability to receive funding but it will help our advocacy group evaluate current and potential focus areas. (check all that apply)

Choices

Human Trafficking

Early Childhood Education

Pay Equity

Domestic Violence & Child Abuse

Section Four: Project Beneficiaries

Total number of individuals who will directly benefit from this project*

Character Limit: 5

What percentage of the total individuals benefiting from this project will be women and girls?*

Character Limit: 5

How does including males in the project also benefit women and girls?*

If all women and girls only, type n/a.

Character Limit: 1000

New Castle County*

How many people will directly benefit from this project. Type #0 for the county(ies) that your program will not impact.

Character Limit: 10

Kent County*

How many people will directly benefit from this project. Type #0 for the county(ies) that your program will not impact.

Character Limit: 10

Sussex County*

How many people will directly benefit from this project. Type #0 for the county(ies) that your program will not impact.

Character Limit: 10

Section Five: Diversity, Equity and Inclusion (DEI)

The Fund for Women 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 ranking of your proposal.

Incorporating the values of Diversity, Equity and Inclusion

At the Fund for Women, we are committed to building opportunity for all. To be successful, we know that a focus on equity is crucial. The Fund for Women 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?

DEMOGRAPHICS OF YOUR ORGANIZATION'S BOARD OF DIRECTORS

How many serve on your Board of Directors?

Character Limit: 25

How many board members identify as LGBTQ+?

Please put zero (0) if unknown.

Character Limit: 25

Board of Director's Demographic: Gender Makeup

Please provide the number for all your board members. The total should match the number in the previous question.

Gender Makeup	Number of
Female	
Male	
Non-Binary	
Choose Not To Answer	
Unknown/Not Tracked	
Total number of board members	

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)

Black/African-American	
American Indian/Native Alaskan	
Asian American	
Native American/Other Pacific Islander	
Hispanic/Latinx	
White/Caucasian	
Other/Mixed Race	
Total	

DEMOGRAPHICS OF THOSE YOU SERVE IN THE COMMUNITY (FOR THE WHOLE ORGANIZATION, NOT JUST THIS PROJECT YOU ARE APPLYING FOR)

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)
Birth to 5 Years	
Ages 5-12	

Ages 13-18	
Young Adults (Ages 19-25)	
Adults (Ages 25-59)	
Seniors (Ages 60+)	
Total	

Population Served Demographic: Race/Ethnic Makeup

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

Race/Ethnic Makeup	% (Percentage)
Black/African-American	
American Indian/Native Alaskan	
Asian American	
Native American/Other Pacific Islander	
Hispanic/Latinx	
White/Caucasian	
Other/Mixed Race	

Total	
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Population Served Demographic: Gender Identity

Please provide an estimate of the gender identity distribution of the population 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)
Female	
Male	
Non-Binary	
Prefer Not To Answer	
Unknown/Not Tracked	
Total	

Primary Geography Served

Please indicate the primary geography your organization serves.

Choices

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

Primary Geography Served - Zip Codes

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

Zip Codes	
Zip Code One	
Zip Code Two	
Zip Code Three	
Zip Code Four	
Zip Code Five	

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 in to your work, or you're looking to expand on your current work; please list any DEI goals

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

Section Six: Attachments & Signatures

Financials - Statement of Revenue or Approved Board Accounting Records

Please choose the option that best fits your organization:

- Submit Part VIII Statement of Revenue from the organization’s 990 for 2022 and 2023
- For organizations that do not file a 990, or do not have a completed 990 for each of the years 2022 and 2023, submit accounting records showing the Board approved budget and actuals for each year

- For organizations that have only completed one fiscal year, accounting records showing the most recent or current Board approved budget and actuals will be accepted

Be sure to submit documents from BOTH years and include ONLY Part VIII from your organization's 990.

Financial Statement Upload*

Please choose the best financial statement to upload from the approved list of financial documents above. When saving, please note the type of financial document in the saved name. e.g. 990FY23, 2022 Audit, etc.

File Size Limit: 2 MB

Current Operating Budget*

Please provide a simple budget for your organization.

We are looking for the amount of income that comes in to your organization annually and a general breakdown of what your annual expenses are.

File Size Limit: 2 MB

Project Budget*

Please include the total cost of the project as well as a breakdown of expenses.

File Size Limit: 2 MB

REQUIRED SIGNATURE OF CONTACT FILLING OUT APPLICATION*

By adding your name below, you are indicating that the applicant organization does not discriminate in staffing or services on the basis of race, religion, gender, age, disability, or national origin.

Character Limit: 75

REQUIRED SIGNATURE OF EXECUTIVE DIRECTOR/PRESIDENT*

By adding your name below, you are indicating that the applicant organization does not discriminate in staffing or services on the basis of race, religion, gender, age, disability, or national origin.

Character Limit: 75

Additional Attachment 1 - Link to Short Video

To state your case for funding in a short, 2-minute video, you must copy the URL from a website where the video is housed - such as YouTube or Vimeo - into the box below.

Character Limit: 2000

Additional Attachment 2 - Photo or Collateral Material

Upload a photo or other collateral that helps visually support the proposed project. Include a brief description of the attached photo or collateral. Note that these will be reviewed as a part of the evaluation process.

File Size Limit: 5 MB

Section Seven: 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