Target Funding-General Operating Support Grant 2025

Foundations Community Partnership

About Your Organization

Target Funding-GOS Eligibility*

Please check that each of the required criteria below applies to your organization. NPO must meet and substantiate all criteria in order to apply for a TF-GOS grant.

Choices

Nonprofit organization (NPO) mission aligns with that of FCP.
NPO is a 501(c)(3) organization and classified in section 509(a)1 or 509(a)2.
NPO is recognized by licensing board or certifying org., and/or receives Cty, State, or Fed. funds.
NPO has been in operation in Bucks County for 10 or more years.
NPO has received >5 grants from FCP or min. 2 grants and served as a SYC Host Agency for >3 years.
NPO has an operating Strategic Plan.
NPO has submitted review/audit to the PA Bureau of Charitable Organizations for past 3 fiscal years.
NPO has a Board of Directors, policies/procedures, and active committees.
NPO has submitted all due grant reports to FCP for prior funding.

Organization Name*

Character Limit: 100

Organization Mission Statement*

Mission Statement

Character Limit: 500

Year Founded*

What year was your organization founded?

Character Limit: 4

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) determination letter, including the 509(a)1 or 509(a)2 classification.*
File Size Limit: 3 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 Signatures

Signature of LOI Preparer*

Enter LOI preparer's full name and title, e.g. Anne Smith, Grant Writer.

Character Limit: 100

Signature of CEO/President/Executive Director/Founder*

Enter Executive Director/President/CEO/Founder's full name and title, e.g. Anne Smith, CEO.

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

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Foundations Community Partnership

Due Diligence Video

I affirm that I have viewed FCP's due diligence video.*
Choices
Yes
No

FCP will contact you if we have any questions about your application. Don't hesitate to contact info@fcpartnership.org if you have any questions about the application process.

Organization Information

Organization Name*
Character Limit: 100

Organization Mission Statement*
Character Limit: 500

Organization Web Site*
Please provide web site address.

Character Limit: 100

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

Character Limit: 100

How Does your Mission Align with FCP's?*
FCP supports the behavioral health and human service needs of children, young adults, and families in Bucks County, Pa.

Character Limit: 750

Organization History*
Please give a brief history of your organization. Include the date your organization was founded, current activities and programs, and types of individuals served.

Character Limit: 500

Target Population Served*

Please identify the primary population that you serve by selecting from the drop down menu below. 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
More than one target population - see below

Target Population Served

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

Character Limit: 200

Individuals Served*

Approximately how many individuals (unduplicated) does your organization serve?

Character Limit: 8

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 are addressed?

Character Limit: 7

Bucks County Area Served*

Please choose the area the NPO serves from the drop-down menu below.

Choices

Lower Bucks County
Central Bucks County
Upper Bucks County
Multi-Site
Other Area(s) - see below

Bucks County Area Served Continued

If one selection from the drop-down choices above does not capture the geographic area the NPO serves, please describe here.

Character Limit: 250

Type of Client Services*

Please select the level of service you provide 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

Type of Client Services Continued
If you wish to expand on or clarify your response to the previous question, please do so here.

Character Limit: 250

Certification, Licensing, Field Recognition*
Please describe how your organization and key staff are recognized by a regulatory, licensing, and/or certifying organization in your field or other recognition such as county, state, or federal funding.

Character Limit: 250

Certification, Licensing, Field Recognition*
Please upload supporting documents.

File Size Limit: 2 MB

Board of Directors*
Please upload a list of your current Board of Directors.

File Size Limit: 2 MB

Board Giving*
What percentage of your Board of Directors made a financial contribution in the most recently completed fiscal year?

Character Limit: 3

Organizational/Board Committees*
Please upload a document outlining the committees and/or subcommittees operating under the direction of your Board of Directors.

File Size Limit: 2 MB

Policies & Procedures*
Please upload the index of your organization's board-approved policies and procedures.

File Size Limit: 2 MB

Organization Strategic Plan*

Please summarize your organization's current strategic plan, including start date and projected end date.

Character Limit: 750

Strategic Plan*

Please upload an outline or the executive summary of your organization's strategic plan.

File Size Limit: 3 MB

Annual Review or Independent Audit*

Please upload your organization's most recent audit/annual review.

File Size Limit: 5 MB

Current Budget*

Please upload a copy of your organization's current budget.

File Size Limit: 3 MB

Year-End Financials*

Please upload your organization's most recent year-end financials.

File Size Limit: 3 MB

Narrative Statements

Strategic Support*

How will a TF-GOS Grant help support the goals outlined in your strategic plan?

Character Limit: 1500

Measurements of Progress*

How will you measure the impact of the funds received from a TF-GOS Grant?

Character Limit: 1000

Community Impact*

How do you measure the impact of your organization's mission on the community?

Character Limit: 1000

Client Satisfaction*

How does your organization measure client satisfaction?

Character Limit: 1000

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

Major Funding Sources*

List major funding sources and amounts in your most recently completed fiscal year. If you prefer to upload this information, please note here and upload below.

Character Limit: 500

Major Funding Sources

Upload in lieu of written answer above.

File Size Limit: 3 MB

Organization Demographics

Staff and Board Demographics

Please indicate the racial composition of your staff and Board of Directors (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 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

Client Demographics

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 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

Electronic Signatures

Signature of Application Preparer*

Enter application preparer's full name and title.

Character Limit: 100

Signature of CEO/President/Executive Director/Founder*

Enter CEO/President/Executive Director/Founder's full name and tile.

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

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Organization Name

Organization Name
Character Limit: 100

1. Mission Alignment

Mission Alignment*
NPO's mission aligns with that of FCP.

Scoring Guide:
A non-profit organization (NPO) with a primary mission to preserve nature might run numerous programs that benefit children with little access to the outdoors. Depending on how this is discussed in the application, it might score a 1 for "low" mission alignment or 2 for "medium" mission alignment. An NPO whose primary mission is serving the behavioral health needs of children, young adults, and families in Bucks County would score a 3 for "high."

Scoring Options: 1 - 3

Comments
Character Limit: 500

2. Proportion of Services Provided to Bucks County Children, Young Adults, and Families

Proportion of Services Provided to Bucks County Children, Young Adults, or Families*
What percentage of the NPO's total services are provided to FCP's constituents (children, young adults, and families in Bucks County)? For a NPO serving 250 clients, 80 of which are in Bucks County, it would look like this:
80 / 250 = 0.32 or 32%

Scoring Guide:
- Less than 5% = 0

- 5% - 25% = 1

- 26% - 75% = 2

- 76% - 100% = 3

Scoring Options: 0 - 3

Comments
Character Limit: 500

3. Certification, Licensing, and/or Regulatory Recognition in Field

Certification, Licensing, and/or Regulatory Recognition in Field*

NPO is recognized by a regulatory, licensing, or certifying body within their field. This item looks at the professional oversight for quality of service and community recognition for the NPO. This is scored either a 0, 1, 2, or 3 depending on the type and relevance of professional and community recognition. This information is available in the NPO's application question response.

Scoring Guide

- No credentials or government funding = 0

- Some government funding recognition = 1

- Organization license and/or certification from regulatory or oversight organization in the field = 2

- Both organizational license/certification and staff license/certification from regulatory or oversight organization in the field = 3

Scoring Options: 0 - 3

Comments
Character Limit: 500

4. NPO Governance

NPO Governance*

NPO has a Board of Directors (BOD), policies and procedures, and active committees. This item looks at the nonprofit's organizational structure. Is the NPO strong enough to make good use of unrestricted funding? Information is available in application responses and through a web site review.

Scoring Guide:

- Appears to have a BOD, but it is small/not well-established. Policies and procedures as well as committee structure not clear = 1
- BOD, policies and procedures, and committees exist but are not clearly presented and/or appear superficial = 2
- Established and robust BOD, policies and procedures, and committees clearly presented = 3

Scoring Options: 1 - 3

Comments

Character Limit: 500

5. Strategic Plan and Ongoing ED and Board Leadership

Strategic Plan and Ongoing ED and Board Leadership*

This looks at the leadership and direction of the NPO. Information is available in the application response and through a web site review.

Scoring Guide:

- Strategic plan unclear; brief leadership history and/or frequent turnover = 1
- Strategic plan present but not thorough; leadership appears stable = 2
- Clear and thorough strategic plan; confidence in leadership = 3

Scoring Options: 1 - 3

Character Limit: 500

6. Annual Review or Independent Audit

Annual Review or Independent Audit*

NPO is required to submit an annual review or audit to Pennsylvania's Bureau of Corporations and Charitable Organizations (BCO). This determines if the NPO is financially large enough to represent a strong organization (>$250,000 annual revenue). This is scored either a 0, 1, 2, or 3 depending on the type of financial review. This information is available in the year-end financials and audit upload. Read the following information on current audit thresholds and click here to review the differences between audit types:

10 Pa. Cons. Stat. §162.5 (f) | A charitable organization with annual contributions of $750,000 or more must file an audited financial statement prepared by an independent CPA. A charitable organization with annual contributions less than $750,000 and at least $250,000 must file a financial statement that is reviewed or audited by an independent CPA. A charitable organization with annual contributions less than $250,000 and at least $100,000 must have a

compilation, review, or audit of its financial statements prepared by an independent CPA.

Scoring Guide

- No Annual IRS Report = 0
- Annual IRS Compilation = 1
- Annual IRS Review = 2
- Annual IRS Independent Audit = 3

Scoring Options: 0 - 3

Comments
Character Limit: 500

7. Financial Review

Financial Review*

Is the NPO financially strong enough to indicate future stability? This item should be answered by reviewing the financial upload to determine if there has been a loss in operations during the past 2 years. This information is usually provided on page 3 or 4 of the audit.

Scoring Guide:

- Financial loss > two consecutive years = 0
- Financial loss for two consecutive years = 1
- Financial loss for one of past two years = 2
- No financial loss in past two years = 3

Scoring Options: 0 - 3

Comments
Character Limit: 500

8. Narrative Response Content and Clarity

Narrative Response Content and Clarity*

Assess the content and clarity of the narrative responses. Are responses clear and thorough? Do the responses help to "connect the dots" in how general operating support will help meet the NPO's goals?

Scoring Guide:

- Responses required multiple readings and are unclear = 1

- Responses required multiple readings and/or are somewhat unclear = 2
- Responses are clear and complete on first reading = 3

Scoring Options: 1 - 3

Comments
Character Limit: 500

9. Intangibles

Intangibles*

This final category allows the reviewer to share her/his subjective impression on the value the NPO's programs and services bring to Bucks County children, young adults, and families.

Scoring Guide:

- NPO is providing valuable service = 1
- NPO is providing important service = 2
- NPO is providing crucial service = 3

Scoring Options: 1 - 3

Comments
Character Limit: 500

Highlights, Strengths, and Weaknesses

Overall Comments*
Character Limit: 1000