Quintin E. Primo Jr. Fund for Racial Justice and the African American Empowerment Fund of Delaware

Delaware Community Foundation

Organization Information

Primary Organization Name
Character Limit: 250

Contact Last Name*
Character Limit: 250

Contact First 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.
Character Limit: 100 | File Size Limit: 1 MB

Is your Organization a 501(c)3 as designated by the IRS?
The Delaware Community Foundation only accepts applications from 501(c)3 nonprofits.
Choices
Yes
No

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 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

Organization Mission Statement*

Character Limit: 1000

Geographic Areas Served (list)*

Be as specific as possible, including specific counties, as well as specific cities and communities that your Organization serves.

Character Limit: 1000

Organization Website

Character Limit: 2000

Organization's Annual Operating Budget*

Character Limit: 20

Quintin E. Primo Jr. Fund for Racial Justice and the African American Empowerment Fund of Delaware

<u>Quintin E. Primo Jr. Fund for Racial Justice and the African American Empowerment Fund of Delaware:</u> These small grants will support educational programs and projects that promote racial justice and the empowerment of African Americans.

Awards will range from $1,000 to 2,500.

Project Name*
Character Limit: 250

Program Start Date*
The program can start before funding is received.

Character Limit: 10

Program End Date*
Must be after May 15, 2025 to qualify for funding.

Character Limit: 10

Request Amount*
Award max is $2,500

Character Limit: 20

Total Program Budget*
Character Limit: 20

Program Abstract*
The program abstract may be shared with select DCF fundholders, after being vetted by the DCF Grants Committee. Make it clear, concise, and compelling. The Program Abstract should include a brief description, the need for the project, the population it will serve, project goals and outcomes.

Character Limit: 1200

Program Description*
Provide a description of the proposed program and how it will benefit the community you serve and build opportunity. Specifically address how the program meets the goals of the Quintin Primo Fund for Racial Justice and the African American Empowerment Fund of Delaware.

Character Limit: 5000

Program Location*

What specific location will be served by this program? Include zip code and "neighborhood" e.g. Laurel, (Western Sussex) 19956

Character Limit: 1000

Describe the population served by the program for which you are requesting support*

Define the target population your program is intended to benefit. This will include age, gender, ethnicity, and other relevant data to better understand who will benefit from the program.

Character Limit: 2000

Funding

Substantiate Need*

Describe the specific uses of DCF funds for the program. If this is part of a larger or longer-term project, specify how DCF funds will be used within the phases of the project.

Character Limit: 1000

Organizational Capacity*

What is your experience working on this type of program? Who will be responsible for the program's oversight and what are their qualifications?

Character Limit: 1500

Other Funding*

Include a list of all other funding sources for this **Program Only** (grants, gifts, in-kind donations, and loans), including the amount of the contribution and its current status.

Include requests that are pending, the requested amount and anticipated decision date. Also note requests that were pursued but not funded.

Character Limit: 1000

Diversity, Equity, and 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.**

Incorporating the values of Diversity, Equity, and 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 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?

Character Limit: 750

DEMOGRAPHIC OF YOUR ORGANIZATION'S BOARD OF DIRECTORS

How many people serve on your Board of Directors?*
Character Limit: 20

How many people on your Board identify as LGBTQ+?*
Please put zero (0) if unknown.

Character Limit: 20

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: Race/Ethnic Makeup

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

Racial/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 those you serve. These entries are in percentages (%) and should total 100%. If the answer is zero, please put 0 in the category.

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 those you serve. These entries are in percentages (%) and should total 100%. If the answer is zero, please put 0 in the category.

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 those you serve. These entries are in percentages (%) and should total 100%. If the answer is zero, please put 0 in the category.

Race/Ethnic 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%)	

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 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: 5 MB

Organization Budget*

Current Organization Budget

File Size Limit: 5 MB

Board List*

Please upload a list of your organization's board of directors.

File Size Limit: 5 MB

IRS Determination 501(c)3 Letter*

File Size Limit: 3 MB

Additional Attachment (Optional)

Upload a photo or other collateral that helps visually support the proposed project. Include a brief description of the attached photo. **Note that these will be reviewed as a part of the evaluation process and may be shared with select DCF Fundholders.**

Character Limit: 100 | File Size Limit: 7 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: 100

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

Project Name*
Character Limit: 100