Target Funding-General Operating Support Grant 2024

Foundations Community Partnership

Target Funding GOS Eligibility*

Please check that each of the required criteria below applies to your organization. NPO must meet and substantiate all criteria in order to apply for a TF-GOS grant.

Choices

Nonprofit organization (NPO) mission aligns with that of FCP.
NPO is a 501c3 organization and classified in section 509(a)1 or 509(a)2.
NPO is recognized by a licensing board or certifying org. or receives Co., State, or Fed. funding.
NPO has been in operation in Bucks County for 10 or more years.
NPO has received > 5 grants from FCP or at least 2 grants & served as an SYC Host Agency > 3 years.
NPO has an operating Strategic Plan.
NPO has submitted review/audit to the PA Bureau of Charitable Organizations for past 3 fiscal years.
NPO has a Board of Directors, Policies/Procedures, and active Committees.
NPO has submitted all grant reports due to FCP for all prior funding.

Organization Name*

Character Limit: 100

Organization Mission Statement*

Mission Statement

Character Limit: 500

Year Founded*

What year was your 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

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

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

Signature Application Preparer*

Enter applications preparer's full name and title. *(e.g., Anne Smith, Grant Writer).*

Character Limit: 100

Signature CEO/President/Executive Director/Founder*

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

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

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Scored Items - Required Criteria

Organization Name*
Character Limit: 100

Organization Mission Statement*
Mission Statement

Character Limit: 500

Organization Web Site*
Please provide web site address.

Character Limit: 100

Organization Video
If you wish, please provide a link to an organizational video.

Character Limit: 100

How Does your Mission Align with FCP's?*
Character Limit: 500

Organization History*
Please give a brief history of your organization. Include the date your organization was founded, current activities and programs, and types of individuals served.

Character Limit: 500

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

Character Limit: 8

Number of 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

Bucks County Area Served*

Please choose the area the NPO serves from the drop-down menu below.

Choices

Lower Bucks County
Central Bucks County
Upper Bucks County
Multi-site
Other Area(s) - see below

Bucks County Area Served Continued

If one selection from the drop-down choices above does not capture the geographic area the NPO serves, please describe here.

Character Limit: 250

Target Population Served*

Please identify the primary population that you serve by selecting from the drop down menu below. Note that FCP requires that the focus be on the behavioral health and human service needs of children, youth, and families.

Choices

Infants/Toddlers
Children
Adolescents
Young Adults
Families with Children
More than one target population - see below

Target Population Served

If the NPO serves more than one target population, please explain here:

Character Limit: 200

Certification, Licensing, Field Recognition*

Please describe how your organization and key staff are recognized by a regulatory, licensing, and/or certifying organization in your field or other recognition such as county, state, or federal funding.

Character Limit: 250

Certification, Licensing, Field Recognition*

Please upload supporting documents.

File Size Limit: 2 MB

Board of Directors*

Please upload a list of your current Board of Directors.

File Size Limit: 2 MB

Board Giving*

What percentage of your Board of Directors made a financial contribution in the most recently completed fiscal year?

Character Limit: 3

Organizational/Board Committees*

Please upload a document outlining the committees and/or subcommittees operating under the direction of your Board of Directors.

File Size Limit: 2 MB

Policies & Procedures*

Please upload the index of your organization's board-approved policies and procedures.

File Size Limit: 2 MB

Organization Strategic Plan*

Please summarize your organization's current strategic plan, including start date and projected end date.

Character Limit: 1000

Strategic Plan*

Please upload an outline or the executive summary of your organization's strategic plan.

File Size Limit: 3 MB

Annual Review or Independent Audit*

Please upload your organization's most recent audit/annual review.

File Size Limit: 5 MB

Current Budget*

Please upload a copy of your organization's current budget.

File Size Limit: 3 MB

Year-End Financials*

Please upload your organization's most recent year-end financials.

File Size Limit: 3 MB

Organization Demographics

Staff and Board Demographic Composition
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 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

Client Demographics

Ethnicity
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

Narrative Statements

Strategic Support*

How will TF-GOS funding help support the goals outlined in your strategic plan?

Character Limit: 3300

Measurements of Progress*

How will you measure the impact of the funds received from a TF-GOS grant?

Character Limit: 3300

Community Impact*

How do you measure the impact of your organization's mission on the community?

Character Limit: 1000

Client Satisfaction*

How does your organization measure client satisfaction?

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*

List major funding sources and amounts in your most recently completed fiscal year. If you prefer to upload this information, please note here and upload below.

Character Limit: 1000

Major Funding Sources

Upload in lieu of written answer above.

File Size Limit: 3 MB

Electronic Signature

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

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

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I Do Not Agree