

# Nonprofit Growth Grant - Organizational Development 2023-2024

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*Foundations Community Partnership*

## *Project Overview*

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### **Project Name\***

*Character Limit: 100*

### **Type of Service/Assistance Requested\***

#### **Choices**

Board Training

Financial Planning

Executive & Custom Coaching

Strategic & Succession Planning

### **Brief Summary of Request\***

*Character Limit: 1000*

### **Amount of Request\***

*Character Limit: 20*

## *Organization Information*

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### **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*

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### **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

# Nonprofit Growth Grant - Organizational Development 2023-2024

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*Foundations Community Partnership*

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### **Project Name\***

*Character Limit: 100*

### **Type of Service/Assistance Requested\***

#### **Choices**

Board Training

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Executive & Custom Coaching

Strategic & Succession Planning

### **Brief Summary of Request\***

*Character Limit: 1000*

### **Amount of Request\***

*Character Limit: 20*

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

Enter the pre-grant meeting date.

*Character Limit: 10*

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

Include who attended the meeting as well as any comments.

*Character Limit: 1000*

## *Proposal*

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### **Consulting Organization Contacted\***

*Character Limit: 75*

### **Proposal\***

Please upload consultant's proposal.

*File Size Limit: 5 MB*

## Organization Information

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### Year Founded\*

What year was your organization founded?

*Character Limit: 4*

### Target Population Served\*

Please identify the primary population that you serve by selecting from the drop down menu below.

#### Choices

Infants/Toddlers  
Children  
Adolescents  
Young Adults  
Families with Children

### Clients Served\*

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

*Character Limit: 7*

### 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*

### Geographic Area Served\*

Please identify where in Bucks County your programs or services are 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 Bucks County

### 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 how your organization builds a culture of inclusion and equity in its programs, services, recruitment, and/or hiring practices.

*Character Limit: 1000*

## DEI Policy Statement\*

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

### 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: 5 MB*

## Staff and Board Demographic Composition

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

### (%) 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 composition of your staff and Board.

### (%) Female\*

*Character Limit: 3*

### (%) Male\*

*Character Limit: 3*

### (%) Nonbinary\*

*Character Limit: 3*

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

*Character Limit: 3*

## *Client Demographics*

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### 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 of 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*

## *Signatures*

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**Signature Application Preparer\***

Enter application preparer's full name and title.

*Character Limit: 50*

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

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

*Character Limit: 50*

### 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.



# Nonprofit Growth Grant - Professional Development 2023-2024

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*Foundations Community Partnership*

## *Candidate Information*

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### **Candidate's Program Interest\***

Please indicate whether your candidate seeks to complete the Certificate in Nonprofit Management; the Master of Science in Nonprofit Leadership; Diversity, Equity, and Inclusion Training; or a workshop or conference scholarship.

#### **Choices**

Certificate in Nonprofit Management  
Master of Science in Nonprofit Leadership  
Diversity, Equity, and Inclusion Training  
Workshop or Conference Scholarship

### **DEI Program Interest**

If seeking a DEI certificate/training, please name the program for which you are seeking funding: University of South Florida, Catalyst, Cornell University, or propose a DEI Certificate that meets your specific needs.

*Character Limit: 100*

### **Candidate Name\***

*Character Limit: 100*

### **Candidate's Current Title\***

*Character Limit: 100*

### **Number of Years with the Organization\***

*Character Limit: 2*

### **Candidate's Resume\***

Please upload proposed candidate's current resume.

*File Size Limit: 5 MB*

### **Candidate's Qualifications\***

Please describe the candidate's qualifications for the program.

*Character Limit: 1000*

## Reason for Selection\*

What are the organization's reason/rationale for recommending this candidate?

*Character Limit: 1000*

## Future Assessment

Although not required by FCP, what is the organization's assessment of the candidate's continued employment with the organization?

*Character Limit: 1000*

## Organization Status

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### 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 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

---

### Signature\*

Enter your full name and job title.

*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

# Nonprofit Growth Grant - Professional Development 2023-2024

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*Foundations Community Partnership*

## *Candidate Information*

---

### **Candidate Name\***

*Character Limit: 100*

### **Program Sought\***

#### **Choices**

Certificate in Nonprofit Management  
Master of Science in Nonprofit Leadership  
Diversity, Equity, and Inclusion Training  
Workshop or Conference Scholarship

### **For DEI Training Requests**

Please indicate the DEI training program your candidate is seeking: [University of South Florida](#), [Catalyst](#), [Cornell University](#), or propose a DEI Certificate that meets your specific needs.

*Character Limit: 100*

### **For Workshop or Conference Requests**

Please upload the workshop/conference brochure.

*File Size Limit: 5 MB*

### **For Workshop or Conference Requests**

Please indicate the total amount requested for the workshop or conference scholarship.

*Character Limit: 20*

## *Organization Information*

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

Please identify the primary population your organization serves (click down arrow to see all options).

#### **Choices**

Infants/Toddlers  
Children  
Adolescents  
Young Adults

Families with Children  
Other

**If you selected "Other" above, please describe your primary population served.**

*Character Limit: 250*

### **Geographic Area Served\***

Please identify where in Bucks County the organization's programs and/or services are 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 Bucks County

### **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 how your organization builds a culture of inclusion and equity in its programs, services, recruitment, and/or hiring practices.

*Character Limit: 1000*

### **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*

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

*Character Limit: 3*

**(%) Caucasian\***

*Character Limit: 3*

**(%) Asian\***

*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 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*

## ***Demographics***

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### **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 composition of 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*

## *For Master's Program Candidates Only*

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### **Candidate Transcript**

Please upload the candidate's undergraduate transcript.

*File Size Limit: 5 MB*

### Acceptance Letter

Please upload candidate's acceptance letter from La Salle University.

*File Size Limit: 5 MB*

## Signatures

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### Signature Application Preparer\*

Enter application preparer's full name and title.

*Character Limit: 100*

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

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

*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.