

Partnership in Youth Services Application 2021

Foundations Community Partnership

Project Information

Project Name*

Character Limit: 100

Project Description*

Provide a brief description of the project for which you are seeking funding. Please include anticipated activities that will take place during the grant period, including approximate timelines for each activity.

Character Limit: 1000

Program Area*

Please identify the program area that best fits the project by selecting it from the drop down menu below (click on down arrow to see all options).

Choices

Education
Vocational
Behavioral Health Program
Family Services
Housing Support
Capacity Building
Building Improvement
Capital Campaign
Emergency Services
Summer Camp
Other

"Other" Program Area

Please specify program area if you selected "Other" in preceding question.

Character Limit: 50

Target Population*

Please identify the population that benefits the most by your project by selecting from the drop down menu below (click on down arrow to see all options).

Choices

Infants/Toddlers
Children
Adolescents
Young Adults
Families with Children

Individuals Served*

Approximately how many individuals (unduplicated) will be served by this project?

Character Limit: 10

Bucks County Residents Served*

Of the total number of individuals served by the proposed project, what is the total number of Bucks County residents whose behavioral health and/or human service needs will be addressed?

Character Limit: 7

Funding Amount Requested*

Currently, Partnership in Youth Services grant awards are up to \$3,000.

Character Limit: 20

Organization Mission Statement*

Character Limit: 1500

Project Goals*

Please provide 2 or more measurable goals expected within 12 months.

Character Limit: 250

Project Leadership*

Describe your organization's preparedness to implement this project over the next 12 months.

Character Limit: 250

Geographic Area Served*

Please identify where in Bucks County the project is to be delivered by selecting from the drop down menu below (click on down arrow to see all options)

Choices

Lower Bucks County
Central Bucks County
Upper Bucks County
Multi-Site

Organization History*

Please give a brief history of your organization. Include current activities and programs, along with total number of and type(s) of individuals served by the organization.

Character Limit: 500

Community Benefits*

Describe the specific benefits to the community that you expect to occur as a result of this project. How will the project meet the identified needs of the community?

Character Limit: 500

Letters of Agreement

Please upload any Letters of Agreement from collaborating agencies, if applicable.

File Size Limit: 3 MB

Required Documents

IRS Public Charity Status*

My organization is exempt under Section 501(c)(3), charitable organizations, or Section 170(c)(1), government entities, of the Internal Revenue Code. In addition, it is classified in Section 509(a)(1) or 509(a)(2) of the Internal Revenue Code.

Choices

Yes

No

501 (c)(3) Determination Letter Upload*

File Size Limit: 3 MB

Project Budget Upload*

Please attach a brief budget, explaining expenditures. Please include amount of funding already provided or anticipated for project (if applicable). Note: If you have an electronic copy of your project budget on your computer, click on the browse button below to locate and upload it. If you do not have this file available in an electronic format, you can easily upload it using a regular fax machine. Please refer to "Fax to File" information in navigation bar at left.

File Size Limit: 3 MB

Signature*

Enter your full name, job title, and the date of application submission (e.g., Anne Smith, Executive Director, 1 June 2010).

Character Limit: 100

By entering your signature information above and clicking "I Agree" below, you certify that the statements contained in this application are true and correct to the best of your knowledge and belief.*

Choices

I Agree

I Do Not Agree