2026 Fund for Women Grant Application

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Delaware Community Foundation

Section One: Applying Organization Information

Name of Organization

Organization Address, City, State, ZIP*

Organization Phone
Website
What year was the organization founded?
EIN
% of Board Members making annual financial contributions to your organization

Section Two: Contact Info

Executive Director/President Name:
Executive Director Phone Number:
Executive Director Email:
Primary Contact Name:
Primary Contact Title:
Primary Contact Phone Number:
Primary Contact Email:
Secondary Contact Name:* (ideally an administrative contact but this can be anyone other than the primary contact):
Secondary Contact Title:
Secondary Contact Phone Number:
Secondary Contact Email Address:

Section Three: Project Focus & Overview

Professional Review Offer: Yes / No
The FFW recognizes that not every organization has a professional grant writer. This year we are running a pilot project whereby if you
- Have not received a grant from the FFW since 1999 or earlier, AND
- You submit a draft of your application to either grants@defundforwomen.com or in Foundant by January 10, 2026

We will have a qualified person review your application, with a focus on measures of success and the budget, and get back to you with suggestions or to discuss the project.

Note: You must choose "No" if you are submitting your application on January 11th or later.

Name of Project / Program:

Grant Amount Requested (up to $15,000):

Project Primary Focus Area
Please pick one by underlining or highlighting:
- Housing/Homelessness/Safety
- Healthcare/Nutrition
- Education/Career Training/Life Skills
- Economic Advancement/Civic Engagement
- Recovery/Self-sufficiency/Domestic Violence/Human Trafficking

Project Description*
Describe the project, including who will manage the project and be accountable for its results.
Character Limit: 3000

What is the need you expect to fill with this project?*
Character Limit: 3000

Explain how your project will empower women and girls to achieve their potential.*
Character Limit: 3000

Target Population* Describe your target population, how you intend to recruit them and a timeline for recruitment.
Character Limit: 3000

Measures of Success* How will you measure success and how will you know if the project has been successful? Include the data that will be collected, major milestones where measurement will be taken, and timeline for data collection.
Character Limit: 3000

Describe how the project will be sustainable over the next 5 years.*
Character Limit: 3000

Collaboration Indicate any collaborators with whom you are working and the expected benefit from the collaboration.
If you plan to collaborate with another organization or entity, please submit a letter of confirmation on the collaborating organization's letterhead. If you are not collaborating with another organization, just skip this question.
File Size Limit: 2 MB

Does this project align with one of the Fund for Women's current advocacy efforts?
This will not determine your ability to receive funding but it will help our advocacy group evaluate current and potential focus areas. (check / highlight all that apply)
- Human Trafficking
- Early Childhood Education
- Pay Equity
- Domestic Violence & Child Abuse

Section Four: Project Beneficiaries

Total number of individuals who will directly benefit from this project

What percentage of the total individuals benefiting from this project will be women and girls?

How does including males in the project also benefit women and girls?
If all women and girls only, type n/a.
Character Limit: 1000

Beneficiaries by County--- Type #0 for the county(ies) that your program will not impact.
New Castle County*
How many people will directly benefit from this project?

Kent County*
How many people will directly benefit from this project?

Sussex County*
How many people will directly benefit from this project?

Section Five: Demographic Data

The Fund for Women would like to collect demographic data on your Board of Directors and the population your organization serves. Please note that answers to these questions will not affect the ranking of your proposal.

At the Fund for Women, we are committed to building opportunity for all. To be successful, we know that a focus on equity is crucial. The Fund for Women has made several organizational commitments.

- We would like to hear from you on how your organization is incorporating equity values:
- For example, do you incorporate the perspectives of the population served in program design and delivery?
- Has your organization hosted cultural sensitivity training for staff and/or board of directors?
- Is your organization seeking out cross-cultural experiences that encourage awareness of other cultures or spend a day in the life of the community members you serve?

White/Caucasian/European			
Multi-Racial/Multi-Ethnic (2+ races/ethnicities)			
Decline to state			
Unknown			

White/Caucasian/European			
Multi-Racial/Multi-Ethnic (2+ races/ethnicities)			
Decline to state			
Unknown			

Gender Identity (#)

	Board Members	Staff	Senior Staff
Female			
Male			
Non-binary			
Decline to state			
Unknown			

Primary Geography Served

Please indicate the primary geography your organization serves.

Choices

New Castle County
Kent County
Sussex County
Statewide
Outside of Delaware

Primary Geography Served - Zip Codes
Please list the 5 primary zip codes served by your organization.

Zip Codes	
Zip Code One	
Zip Code Two	
Zip Code Three	
Zip Code Four	
Zip Code Five	

Section Six: Attachments & Signatures

Financials - Statement of Revenue or Approved Board Accounting Records

Please choose the option that best fits your organization:

- Submit Part VIII Statement of Revenue from the organization's 990 or 990-EZ for 2023 and 2024

- For organizations that do not file a 990 or 990-EZ, or do not have a completed 990 for each of the years 2023 and 2024, submit accounting records showing the Board approved budget and actuals for each year

- For organizations that have only completed one fiscal year, accounting records showing the most recent or current Board approved budget and actuals will be accepted

Be sure to submit documents from BOTH years and include ONLY Part VIII from your organization's 990 or your complete 990-EZ.

Current Operating Budget*
Please provide a simple budget for your organization.
We are looking for the amount of income that comes in to your organization annually and a general breakdown of what your annual expenses are.

File Size Limit: 2 MB

Financial Statement Upload*
Please choose the best financial statement to upload from the approved list of financial documents above. When saving, please note the type of financial document in the saved name. e.g. 990FY24, 2024 Audit, etc.

File Size Limit: 4 MB

Second Financial Statement Upload
If needed, please use this to upload a second financial documents from the list above. When saving, please note the type of financial document in the saved name. e.g. 990FY24, 2024 Audit, etc.

File Size Limit: 4 MB

Project Budget*
Please include the total cost of the project as well as a breakdown of expenses.

File Size Limit: 2 MB

REQUIRED SIGNATURE OF CONTACT FILLING OUT APPLICATION*
By adding your name below, you are indicating that the applicant organization does not discriminate in staffing or services on the basis of race, religion, gender, age, disability, or national origin.

Character Limit: 75

REQUIRED SIGNATURE OF EXECUTIVE DIRECTOR/PRESIDENT*
By adding your name below, you are indicating that the applicant organization does not discriminate in staffing or services on the basis of race, religion, gender, age, disability, or national origin.

Character Limit: 75

Additional Attachment 1 - Link to Short Video
To state your case for funding in a short, 2-minute video, you must copy the URL from a website where the video is house - such as YouTube or Vimeo - into the box below.

Character Limit: 2000

Additional Attachment 2 - Photo or Collateral Material
Upload a photo or other collateral that helps visually support the proposed project. Include a brief description of the attached photo or collateral. Note that these will be reviewed as a part of the evaluation process.

Section Seven: Payment Processing

Grants will be processed through Direct payment via ACH transfer. Please complete the fields below to allow the Delaware Community Foundation to award grants to your organization.

Authorization of Payment*

I (we) authorize the Delaware Community Foundation ("Company") to electronically credit my (our) account (and, if necessary, electronically debit my (our) account to correct erroneous credits) as follows:

Choices

Checking Account
Saving Account

Attach Bank Details (Voided Check or Letter from Bank)*

Please attach either a voided check or a letter from the bank verifying your account number. This will allow for accuracy of bank details and for efficient payment processing.

File Size Limit: 2 MB

Signature: Agree and Approval for Payment Processing: By typing your name below:*

I(we) understand that this authorization will remain in full force and effect until I(we) notify COMPANY in writing that I(we) wish to revoke this authorization. I(we) understand that COMPANY requires at least 5 business days prior notice in order to cancel this authorization.

Character Limit: 100