

# 2022 Delaplaine Foundation Grant Program - Renewal Application

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*Delaplaine Foundation*

## ***PROJECT INFORMATION***

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Please note: If you are a first-time applicant for funding from Delaplaine Foundation, Inc., or if you have received funding but not in the past two years, please utilize the First Time Applicant application.

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

*Character Limit: 300*

## 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

## *FINANCIAL INFORMATION*

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### **Fiscal Sponsor\***

Is your organization fiscally sponsored by another entity?

#### **Choices**

- Yes
- No

### **Fiscal Year\***

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

*Character Limit: 10*

### **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

**Total Budget\***

11. Please state the Organization's total budget:

*Character Limit: 20*

**Project Budget\***

12. Please state the budget for the Project:

*Character Limit: 20*

**Fund Raising Costs\***

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

*Character Limit: 20*

**Percentage of budget:**

*Character Limit: 4*

**Administrative Costs\***

14. Please state the Organization's administrative costs:

*Character Limit: 20*

**Percentage of budget:**

*Character Limit: 4*

**Projected Operating Budget\***

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

*Character Limit: 20*

***PRINCIPAL SOURCES OF SUPPORT***

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**% United Way:**

*Character Limit: 10*

**% Government Contracts:**

*Character Limit: 10*

**% Foundations/Corporations:**

*Character Limit: 10*

## % Individual Contributions:

*Character Limit: 10*

## % Earned Income:

*Character Limit: 10*

## Funding Sources

16. 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:

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*

**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