



**Must be postmarked or delivered  
By August 31, 2016**

**2016 Grant Application Form**

**ORGANIZATION INFORMATION**

**Name** \_\_\_\_\_

**Address** \_\_\_\_\_

**City:** \_\_\_\_\_ **State:** \_\_\_\_\_ **Zip:** \_\_\_\_\_

**Contact Person:** \_\_\_\_\_ **Title:** \_\_\_\_\_

**Phone:** \_\_\_\_\_ **Fax:** \_\_\_\_\_ **e-mail** \_\_\_\_\_

**Total Project Budget:** \_\_\_\_\_ **Amount Requested:** \_\_\_\_\_

**Previous Mid-Del Funding:** \_\_\_\_\_ **Year(s) Received:** \_\_\_\_\_

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**Provide a brief history of the organization, including mission and major programs.**

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**State organization's annual budget:**

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**Describe constituency and number of persons your organization serves annually:**

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**Service area:**                     **Kent County**                     **Sussex County**  
    **New Castle County**                     **Statewide**

**Organizations applying for capital grants must use this form and limit responses to the space provided. This provides a concise, standardized way for the Mid-Del Foundation to compare all applicants.**

**No other forms will be accepted. Submit only the requested attachments**

## **PROJECT INFORMATION**

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**Summarize project to be funded, including how funds from the Mid-Del Foundation will be used:**

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**List your project goals:**

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**Describe constituency and number of people to be served by this project:**

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**Explain the community need for the project:**

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**Will completion of this project impact your future operating budgets?  
If so, how?**

**OTHER FUNDING SOURCES:**

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**List request to other sources and dollar amount requested:**

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**List other funding received for this project:**

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**What will you do if Mid-Del funding is denied?**

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**What will you do if you receive partial Mid-Del funding?**

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**When is money needed for this project and what is the expected project completion date?**

**REQUIRED ATTACHMENTS:**

\_\_\_\_ **501(c)(3) Determination Letter**

\_\_\_\_ **Board of Directors List**

\_\_\_\_ **Mid-Del Disclosure Statement**

\_\_\_\_ **Most recent Budget, Balance Sheet  
(audited if available) and  
Income Statement**

\_\_\_\_ **Project Budget**

## **REQUIRED SIGNATURES:**

**The Mid-Del Foundation seeks to conduct its business in accordance with the highest ethical and community standards.**

**Applicant organization does not discriminate in staffing or services on the basis of race, religion, gender, age, disability, national origin, or sexual orientation.**

**Executive Director** \_\_\_\_\_ / \_\_\_\_\_  
**(Print full name)**

**Board President/Chair** \_\_\_\_\_ / \_\_\_\_\_  
**(Print full name)**

**Send completed Application Form/USB Drive to: James Boese  
Harrington Raceway  
15 West Rider Road  
Harrington, DE 19952**

**Faxes will not be accepted.**

**Please complete and return this disclosure statement with your Grant Application Form. Its contents will be kept confidential.**

**DISCLOSURE STATEMENT**

**The Mid-Del Foundation seeks to conduct its business in accordance with the highest ethical and community standards. As a member of the Council on Foundations, we fully subscribe to the Council's principles and practices for effective grant making. Of particular importance to us is the avoidance of actual, potential or perceived conflicts of interest in the submission, evaluation and disposition of Grant Application Forms.**

**Accordingly, as part of the application process, we require that you review the list of current Mid-Del Foundation directors and employees of Harrington Raceway and complete the section below.**

|              |                                     |
|--------------|-------------------------------------|
| <b>Name:</b> | <b>Affiliation or Relationship:</b> |
| _____        | _____                               |
| _____        | _____                               |
| _____        | _____                               |
| _____        | _____                               |

**No such affiliations or relationships exist: \_\_\_\_\_**

**Name of Grant Applicant: \_\_\_\_\_**

**Contact Person for Grant Application:**  
\_\_\_\_\_

**Phone Number of Contact Person:**  
\_\_\_\_\_

|             |                  |
|-------------|------------------|
| _____       | _____            |
| <b>Date</b> | <b>Signature</b> |

**Mid-Del Foundation Officers**

- Howell F. Wallace    President**
- Eugene H. Bayard    Vice President**
- Patricia B. Key        Director**
- Robert F. Rider Jr.    Director**
- William H. Willis Jr.    Director**