2022 Delaplaine Foundation Grant Program - First Time Applicant

*Delaplaine Foundation*

*PROJECT INFORMATION*

All completed applications and required documents must be submitted by October 1st annually for consideration. Please review your organizational contact information. Any correspondence that is mailed, such as grant checks, will be sent to the address we have in the Grantee portal so please make certain this information is reviewed frequently and kept current.

Delaplaine Foundation, Inc. is administered under the management services of Great Southern Enterprises, Inc. Thank you for your interest in Delaplaine Foundation, Inc.

## Project Name\*

1. Please state the name of the project for which you are requesting funds.

*Character Limit: 250*

## Project Description\*

1. Please describe the Project.

*Character Limit: 10000*

## Project Start Date\*

1. Please state the start date of the Project.

*Character Limit: 10*

## Amount Requested\*

1. Please state the dollar amount requested for the Project.

*Character Limit: 20*

## Request Purpose

1. Please state with specificity how the requested funds will be spent in relation to the Project.

*Character Limit: 10000*

## Geographic Area\*

1. Please choose the geographic area the Project will serve.

**Choices**

Frederick County, MD Maryland

National International

## Continuity\*

Indicate whether this grant would serve a new or ongoing activity.

**Choices** New Ongoing

## Need for Project

1. Why is this Project unique? Why is it needed?

*Character Limit: 10000*

## Project Sustainability

1. Describe plans for sustaining the Project after the grant (i.e. funding & other sources).

*Character Limit: 10000*

## Project Topic/Issue\*

1. Please select only **one** option from the following list. If your project could reasonably fall into more than one category, use your best judgement to decide which category you would prefer to use for this grant request.

*For more complete details about what types of work belong in each category, click here.*

**Choices** Animal Welfare Arts and Culture

Civic, Public Affairs, and Governance Community Development

Disaster Response Education - All

Education - Early Childhood Education - K to 12 Education - College Education - Beyond College Environment

Historic Preservation Human Needs - All

Human Needs - Employment/Job Training Human Needs - Family Stability

Human Needs - Financial Services Human Needs - Food

Human Needs - Health - Mental Human Needs - Health - Physical

Human Needs - Health - Substance Use/Addiction

Human Needs - Housing Human Needs - Human Rights

Human Needs - Other Income Supports/Benefits Human Needs - Person Hosting

Human Needs - Personal Safety Human Needs - Personcare

Human Needs - Services Navigation Human Needs - Transportation Human Needs - Telecommunications Personal Development

Public Services - Libraries and Information

Public Services - Other Public Facilities and Amenities Public Services - Parks & Rec

Public Services - Public Safety Religion

Science

Sport and Athletics Other

Unknown

Not Applicable

# ORGANIZATIONAL INFORMATION

## Incorporation Date\*

1. Please state the Organization's incorporation date.

*Character Limit: 10*

## Organization Mission

1. Summarize the Organization's mission.

*Character Limit: 500*

## Organization History

1. Summarize the Organization's history.

*Character Limit: 10000*

## Organization Goal

1. Summarize the Organization's goals.

*Character Limit: 1000*

## Collaborative Efforts

1. List organizations with a similar purpose and describe any collaboration.

*Character Limit: 10000*

## Fiscal Year\*

1. Date on which the Organization's fiscal year begins:

*Character Limit: 10*

## Fiscal Sponsor\*

Is your organization fiscally sponsored by another entity?

**Choices**

Yes No

## Applicant Staff Size\*

**Choices**

None 1-5

6-15

16-50

51+

Unknown

## Applicant Budget\*

**Choices**

Up to $100,000

$100,001 to $250,000

$250,001 to $500,000

$500,001 to $1,000,000

$1,000,001 to $5,000,000

$5,000,001 or more

# FINANCIAL INFORMATION

## Total Budget\*

1. Please state the Organization's total budget:

*Character Limit: 20*

## Project Budget\*

1. Please state the budget for the Project:

*Character Limit: 20*

## Fund Raising Costs\*

1. Please state the Organization's fund raising costs:

*Character Limit: 20*

*Character Limit: 20*

## Percentage of budget:

*Character Limit: 4*

## Administrative Costs\*

18. Please state the Organization's administrative costs:

*Character Limit: 20*

## Percentage of budget:

*Character Limit: 4*

## Projected Operating Budget\*

1. Please state the Organization's projected operating budget for next year:

*Character Limit: 20*

## Prior Funding

1. Has the Organization previously received funding from Delaplaine Foundation?

**Choices**

Yes No

# PRINCIPAL SOURCES OF SUPPORT

## % United Way:

*Character Limit: 10*

## % Government Contracts:

*Character Limit: 10*

## % Foundations/Corporations:

*Character Limit: 10*

## % Individual Contributions:

*Character Limit: 10*

*Character Limit: 10*

## % Earned Income:

*Character Limit: 10*

## Funding Sources

1. Please list the Organization's funding sources and amounts applied for, received or committed. (For example: United Way - $2,000)

*Character Limit: 10000 | File Size Limit: 3 MB*

# APPENDIX ATTACHMENTS

## Appendix attachments:

Please enclose the following information with this application:

*Character Limit: 10000 | File Size Limit: 4 MB*

Appendix A: Complete budget for the program/project.

*File Size Limit: 1 MB*

Appendix B: Current Annual Budget; including in-kind services and volunteers' hours contributed.

*File Size Limit: 1 MB*

Appendix C: Current Audited Financial report.

*File Size Limit: 4 MB*

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).

*File Size Limit: 1 MB*

**The Public Profile button that you see at the top of this form allows you to see information about your organization from GuideStar and GreatNonprofits. The information you will see is based on the EIN (Tax ID) number that was provided during the registration process and may be considered during our internal review of your request for funding. We encourage you to verify that this information is up-to-date and accurate by clicking on your Public Profile and updating as necessary. Thank you.**

# ONE LAST QUESTION

## Time Spent on Application\*

How long did it take you to complete this application?

**Choices**

Less than two hours Less than four hours

Less than six hours More than six hours