

# Capital Improvement Grant Spring 2026

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## *Foundations Community Partnership*

### *Project & Organization Information*

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#### **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 Capital 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 Program

Building Improvement

Capacity Building

Capital Campaign

Durable Equipment

Education

Emergency Services

Family Services

Housing Support

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 the NPO 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\*

Mission Statement

*Character Limit: 750*

#### Year Founded\*

What year was the organization founded?

*Character Limit: 4*

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

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

*File Size Limit: 5 MB*

**Site Visit Date (if applicable)***Character Limit: 10***Site Visit Attendees and Comments***Character Limit: 1000****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

# Capital Improvement Grant Spring 2026

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## *Foundations Community Partnership*

### *Pre-Application Video*

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**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](mailto:info@fcpartnership.org) if you have any questions about the application process.<mailto:mailto:csinton@fcpartnership.org>

## *Organization Information*

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### **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 your organization 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

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### Project Name\*

*Character Limit: 100*

### Capital Improvement Project/Campaign Description\*

Requests are designated for construction, renovation, or improvement of a property. Please provide a case statement for the project, including a feasibility study and/or assumptions. What is the total cost of the project (include hard and soft costs)? If the request is for planning, describe why this project is important now. If you are hiring a consultant, on what qualifications did you base your selection? Do you own or lease the property? If lease, how long is the lease? How do you intend to pay for this project? Have you completed a capital project before? How long ago and how was it funded? If applicable, describe board's participation in the capital campaign.

*Character Limit: 1500*

### Funding Amount Requested\*

A Capital Improvement Grant awards up to \$15,000.

*Character Limit: 20*

### Did you acquire any necessary permits?\*

#### Choices

Yes

No

In Progress

N/A

### Project Goals\*

What are the expected outcomes of the project?

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

*Character Limit: 750*

## Bucks County 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 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

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### Site Photo(s)

If applicable, upload any photo(s) that would help illustrate your project.

*File Size Limit: 2 MB*

### Project/Campaign 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: 2 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*

**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*

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***Equity & Inclusion (Optional Section)*****Equity and Inclusion in Operations**

How do your operations in Bucks County reflect the values of diversity, 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 DEI statement and/or policy for the organization?

**Choices**

Yes

No

## *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*

## *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*

## *Electronic Signatures*

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**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 tile.

*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

# Capital Improvement Grant Spring 2026

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## *Foundations Community Partnership*

### *Name of Project*

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#### **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*

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#### **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*

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#### **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*

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#### **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*

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**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*

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**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*

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**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*

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### **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*

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### **Highlights, Strengths, Weaknesses**

Please share your impressions on the highlights, strengths, and weaknesses of this application.

*Character Limit: 750*