

Emergency Action Grant 2022-2023

Foundations Community Partnership

Project Name*

Character Limit: 100

Emergency Description*

Describe the nature of the emergency, why do you need this emergency funding, and what will be the impact on the organization and consumers if the requested funding is denied?

Character Limit: 2000

Program Area*

Program Area of Request

Choices

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

Target Population Served*

Please identify the population that your project will serve by selecting from the drop down menu below (click on down arrow to see all options. Foundations Community Partnership requires that the focus be on special needs children, youth and families.

Choices

Infants/Toddlers
Children
Adolescents
Young Adults
Families with Children

Individuals Served*

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

Character Limit: 10

Funding Amount Requested*

Amount Requested

Character Limit: 20

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

Presentation or Site Visit Date

Enter the presentation or site visit date.

Character Limit: 10

Presentation or Site Visit Attendees and Comments

Include who is attending or attended the presentation or site visit as well as any comments.

Character Limit: 1000

Bucks County Residents*

Does your organization server a substantial number of Bucks county residents?

Choices

Yes
No

IRS determination*

Is your organization recognized by the IRS as a 501(c)(3) charitable non-profit?

Choices

Yes
No

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*

Enter your full name, job title, and the date of LOI submission. (e.g., Anne Smith, Executive Director, 1 June 2009).

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

Emergency Action Grant 2022-2023

Foundations Community Partnership

Project Name*

Character Limit: 100

Amount of Request*

Character Limit: 20

Please describe your agency's mission.*

Your response should focus on services to special needs children, youth and families in Bucks County.

Character Limit: 1000

Please describe the nature of the emergency.*

Why do you need this emergency grant, and what will be the impact on the organization and consumers if the requested funding is denied?

Character Limit: 1000

Application Narrative

Organization Description*

Provide a brief description of the organization that includes:

- History, mission, and current programs/services.
- What services do you provide to special needs children, youth and families? How many consumers do you serve? How many are Bucks County residents?
- What is your focus on behavioral health needs of your consumers?

Character Limit: 500

Emergency*

Provide a brief description of the nature of the emergency that includes:

- Describe what caused the emergency (funding cuts, natural disaster etc).
- What will the impact of the emergency be on the organization (closed, severely downsized etc.)?
- How will this emergency affect the consumers served?
- How many consumers will be affected?

Application

- Describe the impact to special needs children, youth and families, and risk of increased behavioral health problems.

Character Limit: 2000

Purpose of Request*

Please describe the purpose of the request including:

- How will the funds be used to avert the emergency?
- What will happen if funding is denied?

Character Limit: 1000

Funding*

- What is the total amount of funding required?
- How much are you requesting from FCP?
- Please list your top three funding sources.
- Please provide a brief 12 month budget that illustrates the emergency, and the use of the requested funds.

Character Limit: 1000 | File Size Limit: 2 MB

Current Balance Sheet*

Please provide a copy of your organization's current Balance Sheet.

File Size Limit: 3 MB

Goals*

Please provide 3 to 5 goals you expect to achieve in 12 months, if the funding is provided. Goals should include:

- Capacity goals (How many consumers will be served with this funding?)
- Program goals (How will the consumers show reduced risk of, or improvement in behavioral health problems?)
- How will you measure goal achievement (pre-post surveys, standardized testing, parent/teacher reports etc)?

Character Limit: 1500

Electronic Signature*

Enter your full name, job title, and the date of LOI submission. (*e.g., Anne Smith, Executive Director, 1 June 2009*).

Character Limit: 100

Application

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.