

Nonprofit Growth Grant-Organizational Development 2025-2026

Foundations Community Partnership

Project & Organization Information

Project Name*

Character Limit: 100

Type of Service/Assistance Requested*

Choices

Board Training

Executive & Custom Coaching

Financial Planning

Strategic & Succession Planning

Summary of Request & Anticipated Timeline*

Character Limit: 1500

Funding Amount Requested*

A Nonprofit Growth Grant awards up to \$10,000.

Character Limit: 20

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

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

Nonprofit Growth Grant-Organizational Development 2025-2026

Foundations Community Partnership

Project Overview

Project Name*

Character Limit: 100

Type of Service/Assistance Requested*

Choices

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Executive & Custom Coaching

Financial Planning

Strategic & Succession Planning

Summary of Request & Anticipated Timeline*

Character Limit: 1500

Funding Amount Requested*

A Nonprofit Growth Grant awards up to \$10,000.

Character Limit: 20

Proposal

Name of Consultant/Firm Delivering the Work*

Character Limit: 100

Proposal*

Upload the consultant/firm's proposal outlining the deliverables, cost, and timeline.

File Size Limit: 5 MB

Organization Information

Organization Mission Statement

Character Limit: 750

Organization Web Site*

Character Limit: 2000

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

Individuals Served*

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

Character Limit: 7

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 will be addressed?

Character Limit: 7

Geographic Area Served*

Please identify where in Bucks County your programs or services are 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 Bucks County

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.

File Size Limit: 5 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 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

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

Equity & Inclusion (Optional Section)

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 inclusion and equity 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

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.

Nonprofit Growth Grant-Professional Development 2025-2026

Foundations Community Partnership

Candidate & Organization Information

Candidate's Program Interest*

Choices

Certificate in Nonprofit Management at La Salle University Tuition Assistance
Master of Science in Nonprofit Leadership at La Salle University Tuition Assistance
Propose a certificate program that meets your specific needs (name below).
Workshop or Conference Scholarship

Certificate Program of Interest

Please name the program and accredited provider for which you are seeking funding.

Character Limit: 100

Candidate Name*

Character Limit: 100

Candidate's Current Title*

Character Limit: 100

Number of Years with the Organization*

Character Limit: 2

Candidate's Resume*

Please upload proposed candidate's current resume.

File Size Limit: 5 MB

Candidate's Qualifications*

Please describe the candidate's qualifications for the program.

Character Limit: 1000

Reason for Selection*

What are the organization's reason/rationale for recommending this candidate?

Character Limit: 1000

Future Assessment

Although not required by FCP, what is the organization's assessment of the candidate's continued employment with the organization?

Character Limit: 500

Organization Mission Statement*

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Candidate Name*

Character Limit: 100

Candidate's Program Interest

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Master of Science in Nonprofit Leadership at La Salle University Tuition Assistance

Propose a certificate program that meets your specific needs (name below).

Workshop or Conference Scholarship

Certificate Program of Interest

Please name the program and accredited provider for which you are seeking funding.

Character Limit: 100

For Workshop or Conference Requests

Please indicate the total amount requested for the requested workshop/conference.

Character Limit: 20

For Workshop or Conference Requests*

Please upload workshop/conference material(s) that outline deliverables and cost.

File Size Limit: 5 MB

For Master's Program Candidates Only

Candidate Transcript

Please upload the candidate's undergraduate transcript.

File Size Limit: 5 MB

Acceptance Letter

Please upload the candidate's acceptance letter to the master's degree program.

File Size Limit: 5 MB

Organization Information

Organization Mission Statement

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Organization Web Site*

Character Limit: 2000

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(#) Native Hawaiian or Other Pacific Islander*

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(%) Two or More Ethnicities*

Character Limit: 3

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Gender

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(%) Two or More Ethnicities**Character Limit: 3***(%) Unknown/Other/Prefer Not to Say****Character Limit: 3***Gender**

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(%) Female**Character Limit: 3***(%) Male****Character Limit: 3***(%) Nonbinary****Character Limit: 3***(%) Unknown/Other/Prefer Not to Say****Character Limit: 3***Income***

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Equity & Inclusion (Optional Section)

Equity and Inclusion in Operations

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

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Equity and Inclusion Statement/Policy

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Choices

Yes

No

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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 Executive Director/President/CEO/Founder's full name.

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