

# Target Funding-General Operating Support Grant 2022

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## *Foundations Community Partnership*

### **Target Funding GOS Eligibility\***

Please check that each of the required criteria below applies to your organization. NPO must meet and substantiate all criteria in order to apply for a TF-GOS grant.

#### **Choices**

Nonprofit organization (NPO) mission aligns with that of FCP.

NPO is a 501c3 organization and classified in section 509(a)1 or 509(a)2.

NPO is recognized by a licensing board or certifying org. or receives Co., State, or Fed. funding.

NPO has been in operation in Bucks County for 10 or more years.

NPO has received > 5 grants from FCP or at least 2 grants & served as an SYC Host Agency > 3 years.

NPO has an operating Strategic Plan.

NPO has submitted review/audit to the PA Bureau of Charitable Organizations for past 3 fiscal years.

NPO has a Board of Directors, Policies/Procedures, and active Committees.

NPO has submitted all grant reports due to FCP for all prior funding.

### **Organization Name\***

*Character Limit: 100*

### **Target Population Served\***

Please identify the primary population that you serve by selecting from the drop down menu below. Note that FCP requires that the focus be on the behavioral health and human service needs of children, youth, and families.

#### **Choices**

Infants/Toddlers

Children

Adolescents

Young Adults

Families with Children

More than one target population - see below

### **Target Population Served**

If the NPO serves more than one target population, please explain here:

*Character Limit: 100*

### **Bucks County Area Served\***

Please choose area the NPO serves from the drop-down menu below.

#### **Choices**

Lower Bucks County

Central Bucks County

Upper Bucks County

Multi-Site

Other Area(s) - see below

### **Bucks County Area Served**

If one selection from drop-down choices above does not capture the geographic area the NPO serves, please explain here.

*Character Limit: 250*

### **Individuals Served\***

Approximately how many individuals (unduplicated) does your organization serve?

*Character Limit: 7*

### **Number of Bucks County Residents Served\***

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

*Character Limit: 7*

### **Organization Mission Statement\***

Mission Statement

*Character Limit: 500*

### **Organization History\***

Please give a brief history of your organization. Include current activities and programs.

*Character Limit: 500*

### **Year Founded\***

What year was your organization founded?

*Character Limit: 4*

### **Certification, Licensing, Field Recognition\***

Please describe how your organization is recognized by a regulatory, licensing, and/or certifying organization in your field or other recognition such as county, state, or federal funding.

*Character Limit: 250*

### **Pre-Grant Meeting Date**

Enter the pre-grant meeting date.

*Character Limit: 10*

### **Pre-Grant Meeting Attendees and Comments**

Include who is attending or attended the meeting as well as any comments.

*Character Limit: 1000*

### Non-Discrimination Affirmation\*

Please affirm the following on behalf of your organization with your initials in the box below:

Our organization/agency does not discriminate on the basis of race, religion, creed, national origin, disability, handicap, age, sexual orientation and/or gender identity, marital status, veteran status or any other basis prohibited by law.

*Character Limit: 3*

### 501(c)(3) Upload\*

Please upload your organization's 501(c)(3) IRS determination letter.

**Note:** Upload your most recent copy of your organization's 501(c)(3), including the 509(a)1 or 509(a)2 classification. If you **do not** have this file available in 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*

### ELECTRONIC SIGNATURE

#### Signature Application Preparer\*

Enter applications preparer's full name and title. (*e.g., Anne Smith, Grant Writer*).

*Character Limit: 100*

#### Signature CEO/President/Executive Director/Founder\*

Enter Executive Director/President/CEO/Founder's full name and date of LOI submission (*e.g., Anne Smith, 19 June 2021*).

*Character Limit: 100*

### Confirmation\*

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

#### Choices

I Agree

I Do Not Agree

# Target Funding-General Operating Support Grant 2022

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## *Foundations Community Partnership*

### *Scored Items - Required Criteria*

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#### **Organization Name\***

*Character Limit: 100*

#### **Organization Mission Statement\***

Mission Statement

*Character Limit: 500*

#### **How Does your Mission Align with FCP's?\***

*Character Limit: 500*

#### **Organization History\***

Please give a brief history of your organization, including the date it was founded and current activities and programs.

*Character Limit: 500*

#### **Individuals Served\***

Approximately how many individuals (unduplicated) does your organization serve?

*Character Limit: 8*

#### **Number of Bucks County Residents Served?\***

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

*Character Limit: 7*

#### **Target Population Served\***

Please identify the primary population that you serve by selecting from the drop down menu below. Note that FCP requires that the focus be on the behavioral health and human service needs of children, youth, and families.

##### **Choices**

Infants/Toddlers

Children

Adolescents

Young Adults

Families with Children

More than one target population - see below

### Target Population Served

If the NPO serves more than one target population, please explain here:

*Character Limit: 200*

### Bucks County Area Served\*

please choose the area the NPO serves from the drop-down menu below.

#### Choices

Lower Bucks County

Central Bucks County

Upper Bucks County

Multi-site

Other Area(s) - see below

### Bucks County Area Served

If one selection from the drop-down menu above does not capture the geographic area the NPO serves, please explain here.

*Character Limit: 100*

### Certification, Licensing, Field Recognition\*

Please describe how your organization is recognized by a regulatory, licensing, and/or certifying organization in your field or other recognition such as county, state, or federal funding.

*Character Limit: 250*

### Certification, Licensing, Field Recognition\*

Please upload supporting documents.

*File Size Limit: 2 MB*

### Board of Directors\*

Please upload a list of your current Board of Directors.

*File Size Limit: 2 MB*

### Board Giving\*

What percentage of your Board of Directors made a financial contribution in the most recently completed fiscal year?

*Character Limit: 3*

### Policies & Procedures\*

Please upload the index of your organization's board-approved policies and procedures.

*File Size Limit: 2 MB*

### **Organizational/Board Committees\***

Please upload a document outlining the committees and/or subcommittees operating under the direction of your Board of Directors.

*File Size Limit: 2 MB*

### **Organization Strategic Plan\***

Please summarize your organization's current strategic plan, including start date and projected end date.

*Character Limit: 1000*

### **Strategic Plan\***

Please upload an outline or the executive summary of your organization's strategic plan.

*File Size Limit: 3 MB*

### **Annual Review or Independent Audit\***

Please upload your organization's most recent audit/annual review.

*File Size Limit: 5 MB*

### **Current Budget\***

Please upload a copy of your organization's current budget.

*File Size Limit: 3 MB*

### **Year-End Financials\***

Please upload your organization's most recent year-end financials.

*File Size Limit: 3 MB*

## *Demographics*

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### **Ethnicity**

Please indicate which ethnic groups your organization serves as a percentage of your total client population.

#### **(%) African American\***

*Character Limit: 3*

#### **(%) Asian\***

*Character Limit: 3*

#### **(%) Caucasian\***

*Character Limit: 3*

**(%) Hispanic/Latinx\***

*Character Limit: 3*

**(%) Native American\***

*Character Limit: 3*

**(%) Arab American\***

*Character Limit: 3*

**(%) Two or more ethnicities\***

*Character Limit: 3*

**(%) Unknown**

*Character Limit: 3*

**Gender**

Please indicate the gender percentages in your client population.

**(%) Female\***

*Character Limit: 3*

**(%) Male\***

*Character Limit: 3*

**(%) Nonbinary\***

*Character Limit: 3*

**(%) Other/Unknown/Prefer not to Say**

*Character Limit: 3*

**Income\***

What percentage of your Bucks County clients/constituents do you consider low income?

*Character Limit: 3*

*Narrative Statements*

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**Strategic Support\***

How will TF-GOS funding help support the goals outlined in your strategic plan?

*Character Limit: 3300*

**Measurements of Progress\***

How will you measure the impact of the funds received from a TF-GOS grant?

*Character Limit: 3300*

### **Community Impact\***

How do you measure the impact of your organization's mission on the community?

*Character Limit: 1000*

### **Client Satisfaction\***

How does your organization measure client satisfaction?

*Character Limit: 1000*

### **Diversity, Equity, and Inclusion\***

How do your operations in Bucks County reflect the values of diversity, equity, and inclusion? For example, do you incorporate the perspectives of the population served in program design and delivery?

*Character Limit: 500*

### **Major Funding Sources\***

List major funding sources and amounts in your most recently completed fiscal year. If you prefer to upload this information, please note here and upload below.

*Character Limit: 1000*

### **Major Funding Sources**

Upload in lieu of written answer above.

*File Size Limit: 3 MB*

## *Electronic Signature*

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### **Signature Application Preparer\***

Enter application preparer's full name and title (e.g., Anne Smith, Grant Writer).

*Character Limit: 100*

### **Signature CEO/President/Executive Director/Founder\***

Enter Executive Director/President/CEO/Founder's full name and date of signature (e.g., Anne Smith, 19 June 2021).

*Character Limit: 100*

### **Confirmation**

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