

2024 Delaplaine Foundation Grant Program - First Time Applicant

Delaplaine Foundation

Questions for First Time Applicants

Project Name*

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

Character Limit: 250

Organization Name*

2. Please state the name of your organization.

Character Limit: 250

Tax Status*

3. Please choose the tax status of your organization.

Choices

Section 501(c)(3)

Section 509(a)

No tax-exempt status - will utilize a fiscal sponsor

Organizational Mission*

4. Please briefly identify the issue your organization targets and how your program or project will impact this issue.

Character Limit: 4000

Geographical Impact*

5. Will your program or project directly impact residents of Frederick County, Maryland?

Choices

Yes

No

Amount Requested*

6. Please select the range that includes the amount you plan to request for your program or project.

Choices

0 - \$1999

\$2000 - \$4999

\$5000 - \$9999

\$10,000 - \$24,9999

\$25,000 - \$50,000

Section 501(c)(3) status

Section 501(c)(3) status*

Please enter the four digit year your organization was founded and upload your organization's documentation of tax-exempt status.

Character Limit: 4 | File Size Limit: 8 MB

Section 509(a)

Section 509(a)*

Please enter the four digit year your organization was founded and upload your organization's documentation of tax-exempt status.

Character Limit: 4 | File Size Limit: 8 MB

Geographical Impact Description

Geographical Impact*

Please describe how your program or project will impact residents of Frederick County.

Character Limit: 5000

No Tax Exempt Status

No Tax-Exempt Status*

Please enter the Tax ID number of the fiscal sponsor you are using to apply and upload that organization's documentation of tax-exempt status.

Character Limit: 12 | File Size Limit: 8 MB