

Bucks Innovation and Improvement Grant (BIIG) Spring 2026

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 Bucks Innovation & Improvement Grant awards up to \$15,000.

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
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 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
Infant/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

Year Founded*

What year was your nonprofit founded?

Character Limit: 4

501(c)(3) Determination Letter Upload*

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

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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.

Organization Information

Organization Mission Statement*

Character Limit: 750

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 it 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

Project Overview

Project Name*

Character Limit: 100

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 grant period, including approximate timelines for each activity.

Character Limit: 1500

Funding Amount Requested*

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Character Limit: 20

Project Goals and Objectives*

How will you measure the project's success? Please provide three measurable goals/objectives, including assessment instruments to be used.

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. How will it meet the identified needs of the community?

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

Character Limit: 750

Sustainability

If applicable, how will your organization sustain this project in the future?

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 the proposed project?

Character Limit: 10

Bucks County Residents Served*

Of the total number of individuals served by the proposed project (listed above), what is the total number of Bucks County residents whose behavioral health and/or human service needs will be addressed? Note, this total number will likely be the same or fewer than the total number of individuals served that was listed above.

Character Limit: 10

Application Uploads

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.

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 the 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

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 DEI statement and/or policy for the organization?

Choices

Yes

No

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

FCP staff will present the applicant's grant history, if any, to the committee as part of its decision-making process.

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*

Does the organization have clear leadership and the capacity to complete the project? If helpful, evaluator can refer to organization's web site.

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 NPOs total services are provided to FCP's constituents, i.e. children, youth, and families in Bucks County? For example, an NPO serving 250 clients, 80 of which are Bucks

County residents would be scored 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? Does budget clearly show how the requested 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 project will bring to Bucks County children, young adults, and families.

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