

2025 Delaplaine Foundation - Renewal Grant Application

Delaplaine Foundation

PLEASE READ PRIOR TO STARTING APPLICATION

Please note: If you have not previously received funding from Delaplaine Foundation, Inc., please utilize the First Time Applicant application. If you have received funding but not in the past three years, please utilize the Returning Grantee/Grant not received within past 3 years application.

All completed applications and required documents must be submitted by October 1st, or the following business day, annually for consideration.

Grant awards for the following four sectors of our giving focus on program or projects that impact Frederick County residents: Cultural Arts, Education, Health and Human Services. Grant applications for Historical Preservation and Spiritual Enlightenment programs or projects in Frederick County AND surrounding regions will be considered. Nonprofit organizations will be limited to submitting ONE grant application in a grant cycle.

Please review your organizational contact information to make sure it is current. Any correspondence that is mailed, such as grant checks, will be sent to the organizational address we have in the Grantee portal. Electronic communication will be sent to the individual who is designated as the primary contact, unless specifically otherwise requested.

If your application is funded in full or in part of the requested amount, please be aware that the Grant Agreement that must be signed in order to receive funds specifies that the funds are to be used by the end of the month 12 months from the date of the grant check (***i.e. Funds received in December of 2025 must be used by December 31, 2026***). Should a grantee encounter circumstances that do not allow for the funds to be fully expended in the required time frame, or if circumstances develop causing the grantee to wish to designate a portion of remaining funds for a purpose other than the one approved in the original grant application, **PERMISSION MUST BE REQUESTED IN WRITING** in order to reassign funds for a different purpose or for the deadline of use to be extended. Otherwise, funds are to be returned to Delaplaine Foundation as stated in the Grant Agreement.

Thank you for your interest in Delaplaine Foundation, Inc.

PROJECT INFORMATION

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

Character Limit: 300

Geographic Area*

6. Please choose the geographic area the Project will serve. Please note that if your project falls under the Cultural Arts, Education, Health or Human Services funding sector, the project will need to be based on or impact Frederick County.

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 which funding sector under which your project falls. If the project encompasses multiple funding sectors, please choose the one that represents the largest aspect of your project.

Choices

Arts and Culture
Education
Health
Historic Preservation
Human Needs
Spiritual Enlightenment

FINANCIAL INFORMATION

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

Character Limit: 20

PRINCIPAL SOURCES OF SUPPORT

% 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

Character Limit: 10

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

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