Emergency Action Grant 2023-2024

Foundations Community Partnership

Project Overview

Project Name*
Character Limit: 100

Funding Amount Requested*
Amount Requested

Character Limit: 20

Emergency Description*
Describe the nature of the emergency, why do you need this funding, and what will be the impact on the organization and its clients/constituents 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
Other

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

Character Limit: 50

Target Population Served*
Please identify the population that benefits the most by your request 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 request would have the most impact 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 request?

Character Limit: 10

Bucks County Residents Served*

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

Character Limit: 5

Pre-Grant Meeting or Site Visit Date

Enter the meeting or site visit date.

Character Limit: 10

Pre-Grant Meeting or Site Visit Attendees and Comments

Include who attended the meeting/site visit as well as any comments.

Character Limit: 1000

Organization Information

IRS Determination*

501(c)(3) upload*

Note: Please verify that your organization is exempt under Section 501(c)(3), charitable organizations, and classified in section 509(a)1 or 509(a)2 of the Internal Revenue Service Code by uploading your most recent IRS determination letter.

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: 5 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.

Character Limit: 3

Electronic Signature

Electronic Signature*

Enter your full name and job title.

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 2023-2024

Foundations Community Partnership

Project Overview

Project Name*
Character Limit: 100

Amount of Request*
Character Limit: 20

Emergency Situation*
Provide a brief description of the nature of the emergency, including:

- What caused the emergency (funding cuts, natural disaster, etc.)?

- What will the impact be on the organization (closed, severely downsized, etc.)?

- How will this emergency affect the clients/constituents served?

- How many clients/constituents will be affected?

- Describe the impact to children, young adults, 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 (if applicable)?

- If applicable, what is the total amount of funding required (list top three prospective funders)?

- What happens if funding is denied?

- Provide a brief 12-month budget that shows the use of the requested funds.

Character Limit: 2000

Current Balance Sheet*
Please upload your organization's current balance sheet.

File Size Limit: 5 MB

Client Demographics

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

(%) Arab American*
Character Limit: 3

(%) Native American*
Character Limit: 3

(%) Two or More Ethnicities*
Character Limit: 3

(%) Unknown*
Character Limit: 3

Gender Composition

(%) Female*
Character Limit: 3

(%) Male*
Character Limit: 3

(%) Nonbinary*
Character Limit: 3

(%) Other/Unknown/Prefer not to Say*
Character Limit: 3

Organization Information

Organization Mission Statement*
Character Limit: 1000

Organization History*
Provide a brief history of your organization, including current activities and programs.

Character Limit: 500

Organization Web Site*
Character Limit: 2000

Organization Video
Please provide a link to an organizational video here (optional).

Character Limit: 2000

Diversity, Equity, and Inclusion (DEI) in Operations*
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: 1000

DEI and Organizational Values*
Describe yow your organization builds a culture of inclusion and equity in its programs, services, recruitment, and/or hiring practices.

Character Limit: 500

DEI Policy Statement*
Has the organization's Board of Directors adopted a specific DEI statement and/or policy for the organization?

Choices
Yes
No

Staff and Board Demographic Composition

Please indicate which ethnic groups compose your staff and Board of Directors.

(%) African American*
Character Limit: 3

(%) Caucasian*
Character Limit: 3

(%) Asian*
Character Limit: 3

(%) Hispanic/Latinx*
Character Limit: 3

(%) Arab American*
Character Limit: 3

(%) Native American*
Character Limit: 3

(%) Two or More Ethnicities*
Character Limit: 3

(%) Unknown*
Character Limit: 3

Gender

Please indicate the gender composition of your staff and Board of Directors.

(%) Female*
Character Limit: 3

(%) Male*
Character Limit: 3

(%) Nonbinary*
Character Limit: 3

(%) Other/Unknown/Prefer not to Say*
Character Limit: 3

Affirmation & 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 and/or gender identity, marital status, veteran status, or any other basis prohibited by law.

Character Limit: 3

Signature Application Preparer*

Enter your full name and job title.

Character Limit: 100

Signature CEO/President/Executive Director/Founder

Enter CEO/President/Executive Director/Founder's full name.

Character Limit: 250

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.