



**DELAPLAINE  
FOUNDATION** INC.

# Foundation Grant Application

All completed applications must be received by **October 1 of each year** for consideration. Please return application and all required documents to: **Delaplaine Foundation, Inc.**

c/o Great Southern Enterprises, Inc.  
244 West Patrick Street, P.O. Box 3829  
Frederick, MD 21705

1. Organization name: \_\_\_\_\_ Date: \_\_\_\_\_
2. Address: \_\_\_\_\_  
City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_
3. Contact person: \_\_\_\_\_ Title: \_\_\_\_\_ Phone: \_\_\_\_\_
4. Person responsible for the program: \_\_\_\_\_ Title: \_\_\_\_\_ Phone: \_\_\_\_\_
5. Total agency budget: \$ \_\_\_\_\_ Program budget: \$ \_\_\_\_\_ Amount requested: \$ \_\_\_\_\_
6. Project title: \_\_\_\_\_ Project start date: \_\_\_\_\_
7. Is this a new program or organization?  Yes  No
8. For the entire organization: Fund raising costs: \$ \_\_\_\_\_ , \_\_\_\_\_ % Administrative costs: \$ \_\_\_\_\_ , \_\_\_\_\_ %
9. Projected next year's operating budget for entire organization: \$ \_\_\_\_\_  
Fund raising costs: \$ \_\_\_\_\_ , \_\_\_\_\_ % Administrative costs: \$ \_\_\_\_\_ , \_\_\_\_\_ %
10. Date on which fiscal year begins: \_\_\_\_\_ Date incorporated: \_\_\_\_\_
11. Type of Request:
 

<input type="checkbox"/> General support	<input type="checkbox"/> Start Up Costs	<input type="checkbox"/> Other
<input type="checkbox"/> Project support	<input type="checkbox"/> Technical assistance	<input type="checkbox"/> Endowment
<input type="checkbox"/> Capital expenditures		
12. Principal sources of support:
 

_____ % United Way	_____ % Government contracts	_____ % Foundations/Corporations
_____ % Earned income	_____ % Individual contributions	
13. Previous funding from the Delaplaine Foundation?  Yes  No
14. Purpose of request (the summary should not exceed this space).

15. Why is this program unique? Why is it needed?

16. Summarize the organization's history, mission, goals.

17. List any other organizations in the area with a similar purpose to your organization and describe collaboration, if appropriate.

18. Describe your plans for sustaining the program after the grant (funding and other sources).

19. Funding sources and amounts applied for, received or committed.

20. Please enclose the following information with this application:

Appendix A: A complete budget for the project or program.

Appendix B: The current annual budget; include in-kind services and volunteers' hours contributed.

Appendix C: Current audited financial report.

Appendix D: Delaplaine Foundation considers all grant applications only from public charities as defined under the Internal Revenue Code and applicable regulations. An applicant must have obtained a 501(c)(3) determination letter prior to submitting an application and must include a copy with this application. If the applicant is not required to have obtained a 501(c)(3) letter, it must provide a copy of an IRS letter or a legal opinion certifying that the applicant is a public charity as described in section 509(a)(1),(2), or (3).