

# Emergency Action Grant 2025-2026

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*Foundations Community Partnership*

## *Project & Organization Information*

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### **Project Name\***

*Character Limit: 100*

### **Emergency Description\***

Describe the nature of the emergency, the need for this funding, and the impact on the organization and its clients/constituents if the requested funding is not granted.

*Character Limit: 1500*

### **Funding Amount Requested\***

An Emergency Action Grant awards up to \$10,000.

*Character Limit: 20*

### **Program Area\***

Program Area of Request

#### **Choices**

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

### **"Other" Program Area**

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

*Character Limit: 50*

### **Target Population Served\***

Please identify the population that benefits the most by your request by selecting from the drop down menu below (click on down arrow to see all options).

#### **Choices**

Adolescents  
Children

Families with Children  
Infants/Toddlers  
Multiple Target Populations (see below)  
Young Adults

## Target Population Served

If nonprofit 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\*

*Character Limit: 750*

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

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

*File Size Limit: 5 MB*

## Affirmation & 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 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

# Emergency Action Grant 2025-2026

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## *Foundations Community Partnership*

### *Project Overview*

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#### **Project Name\***

*Character Limit: 100*

#### **Emergency Description**

Describe the nature of the emergency, the need for this funding, and the impact on the organization and its clients/constituents if the requested funding is not granted.

*Character Limit: 1500*

#### **Funding Amount Requested\***

*Character Limit: 20*

#### **Project Leadership\***

Name the project leader and her/his credential(s) for this project. Further, describe your organization's preparedness to implement 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*

#### **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

#### **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*

## *Organization Information*

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**Organization Mission Statement**

*Character Limit: 750*

**Organization Web Site\***

*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 it was founded, current activities and programs, and types of individuals served.

*Character Limit: 500*

## *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 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*

## *Application Uploads*

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**Project Budget Upload\***

Upload a brief budget, highlighting funding already provided or anticipated for this project and explaining how FCP grant funds would be used. There are no restrictions on how to allocate the requested funds, i.e. capital, programmatic, and/or personnel.

*File Size Limit: 5 MB*

### **Organizational Budget Upload\***

Upload the organization's current fiscal year budget.

*File Size Limit: 5 MB*

### **Form 990\***

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](mailto: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*

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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***(%) 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*

## *Equity & inclusion (Optional Section)*

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**Equity and Inclusion in Operations**

How do your operations in Bucks County reflect the values of equity and inclusion? For example, do you incorporate the perspectives of the population served in program design and delivery?

*Character Limit: 750***Equity and Inclusion in Organizational Values**

Describe how your organization builds a culture of equity and inclusion in its programs, services, recruitment, and/or hiring practices.

*Character Limit: 750*



## Equity and Inclusion Statement/Policy

Has the organization's Board of Directors adopted a specific equity and inclusion statement and/or policy?

### Choices

Yes

No

## *Electronic Signatures*

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### 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*

### 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.