



Must be postmarked or delivered
by August 31, 2017

Grant Application Form

ORGANIZATION INFORMATION

Organization Name:

Project Name:

Contact Person:

Title:

Address:

City, State, Zip:

E-mail:

Federal Identification Number:

Total Project Budget:

Amount Requested:

Previous Mid-Del Funding:

Year(s) Received:

Service Area:

Kent County

Sussex County

New Castle County

Statewide

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

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.***

Organizations annual budget: \$ _____

PROJECT INFORMATION

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

List your project goals and objectives:

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

Explain the community need for the project:

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

OTHER FUNDING SOURCES

List requests to other sources and dollar amount requested:

List other funding received for this project:

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

What will you do if you receive partial Mid-Del Funding?

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

REQUIRED ATTACHMENTS:

501(c)(3) Determination Letter

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

Board of Directors List

Mid-Del Disclosure 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: Nicole Porter
Harrington Raceway, Inc.
15 West Rider Road
Harrington, DE 19952

or e-mail/scan to: nporter@harringtonraceway.com (Faxes will not be accepted)

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.

Name:	Affiliation or Relationship:
_____	_____
_____	_____
_____	_____
_____	_____

No such affiliations or relationships exist: _____

Name of Grant Applicant: _____

Contact Person for Grant Application: _____

Phone Number of Contact Person: _____

Date: _____ Signature: _____

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