

# 2022 Delaplaine Foundation Grant Program - First Time Applicant

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*Delaplaine Foundation*

## ***PROJECT INFORMATION***

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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\***

2. Please describe the Project.

*Character Limit: 10000*

### **Project Start Date\***

3. Please state the start date of the Project.

*Character Limit: 10*

### **Amount Requested\***

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

*Character Limit: 20*

### **Request Purpose**

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

*Character Limit: 10000*

### **Geographic Area\***

6. 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

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

*Character Limit: 10000*

### Project Sustainability

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

*Character Limit: 10000*

### Project Topic/Issue\*

9. 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***

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### **Incorporation Date\***

10. Please state the Organization's incorporation date.

*Character Limit: 10*

### **Organization Mission**

11. Summarize the Organization's mission.

*Character Limit: 500*

### **Organization History**

12. Summarize the Organization's history.

*Character Limit: 10000*

### **Organization Goal**

13. Summarize the Organization's goals.

*Character Limit: 1000*

### **Collaborative Efforts**

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

*Character Limit: 10000*

**Fiscal Year\***

15. 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**

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**Total Budget\***

16. Please state the Organization's total budget:

*Character Limit: 20*

**Project Budget\***

17. Please state the budget for the Project:

*Character Limit: 20*

**Fund Raising Costs\***

18. 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\***

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

*Character Limit: 20*

**Prior Funding**

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

**Choices**

Yes

No

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***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**

22. 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

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### 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

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### 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