Philly Counts 2020 Action Fund - Level I Funding

Grant Application for funding requests from \$2,500- \$5,000

PLEASE NOTE YOU CAN NOT SAVE YOUR WORK

| Organization Legal Name * | |
|--|--|
| Publicly Used Name if Different from Above * | |
| Project Lead & Primary Contact * First Last | |
| Phone Number * | |
| Email * | |
| Address * | |
| Street Address | 0 , 0 |
| Address Line 2 | |
| City | State / Province / Region |
| Postal / Zip Code | Country |
| Website Total full-time, paid staff at organization * | |
| Total part-time, paid staff * | 8 |
| Total volunteers * | |
| Founding date * | |
| Current annual operating budget * | |
| Mission Statement * | |
| In a few words tell us how you heard about th | e Philly Counts 2020 Action Fund? * |
| Provide your 9 digit tax identification number number: * | or your fiscal sponsors tax identification |
| XX-XXXXXX | |

| Project Overview Project Details |
|--|
| Project Title * |
| Funding Amount Requested * |
| Project dates, please indicate when the project will start and end. * |
| Project Location * |
| Is Philly Counts 2020 Action Fund the sole funding source for this program? * Yes No |
| If not, please list additional funding sources and indicate if they have been secured. |
| Have you received other funding for Census? * Yes No If yes, please list the granting organizations from which you received funding. |
| Project Overview Goal * |
| Target Beneficiaries * In a paragraph, tell us about the target beneficiaries. What are the main issues and challenges for the people in this/these communities? What percentage of your staff is from the communities where you are working? |
| Maximum of 200 words. Currently Used: 0 words. |
| Tell us what you propose to do with the requested funding and how your efforts will help lead to a full count/ prevent an undercount * |
| |
| Maximum of 300 words. Currently Used: 0 words. |
| Are you partnering with other organizations to accomplish your goal? * Yes No |
| If so, which organizations and why? |

| Organizational Capacity | |
|--|--|
| Previous Experience | |
| If applicable, briefly explain (2 work on the census. | 00 words or less) your organization's previous |
| Maximum of 200 words. Currently | Used: 0 words. |
| Physical Resources | |
| | n 200 words or less) what facilities, resources, and e proposed project. |
| Maximum of 200 words. <i>Currently</i> | Used: 0 words. |
| Summary Statement * | |
| sentence, explain your organiza | short summary of your proposed work. In one ation. In another sentence explain why you have ount. Use the remaining 3–5 sentences to describe h this grant. |
| Maximum of 300 words. <i>Currently</i> | Used: 0 words. |
| | e upload documents after you've completed all of the required fields above, if you submit the ng the required fields, any documents you uploaded will have to be re-uploaded. Thank you. |
| Budget * | |
| Choose File No file chosen | |
| Most recent audit if applicable, statement * | otherwise, please send most recent annual financial |
| Choose File No file chosen | |
| List of board of directors * | |
| Choose File No file chosen | |
| 501(c)3 determination letter or | letter of agreement with your fiscal sponsor * |
| Choose File No file chosen | |
| If you have a logo, please uploa | |
| Choose File No file chosen | |
| Optional Documents | |
| Grant Experience | In an excel document, list your organizations' three largest grants (funder, amount, dates, title of grant, |
| Choose File No file chosen | organization. Please also list your current largest grants. |

Donor Reference

Choose File No file chosen

Please include: name, title and organization, email, phone number, relationship between you and the reference, and the amount you received from this donor?

Most recent annual report

Choose File No file chosen

Media mentions

Choose File No file chosen

Staff or leadership bios

Choose File No file chosen

Business plan or strategic plan

Choose File No file chosen