

# 2025 Potter Charity Trust Application

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*Delaware Community Foundation*

## *Organization Information*

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### **Guidelines for Applying to the Potter Charity Trust Grant**

#### **REQUIRED Criteria for Grant consideration**

The Potter Charity Trust Grants Fund is accepting applications for programs that provide direct services and/or address root causes to reduce the need for services in one or more of the following focus areas:

- **Crisis/Emergency Assistance Funding for basic needs**
- **Homelessness**
- **Hunger**
- **Health Care**

The fund will also accept applications for collaborative programs providing emergency financial assistance for basic needs.

*Character Limit: 1*

#### **PROGRAM/PROJECT NAME\***

Name of Program or Project.

*Character Limit: 100*

#### **Focus Areas\***

Click the focus areas that your project will address:

##### **Choices**

Crisis/Emergency Assistance for Basic Needs

Homelessness

Hunger

Health Care

#### **GRANT AMOUNT REQUESTED\***

Maximum Request is \$50,000

*Character Limit: 20*

#### **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: 50*

**REQUIRED SIGNATURE OF BOARD PRESIDENT/CHAIR\***

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: 50*

**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: 250*

## *Project Proposal*

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**PROJECT DESCRIPTION\***

Briefly describe the proposed project. Explain the objectives of your project.

*Character Limit: 2000*

**PROJECT STRATEGIES\***

Describe the strategies that will be used to accomplish your objectives. List all collaborative partners (if applicable).

*Character Limit: 2000*

**TARGET POPULATION\***

Define Target Population. Please be specific and include demographic information, geographic location, etc.

*Character Limit: 1000*

**PEOPLE SERVED\***

Estimate the number of people served by your project.

*Character Limit: 1000*

**IMPACT\***

Explain the impact your project will have on the target population. Explain the impact your project will have on the community.

*Character Limit: 3000*

**EVALUATION\***

Describe how you will evaluate the success of your project. Be specific, and include the standards by which you will measure such success.

*Character Limit: 1300*

## MEASUREMENTS\*

List the qualitative AND quantitative measurements you will use to evaluate your project and explain how you will obtain and measure them.

*Character Limit: 3000*

## FUNDING\*

Explain specifically how the funds received from a Potter Charity Trust Grant will be used within your project to address the selected focus area(s).

*Character Limit: 500*

## OPPORTUNITIES\*

Explain any opportunities for leveraging this grant or matching grants (include fees and government income).

*Character Limit: 300*

## OTHER SOURCES\*

List all planned requests to other sources for funding for this project. Include amount requested and the status of that request (planned, submitted, approved, or received).

*Character Limit: 2000*

## PARTIAL FUNDS\*

Specify the impact on your project if your request is only partially funded.

*Character Limit: 300*

## *Demographic Data*

*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.*

## Demographic Data\*

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 equity 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*

**What are the demographics of your Organization's Board of Directors?**

**Total number of board members\***

*Character Limit: 250*

**Board of Director's Demographic: Gender Makeup**

Total should add up to the number listed above.

<b>Gender Makeup</b>	
<b>Female</b>	
<b>Male</b>	
<b>Non-Binary</b>	
<b>Choose Not To Answer</b>	
<b>Unknown/Not Tracked</b>	
<b>Total Number of Board Members</b>	

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

Total should add up to number of board directors.

<b>Racial/Ethnic Makeup</b>	
<b>Black/African-American</b>	
<b>American Indian/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 Number of Board Members</b>	

**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.

<b>Age Range</b>	<b>Approximate % in this age range</b>
<b>Birth to 5 Years</b>	
<b>5-12</b>	
<b>13-18</b>	
<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 Racial/Ethnic Makeup 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.

<b>Race/Ethnic Makeup</b>	<b>Approximate % in this ethnic group</b>
<b>Black/African-American</b>	
<b>American Indian/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 people you serve. These entries are in % and should total 100%. If the answer is zero (0) for a category, please put 0.

Gender Makeup	Approximate % in this gender category
Female	
Male	
Non-Binary	
Choose Not To Answer	
Total (should add up to 100%)	

**List any goals related to equity your Organization hopes to achieve in the future\***

If your organization does not have any active efforts that incorporate an equity lens into your work, or you're looking to expand on your current work; list any 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 performance, etc.).

*Character Limit: 750*

*Supporting Documents*

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**PROJECT BUDGET\***

Please upload a detailed project budget showing the costs and projected sources of funding for this project. Identify clearly and specifically the portion that would be covered by Potter Charity Trust Grant.

*File Size Limit: 3 MB*

**ORGANIZATIONAL BUDGET\***

Please upload the most recent.

*File Size Limit: 3 MB*

**FINANCIAL STATEMENT\***

Upload your most recent Audit Report. Please do not upload your bank statement here.

*File Size Limit: 5 MB*

**FORM 990\***

Upload your most recent 990 or E-postcard.

*File Size Limit: 8 MB*

**501(c)3 IRS DOCUMENTATION\***

Upload organization's 501(c)3 IRS documentation.

*File Size Limit: 1 MB*

**BOARD OF DIRECTORS LIST\***

Upload your most current list.

*File Size Limit: 1 MB*

## *Payment Processing*

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**INSTRUCTIONS**

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.

*Character Limit: 250*

**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 (CANCELLED CHECK OR LETTER FROM BANK)\***

Please attach **either** a canceled 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: 6 MB*

**SIGNATURE: AGREE & 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*

*Character Limit: 100*



