

Capital Improvement Grant Fall 2024

Foundations Community Partnership

Brief Project and Organization Descriptions

Project Name*

Name of Project

Character Limit: 100

Project Description*

Describe project 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: 2000

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
Durable Equipment
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 the 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

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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Pre-Application Video

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 if you have any questions about the application process. <mailto:csinton@fcpartnership.org>

Organization Overview

Organization Mission Statement*

Mission Statement

Character Limit: 1500

Organization Web Site*

Please provide link to web site here.

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, programs, and individuals served.

Character Limit: 1000

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: 500

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: 750

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

Project Name*

Name of Project

Character Limit: 100

Amount of Request*

Currently, Capital Improvement Grant awards are up to \$10,000.

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 Goals*

Please provide 12-month goals for your project. What are the expected outcomes of the project?

Character Limit: 2500

Capital Improvement Project/Campaign Details*

Requests are designated for construction, renovation, or improvement of a property. Please provide a case statement for the project, including a feasibility study and/or assumptions. What is the total cost of the project (include hard and soft costs)? If the request is for planning, describe why this project is important now. If you are hiring a consultant, on what qualifications did you base your selection? Do you own or lease the property? If lease, how long is the lease? How do you intend to pay for this project? Have you completed a capital project before? How long ago and how was it funded? If applicable, describe board's participation in the capital campaign.

Character Limit: 3000

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

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.

Application

Character Limit: 750

Application Uploads

Site Photos

If applicable, upload any photo(s) that would help illustrate your project.

File Size Limit: 2 MB

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/Campaign 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: 2 MB

Organizational Budget Upload*

Upload the organization's current fiscal year budget.

File Size Limit: 5 MB

Form 990 Upload*

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.

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

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 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

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

Affirmation and Electronic Signatures

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