

Partnership in Youth Services Grant Spring 2026

Foundations Community Partnership

Organization Information

Organization Mission Statement*

Character Limit: 500

Organization Web Site*

Character Limit: 2000

Organization Video

Please provide a link to an organizational video here (optional).

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

501(c)(3) Determination Letter Upload*

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

File Size Limit: 5 MB

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

Project Overview

Project Name**Character Limit: 150*

Project Description*

Provide a brief description of the project for which you are seeking funding. Please include anticipated activities that will take place during the 12-month grant period, including approximate timelines for each activity.

Character Limit: 1500

Funding Amount Requested*

A Partnership in Youth Services Grant awards up to \$5,000.

Character Limit: 20

Funding Adjustments*

Would your proposed project still proceed if you don't receive all of the funding you requested from FCP?

Choices

Yes

No

Unsure

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

Building Improvement

Capacity Building

Capital Campaign

Education

Emergency Services

Family Services

Housing

Summer Camp

Vocational

Other

"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.

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 your proposed project provides 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

Geographic 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 proposed 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: 7

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

Letters of Agreement

Upload any letters of agreement from collaborating agencies (if applicable). For example, if your program takes place in a school, upload a letter of agreement from the school confirming the collaboration.

File Size Limit: 5 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

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 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

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 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