

# Partnership in Youth Services Grant Spring 2025

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## Foundations Community Partnership

### Project Overview

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#### Project Name\*

*Character Limit: 150*

#### 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: 1500*

#### Funding Amount Requested\*

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

*Character Limit: 20*

#### Target Population Served\*

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

More than one target population - see below

#### Target Population Served

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

*Character Limit: 250*

#### Individuals Served\*

Approximately how many individuals (unduplicated) will be served by this proposed 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: 7*

### **Bucks County Area Served\***

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

### **Type of Client Services\***

Please select the level of service your proposed project provides to clients based on the definitions below:

1. Primary: Direct care provided by psychiatrists, psychologists, and other behavioral health professionals.
2. Secondary: Indirect care, referrals, behavioral health education provided by public and private mental health agencies.
3. Tertiary: Support for community services including education, after-school activities, summer programs, drug and alcohol prevention education, creative arts programs, and other programs/activities that support high-risk or disadvantaged children, young adults, or families susceptible to behavioral health problems.

#### **Choices**

Primary  
Secondary  
Tertiary  
All of the above

### **Project Budget Upload\***

Upload a brief budget, highlighting the anticipated cost of the project, funding already provided/anticipated (if applicable), and how FCP grant funds would be allocated.

*File Size Limit: 5 MB*

### **Letters of Agreement**

Upload any Letters of Agreement from collaborating agencies (if applicable). For example, if your program takes place in a school, upload a letter of agreement from the school confirming the collaboration.

*File Size Limit: 3 MB*

## *Client Demographics*

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### **Client Demographics**

Please indicate the racial composition of your total client population (combined numbers should total 100%).

**(%) Black or African American\***

*Character Limit: 3*

**(%) Asian\***

*Character Limit: 3*

**(%) White\***

*Character Limit: 3*

**(%) Hispanic/Latino\***

*Character Limit: 3*

**(%) Native American or Alaskan Native\***

*Character Limit: 3*

**(#) Middle Eastern or North African\***

*Character Limit: 3*

**(%) Native Hawaiian or Other Pacific Islander\***

*Character Limit: 3*

**(%) Two or More Ethnicities\***

*Character Limit: 3*

**(%) Unknown/Other/Prefer Not to Say\***

*Character Limit: 3*

### **Gender**

Please indicate the gender composition of your client population (combined numbers should total 100%).

**(%) 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 Information*

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

*Character Limit: 500*

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

Please provide web site address.

*Character Limit: 2000*

### **Organization Video**

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

*Character Limit: 100*

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

Upload your organization's most recent 501(c)(3) Determination Letter, including the 509(a)1 or 509(a)2 classification.

*File Size Limit: 5 MB*

### **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: 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

## Organization Demographics

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### Staff and Board Demographics

Please indicate the racial composition of your staff and Board of Directors (combined numbers should total 100%).

#### (%) Black of African American\*

*Character Limit: 3*

#### (%) Asian\*

*Character Limit: 3*

#### (%) White\*

*Character Limit: 3*

#### (%) Hispanic/Latino\*

*Character Limit: 3*

#### (%) Native American or Alaskan Native\*

*Character Limit: 3*

#### (%) Middle Eastern or North African\*

*Character Limit: 3*

#### (%) Native Hawaiian or Pacific Islander\*

*Character Limit: 3*

#### (%) Two or More Ethnicities\*

*Character Limit: 3*

#### (%) Other/Unknown/Prefer Not to Say\*

*Character Limit: 3*

### Gender

Please indicate the gender composition of your staff and Board of Directors (combined numbers should total 100%).

#### (%) 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*

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### **Non-Discrimination Affirmation\***

Please affirm the following on behalf of your organization:

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

### **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 and title.

*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