

# Partnership in Youth Services Grant Spring 2024

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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: 500*

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

A Partnership in Youth Services Grant awards up to \$4,500.

*Character Limit: 20*

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

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\***

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\***

Upload a brief budget, highlighting funding already provided or anticipated for this project (if applicable) and explaining how FCP grant funds would be used. Please note that you can dedicate up to one third (33%) of your total funding request to salaries and benefits.

*File Size Limit: 3 MB*

### **Letters of Agreement**

Upload any Letters of Agreement from collaborating agencies (if applicable). For example, if your program takes place in a school, upload a letter of agreement from the school stating that your program is welcome.

*File Size Limit: 3 MB*

## *Client Demographics*

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This information is being collected for statistical purposes only.

### **Ethnicity**

Indicate which ethnic groups your organization serves as a percentage of your total client population.

#### **(%) White\***

*Character Limit: 3*

#### **(%) Black or African American\***

*Character Limit: 3*

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

*Character Limit: 3*

#### **(%) American Indian or Alaska Native\***

*Character Limit: 3*

#### **(%) Asian\***

*Character Limit: 3*

#### **(%) Native Hawaiian or Other Pacific Islander\***

*Character Limit: 3*

**(%) Two or more ethnicities\***

*Character Limit: 3*

**(%) Unknown\***

*Character Limit: 3*

**Gender**

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*

## *Organization Information*

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**Organization Web Site\***

*Character Limit: 2000*

**Organization Video**

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

*Character Limit: 100*

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

Upload your organization's most recent 501(c)(3) Determination Letter, including the 509(a)1 or 509(a)2 classification.

*File Size Limit: 3 MB*

## 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*

## 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

## Organization Demographics

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### Staff and Board Demographic Composition

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

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*

## *Affirmation and Electronic Signatures*

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### Non-Discrimination Affirmation\*

Please affirm the following on behalf of your organization:

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

### Signature Application Preparer\*

Enter application preparer's full name and title.

*Character Limit: 100*

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

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

*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.\*