

# Partnership in Youth Services Grant Fall 2022

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## *Foundations Community Partnership*

### *Project Overview*

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#### **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*

#### **Funding Amount Requested\***

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

*Character Limit: 20*

#### **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*

#### **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, and name the staff responsible for implementation.

*Character Limit: 250*

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

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

### **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

### **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*

### **Project Budget Upload\***

Please attach a brief budget, explaining expenditures. Please include amount of funding already provided or anticipated for project (if applicable) and how FCP grant funds would be spent. Please note that FCP does not fund salaries/benefits of full-time employees.

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*

### 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*

## Organization Information

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### Organization Mission Statement\*

*Character Limit: 1500*

### Organization History\*

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

*Character Limit: 500*

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

**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*

### 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.

#### Choices

Yes

No

## 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*

## *Electronic Signatures*

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

Enter CEO/President/Executive Director/Founder's full name and date of application submission (e.g., Anne Smith, June 15, 2022).

*Character Limit: 100*

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

Enter application preparer's full name and title (e.g., Joe Brown, June 15, 2022).

*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