

Nonprofit Growth Grant - Organizational Development 2024-2025

Foundations Community Partnership

Project Overview

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

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

Nonprofit Growth Grant - Organizational Development 2024-2025

Foundations Community Partnership

Project Overview

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

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

Consulting Organization Contacted*

Character Limit: 75

Proposal*

Please upload consultant's proposal.

File Size Limit: 5 MB

Organization Information

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

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

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

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 2024-2025

Foundations Community Partnership

Candidate Information

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

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 2024-2025

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

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

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

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

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.