

# Bucks Innovation and Improvement Grant (BIIG) Fall 2024

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*Foundations Community Partnership*

## *Brief Project and Organization Descriptions*

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### **Project Name\***

Name of Project

*Character Limit: 100*

### **Project Description\***

Describe project or program for which you are seeking funding. Please include specific goals and anticipated activities that will take place during the 12-month grant period, including approximate timelines for each activity.

*Character Limit: 1500*

### **Program Area\***

Please identify the program area that this project fits within by selecting it from the drop down menu below (click on down arrow to see all options).

#### **Choices**

Education  
Vocational  
Behavioral Health Program  
Family Services  
Housing Support  
Capacity Building  
Building Improvement  
Capital Campaign  
Emergency Services  
Summer Camp

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

Please identify the primary population that you serve by selecting from the drop down menu below (click on down arrow to see all options). Note that FCP requires that the focus be on the behavioral health and human service needs of children, young adults, and families.

#### **Choices**

Infants/Toddlers  
Children  
Adolescents  
Young Adults  
Families with Children

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

Amount Requested

*Character Limit: 20*

### **Organization Mission Statement\***

Mission Statement

*Character Limit: 1500*

### **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*

## *501(c)(3) Upload & Electronic Signature*

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### **501(c)(3) Upload\***

Please upload your organization's 501(c)(3) IRS determination letter.

*File Size Limit: 5 MB*

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

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*Foundations Community Partnership*

## *Pre-Application Video*

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**I affirm that I have viewed FCP's Pre-Application Video.\***

### Choices

Yes

No

### **Initials\***

Please initial box below.

*Character Limit: 3*

FCP will contact you if there are any questions about your application. Don't hesitate to contact [info@fcpartnership.org](mailto:info@fcpartnership.org) if you have any questions about the application process.

## *Organization Overview*

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### **Organization Mission Statement\***

Mission Statement

*Character Limit: 1500*

### **Organization Web Site\***

*Character Limit: 2000*

### **Organization Video**

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

*Character Limit: 2000*

### **Organization History\***

Please give a brief history of your organization. Include description of current activities and programs and individuals served.

*Character Limit: 1500*

### **Project Leadership\***

Name the project leader and her/his credential(s) for this project. Further, describe your organization's preparedness to implement this project over the next 12 months.

*Character Limit: 750*

### **Major Funding Sources – Last Year\***

List major funding sources and amounts in your most recently completed fiscal year.

*Character Limit: 750*

### **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

## *Project Overview*

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### **Project Name\***

Name of Project

*Character Limit: 100*

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

Currently, BIIG awards are up to \$15,000.

*Character Limit: 20*

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

Please 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: 10*

### **Project Narrative\***

Describe project for which you are seeking funding. Please include how the needs were identified for the project, target population, where project is to be delivered, anticipated activities and timeframe, impact on capacity, increased quality of service, anticipated challenges/solutions, and total duration of project.

*Character Limit: 2500*

### **Project Goals and Objectives\***

How will you measure the project's success? Please provide three measurable goals/objectives, including assessment instruments to be used.

*Character Limit: 2000*

### **Community Benefits\***

Describe the specific benefits to the community that you expect to occur as a result of this project.

*Character Limit: 500*

### **Other Funders for this Project\***

Please list all funding sources and amounts. Indicate whether sources are confirmed or prospective.

*Character Limit: 750*

### **Sustainability\***

If applicable, how will your organization sustain this project in the future?

*Character Limit: 750*

### **Client Satisfaction\***

How do you measure client satisfaction?

*Character Limit: 1000*

### **Collaboration**

If applicable, list any collaborative efforts with other organizations in support of this project.

*Character Limit: 750*

## *Application Uploads*

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### **Letters of Agreement**

If applicable, upload any letters of agreement from collaborator(s).

*File Size Limit: 2 MB*

### **Board List Upload\***

Upload a current list of organization's Board of Directors, including names, professional titles, and position(s) held on the Board.

*File Size Limit: 2 MB*

### **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: 5 MB*

### **Organizational Budget Upload\***

Upload the organization's current fiscal year budget.

*File Size Limit: 5 MB*

### **Form 990\***

Upload your organization's most recent Form 990. If the file exceeds 5 MB, upload a document making note of this and e-mail the 990 to [info@fcpartnership.org](mailto:info@fcpartnership.org).

*File Size Limit: 5 MB*

### **Financial Statement Upload\***

Upload your organization's most recent audit (preferred), review, or compilation. If document is more than a year old, upload current Profit & Loss Statement.

*File Size Limit: 5 MB*

## *Client Demographics*

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### **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*

## Organization Demographics

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### 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*



**(%) Unknown/Other/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 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*

**Signature Application Preparer\***

Enter application preparer's full name and job title.

*Character Limit: 100*

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

Enter CEO/President/Executive Director/Founder's 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 application are true and correct to the best of your knowledge and belief.\*

**Choices**

I agree

I do not agree