

Partnership in Youth Services Grant Fall 2024

Foundations Community Partnership

Project Overview

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: 1000

Funding Amount Requested*

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

Character Limit: 20

Program Area*

Please identify the program area that best fits the project 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

Other

"Other" Program Area

Please specify program area if you selected "Other" in preceding question.

Character Limit: 50

Project Goals*

Please provide 2 or more measurable goals expected within 12 months.

Character Limit: 250

Project Leadership*

Describe your organization's preparedness to implement this project over the next 12 months. Also, name the staff, including her/his title and experience, who is responsible for project implementation.

Character Limit: 500

Target Population Served*

Please 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*

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 this 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*

Please 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.

Note: If you have an electronic copy of your project budget on your computer, click on the browse button below to locate and upload it.

File Size Limit: 5 MB

Community Benefits*

Describe the specific benefits to the community that you expect to occur as a result of this project. How will it meet the identified needs of the community?

Character Limit: 500

Letters of Agreement

Please upload any Letters of Agreement from collaborating organizations (if applicable).

File Size Limit: 5 MB

Organization Information

Organization Mission Statement*

Character Limit: 500

Organization History*

Please give a brief history of your organization, including current activities and programs.

Character Limit: 500

Organization Web Site*

Character Limit: 2000

Organization Video

Please provide a link to an organizational video here (optional).

Character Limit: 2000

501(c)(3) Determination Letter Upload*

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

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 in 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?

Choices

Yes

No

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.

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

(%) 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 of Directors.

(%) 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 this project intends to serve.

(%) 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

Electronic Signatures

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.

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