

Capital Improvement Grant Spring 2025

Foundations Community Partnership

Project & Organization Information

Project Name*

Character Limit: 100

Project Description*

Provide a brief description of the project for which you are seeking funding. Please include specific goals and anticipated activities that will take place during the grant period, including approximate timelines for each activity.

Character Limit: 1500

Funding Amount Requested*

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

Character Limit: 20

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

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

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
More than one target population - see below

Target Population Served

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

Character Limit: 100

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

Organization Mission Statement*

Mission Statement

Character Limit: 750

Year Founded*

What year was the organization founded?

Character Limit: 4

501(c)(3) upload*

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

File Size Limit: 5 MB

Site Visit Date (if applicable)

Character Limit: 10

Site Visit Attendees and Comments

Character Limit: 1000

Affirmation & Electronic Signatures

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 of LOI Preparer*

Enter LOI 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 title.

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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Pre-Application Video

I affirm that I have viewed FCP's pre-application video.*

Choices

Yes

No

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 Information

Organization Mission Statement*

Character Limit: 750

Organization Web Site*

Please provide link to web site here.

Character Limit: 2000

Organization Video

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

Character Limit: 2000

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: 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*

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: 750

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*

Character Limit: 100

Funding Amount Requested*

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

Character Limit: 20

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: 1500

Did you acquire any necessary permits?*

Choices

Yes

No
In Progress
N/A

Project Goals*

What are the expected outcomes of the project?

Character Limit: 1500

Client Satisfaction*

How do you measure client satisfaction?

Character Limit: 750

Community Benefits*

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

Character Limit: 750

Other Funders for this Project*

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

Character Limit: 750

Collaboration

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

Character Limit: 750

Bucks County 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

Application Uploads

Site Photos

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

File Size Limit: 2 MB

Project/Campaign Budget Upload*

Upload a brief budget, highlighting funding already provided or anticipated for this project and explaining how FCP grant funds would be used.

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

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

Letters of Agreement

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

File Size Limit: 2 MB

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 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

(%) Unknown/Other/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 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 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 staff and Board of Directors (combined numbers should total 100%).

(%) Female*

Character Limit: 3

(%) Male*

Character Limit: 3

(%) Nonbinary*

Character Limit: 3

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

Character Limit: 3

(%) Board Giving*

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

Character Limit: 3

Electronic Signatures

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

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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Name of Project

Project Name

Character Limit: 100

1. Project Alignment

Project Alignment*

Does the project align with FCP's behavioral health and human service priorities?

1 = No

2 = Somewhat

3 = Yes

Scoring Options: 1 - 3

2. Organization/Leadership

Organization/Leadership*

Clear description of Organization/Leadership: Is the leadership and structure of the organization strong enough to implement the project?

1 = Not clear

2 = Somewhat clear, requires multiple readings

3 = Clear on first reading

Scoring Options: 1 - 3

3. Proportion of Services

Proportion of Services*

What percentage of the NPO's total services are provided to FCP's constituents, i.e. children, young adults, and families in Bucks County? For an NPO serving 250 clients, 80 of which are Bucks County residents, the calculation is as follows: $80/250 = 0.32$ or 32%

Scoring Guide:

Less than 5% = 0

5-25% = 1

26-75% = 2

76-100% = 3

Scoring Options: 0 - 3

4. Description of Need

Description of Need*

Is the problem/need clearly stated? Does the project narrative clearly solve the problem or meet the need? Are the results of the project description measurable?

1 = Not clear

2 = Somewhat clear, requires multiple readings

3 = Clear on first reading

Scoring Options: 1 - 3

5. Goals

Goals*

Are goals consistent with the applicant's mission? Are the project goals behaviorally defined, measurable, and attainable within 12 months?

1 = Not clear

2 = Somewhat clear, requires multiple readings

3 = Clear on first reading

Scoring Options: 1 - 3

6. Financial

Financial*

FCP staff will review 990 and audit information. Board Member: Please review the project budget. Does the project budget make sense and specify how FCP grant funds would be used?

1 = Not clear

2 = Somewhat clear, requires multiple readings

3 = Clear on first reading

Scoring Options: 1 - 3

7. Intangibles

Intangibles*

Please share your impression on the value this proposed program will 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

Reviewer Comments

Highlights, Strengths, Weaknesses

Please share your impressions on the highlights, strengths, and weaknesses of this application.

Character Limit: 750