Therapeutic Riding at Carousel Fund Grant Application

Delaware Community Foundation

Organization Information

There are several funds at the DCF that support very defined purposes. Eligible nonprofits whose missions align with these narrow areas of activity or service can apply to these funds for general operating grants. Requests will be evaluated primarily on the alignment of the organization's mission to the defined purpose, as well as demonstration of the organization's impact in the community.

Primary Organization Name
Character Limit: 250

Contact First Name*
Character Limit: 250

Contact Last Name*
Character Limit: 250

EIN
Character Limit: 250

Is the project/program fiscally sponsored?*
Choices
Yes
No

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

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

Character Limit: 5000 | File Size Limit: 5 MB

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/Candid 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

Request for General Operating or Programmatic Support?*
General Operating request for support are evaluated based on their organizations mission alignment with the fund purpose.

Programmatic request for support are evaluated based on the programs alignment with the fund purpose.

Choices
General Operating
Programmatic

Program Name*
Name of Project, Program, OR if a General Operating request, please note this in the box below.

Character Limit: 250

Request Amount*
Awards will range from $500 to $750
Character Limit: 20

Impact in the Community*
Please describe the measurable impact your organization is providing in the community. Please be as specific as possible, and include data and information about goals and outcomes (e.g. specific data on meals served, houses built, students tutored, etc.).

Character Limit: 5000

General Operating Request
How does your organization mission align with the fund purpose?*
Character Limit: 750

Programmatic Request for Support
How does your program align with the fund purpose?*
Character Limit: 750

DEI (Diversity, Equity & Inclusion) Data
The Delaware Community Foundation would like to collect demographic information 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 & 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.

We wold like to hear 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 sensitvity training for staff and/or board members?

- 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 it serves?

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 gender makeup 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 makeup of your board of directors. The total should match the number in the previous question.

Race/Ethnic Makeup	Number of

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

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 percentages (%) and should total 100%. If the answer is zero, please put a 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 (should add up to 100%)	

Population Served Demographic: Gender Makeup

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

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

Population Served Demographic: Race/Ethnic Makeup

Please provide an estimate of the Race/Ethnic makeup of the people you serve. These entries are in percentages (%) and should total 100%. If the answer is zero, please put a 0.

Gender Makeup	% (Percentage)
Black/African-American	
American Indian/Native Alaskan	
Asian American	
Native Hawaiian/Other Pacific Islander	
Hispanic/Latinx	
White/Caucasian	
Other/Mixed Race	
Total (should add up to 100%)	

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: 1000

Attachments

Program Budget*

Please attach a program budget that demonstrate how DCF dollars will be used. This can be an overall program budget but must include the spend of DCF dollars. If a program budget is not attached, the proposal will be disqualified.

File Size Limit: 3 MB

Organization Budget*

Please attach the current organization budget

File Size Limit: 5 MB

Organization Board List*

File Size Limit: 5 MB

IRS Determination 501(c)3 Letter*

File Size Limit: 3 MB

Payment Processing

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

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: 250

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: 250

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: 250