

Trustees of the New Castle Common Community Grant Application Form

TO APPLY USING THE PDF APPLICATION FORM:

Save (download) this PDF file to your computer.

Open the PDF application form you downloaded.

Fill out the form and save it with your data in it.

Attach the completed form to an email sent to: office@trusteesncc.org

If you have questions, please call the Trustees office at 302-322-2809.



Trustees of the New Castle Common Community Grant Application Form

Request for Funding for Fiscal Year 2026-2027 (April 1, 2026 - March 31, 2027)

This completed form must be received by December 31, 2025 via email to office@trusteesncc.org, or by regular mail to P.O. Box 427, Historic New Castle, DE 19720 or delivered to the Trustees office at 807 Frenchtown Road, New Castle, DE 19720. If additional information or clarification is needed, please call the Trustees office at 302-322-2809.

Organizations within the town of Historic New Castle may apply for grants. The Trustees mission is to manage its resources "for the benefit of the citizens of Historic New Castle." Citizens are defined as the residents of the incorporated area of the City.

If an organization has activities both inside and outside of the Historic New Castle City limits, the Trustees can only support those activities within the City. Information and documentation provided must clearly indicate the location of services provided.

The following information must be detailed and specific to the amount being requested. The Trustees receive requests for more funds than are available and your detailed input is helpful in prioritizing funding. Please expand areas below for each response, as needed. NOTE: The Trust will not approve a grant request used to support that organization's philanthropic activities.



Applicant Organization Information (please print or type)

| Organization: |
|---------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| Officers or Board of Directors: |
| |
| Mailing Address: |
| Telephone No.: |
| Telephone Ivo |
| Email: |
| 1. Amount Requested and Timeline for Use of Funds. Receipts will be required showing that funds were for the benefit of the citizens of Historic New Castle. Invoices, receipts, credit card statements etc. are required before disbursement of any funds - please plan accordingly. |

| 2. Explain how your organization would use these funds and detail how use of any funds you may receive can benefit the citizens of New Castle. |
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| Accomplishments achieved from prior years' funds; how did the outcome compare to proposed goals? |
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| Additional Comme | ents: | |
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| DI EACE NOTE | | |
| PLEASE NOTE: Information on gra | nts awarded will be available after April 1, 2026. | |
| - | ur request, you may be contacted to provide additional a brief presentation to give further details pertaining | |
| Person submitting | this request: | |
| Name / Title: | | |
| Phone No.: | | |
| Email: | | |
| Signature: | | |
| Date: | | |
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