

Target Funding-Rapid Response Grant 2025-2026

Foundations Community Partnership

Eligibility

To apply for this grant, applicant must meet the following requirements:

- Received a minimum of two (2) grants from FCP.
- Be in good standing with FCP, meaning all reporting requirements have been fulfilled, support the behavioral health and human service needs of children, young adults, and families in Bucks County, and be exempt under Section 501(c)(3), charitable organizations, as well as classified in Section 509(a)(1) or 509(a)(2) of the Internal Revenue Code.
- Upload official correspondence from a federal and/or state agency documenting loss of funding or significant delay, minimum of six (6) months, in reimbursement from a governmental agency.
- Accept funding for the purpose of continuing program(s)/service(s) impacted by public funding cut(s)/reimbursement delay(s).

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.

Organization & Funding Information

Funding Amount Requested*

A Target Funding-Rapid Response Grant awards up to \$15,000.

Character Limit: 20

Organization Name*

Character Limit: 250

Organization Mission Statement*

Character Limit: 750

Year Founded*

What year was your nonprofit founded?

Character Limit: 4

Organization Web Site*

Character Limit: 2000

Description of Funding Loss or Significant Delay*

Describe the federal and/or state level funding cut(s) and/or significant reimbursement delay(s) your organization experiences.

Character Limit: 1500

Impact of Funding Loss or Significant Delay*

Describe the impact to your clients/constituents/organization resulting from the funding loss/delay.

Character Limit: 1500

Mitigation of Impact*

Explain your decision to continue the program(s)/service(s) impacted by public funding cut(s)/reimbursement delay(s), and how this grant would help mitigate the impact of the funding loss/delay on your clients/constituents/organization.

Character Limit: 1500

Program Area*

Please identify the program area that this request fits within by selecting it from the drop down menu below (click on down arrow to see all options).

Choices

Behavioral Health
Building Improvement
Capacity Building
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 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 in Bucks County.

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

Bucks County Areas Served*

Identify where in Bucks County the program(s)/service(s) impacted by public funding cut(s)/reimbursement delay(s) is/are 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 request?

Character Limit: 10

Bucks County Residents Served*

Of the total number of individuals served by this request, what is the total number of Bucks County residents whose behavioral health and/or human service needs will be addressed?

Character Limit: 10

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

Application Uploads

501(c)(3) Determination Letter Upload*

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

File Size Limit: 5 MB

Funding Revocation Notice or Proof of Delay*

Upload official correspondence from a federal and/or state agency documenting loss of funding or proof of significant delay, minimum of six (6) months, in reimbursement from a governmental agency.

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 Application Preparer*

Enter application preparer's full name and job title.

Character Limit: 100

Signature of 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