21st Century Fund for Delaware’s Children, Inc.  
Guidelines and Procedures

The 21st Century Fund for Delaware’s Children is a public/private partnership to address the special needs of at-risk children in Delaware. The intent of the fund is to provide experiences that help children define their strengths, improve their self-esteem and build a sense of hope for the future. Examples include sports camps, music lessons, prom tickets and other opportunities to achieve a child’s potential in a particular talent or interest otherwise not affordable or available to them. Children receiving services from state agencies and community programs in Delaware are eligible for funding.

Application Process:

1. Applications for 21st Century Funds can be completed by a professional providing services to a child or youth (to age 22).

2. A request written on the applying agency’s organizational letterhead should be submitted together with the 21st Century Fund application to Children & Families First (CFF).

3. Applications for requests under $100 will be reviewed and determined if the request is consistent with the fund intent. Requests can only be approved in each quarter up to the budgeted amount. Once approved, the check request will be processed and made available immediately.

4. Applications for funds in excess of $100 require approval by the 21st Century Fund Grants Committee. This committee consists of the Treasurer and two others designated by the Board of Directors. Requests exceeding $100.00 must include information pertaining to what other agencies were contacted for assistance before applying for this fund.

5. Mail or fax the completed application to:

   21st Century Fund  Fax: (302) 658-5170
   c/o Children & Families First
   2005 Baynard Boulevard
   Wilmington, DE 19802

   Attention:  Leslie Newman

6. Checks will be made payable to the requesting agency worker or vendor. Approved funds will be mailed to the requesting agency worker. If the check is to be picked up by the client, call CFF in advance. Appropriate identification is required.

7. Receipts are required. The requesting agency is responsible for obtaining all receipts verifying the use of the funds. Mail or fax receipts to:

   21st Century Fund  Fax: (302) 658-5170
   c/o Children & Families First
   2005 Baynard Boulevard
   Wilmington, DE 19802

   Attention:  Leslie Newman

Revised 5/21/09
Date of Application: ___________________________

Name of Child/Youth: ___________________________   D.O.B. ____________________
(For whom assistance is being sought)   (Month/day/year)

Name of Parent/Guardian of child listed above: ______________________________________________

Address: _____________________________       Phone No.: ___________________________________

Name of Applying Social Worker/Agency Worker: ____________________________________________

Name of Applying Agency: ______________________________________________________________

Address: _____________________________                 Phone No.________________________________

E-mail address: ____________________________

Service/Item Need:
Describe the service or item being requested: _______________________________________________
______________________________________________________________________________________
Location/Source of service or item: ___________________________________ ( store, catalog, business, etc.)
Describe the need or strength(s) to be addressed: __________________________________________
______________________________________________________________________________________
______________________________________________________________________________________

Fund Request:
Amount being requested: $___________ (up to $100, subject to availability)
List other agencies contacted for assistance (if requested amount exceeds $100.00): ___________________
______________________________________________________________________________________
Make funds payable to: __________________________________________
Signature of Social Worker/Agency Worker: _________________________________________________

FOR OFFICE USE ONLY:
Name of Authorized Approving 21st Century Fund Worker: _____________________________________
Signature of Approving 21st Century Fund Worker: ___________________________________________
Date of Application Approval: ____________________________________________________________

Revised 5/21/09