

Capital Improvement Grant Spring 2023

Foundations Community Partnership

Brief Project and Organization Descriptions

Project Name*

Name of Project

Character Limit: 100

Project Description*

Describe project for which you are seeking funding. Please include specific goals and anticipated activities that will take place during the grant period, including approximate timelines for each activity.

Character Limit: 2000

Program Area*

Please identify the program area that this project fits within 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
Durable Equipment
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

Funding Amount Requested*

Amount Requested

Character Limit: 20

Organization Mission Statement*

Mission Statement

Character Limit: 1500

Year Founded*

What year was the organization founded?

Character Limit: 4

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

501c3 Upload and Signature

501(c)(3) upload*

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

File Size Limit: 3 MB

ELECTRONIC SIGNATURE

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

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

Capital Improvement Grant Spring 2023

Foundations Community Partnership

Organization Overview

Organization Mission Statement*

Mission Statement

Character Limit: 1500

Organization Web Site*

Please provide link to web site here.

Character Limit: 2000

Organization Video

Provide a link to an organizational video here (optional).

Character Limit: 2000

Organization History*

Please give a brief history of your organization. Include description of current activities, programs, and individuals served.

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 - Last Year*

List major funding sources and amounts in your most recently completed fiscal year.

Character Limit: 750

Site Visit Date

Character Limit: 10

Site Visit Attendees and Comments

Character Limit: 500

Project Overview

Project Name*

Name of Project

Character Limit: 100

Amount of Request*

Currently, Capital Improvement Grant awards are up to \$10,000.

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

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: 10

Capital Improvement Project/Campaign Details*

Requests are designated for construction, renovation, or improvement of a property. Please provide a case statement for the project, including a feasibility study and/or assumptions. What is the total cost of the project (include hard and soft costs)? If the request is for planning, describe why this project is important now. If you are hiring a consultant, on what qualifications did you base your selection? Do you own or lease the property? If lease, how long is the lease? How do you intend to pay for this project? Have you completed a capital project before? How long ago and how was it funded? If applicable, describe board's participation in the capital campaign..

Character Limit: 3000

Project Leadership*

Name the project leader and her/his credential(s) for this project. Further, describe your organization's preparedness to implement this project over the next 12 months.

Application

Character Limit: 500

Project Goals*

Please provide 12 month goals for your project. What are the expected outcomes of the project?

Character Limit: 2500

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

Other Funders for this Project*

Please list all funding sources and amounts. Indicate whether sources are confirmed or prospective.

Character Limit: 750

Client Satisfaction*

How does your organization measure client satisfaction? Please explain.

Character Limit: 1000

Collaboration

Please list the collaborative efforts with other Bucks County organizations in this project.

Character Limit: 750

Application Uploads

Letters of Agreement

Please provide any letters of agreement from collaborating agencies, if applicable.

File Size Limit: 2 MB

Board List Upload*

Upload a current list of organization's Board of Directors, including names, professional titles and position(s) held on the Board.

File Size Limit: 2 MB

Project/Campaign Budget Upload*

Please upload project budget.

File Size Limit: 3 MB

Organizational Budget Upload*

Please upload Organizational Budget.

File Size Limit: 3 MB

Form 990 Upload*

Please upload your organizations most recent Form 990. If the 990 exceeds 5 MB, upload a document making note of this, and email the 990 to info@fcpartnership.org.

File Size Limit: 5 MB

Audited Financial Statement Upload*

Please upload the most recent available year of your organization's financial statements (preferably audited). If audit is more than one year old, please provide current Profit & Loss Statement.

File Size Limit: 4 MB

Demographics

Ethnic Groups Served

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

Affirmation and Electronic Signatures

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

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

Application

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