

Philly Counts 2020 Action Fund – Level II Funding

Grant Application for funding requests from \$5,001 – \$10,000

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 *

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Email *

Address *

Street Address

Address Line 2

City

State / Province / Region

Postal / Zip Code

Country

Website

Total full-time, paid staff at organization *

Total part-time, paid staff *

Total volunteers *

Founding date *

Current Annual Operating Budget *

Mission Statement *

In a few words tell us how you heard about the Philly Counts 2020 Action Fund? *

Are you fiscally sponsored by a 501(c)(3)? *

☐ Yes

☐ No

Are you tax-exempt under section 501(c)(3) of the Internal Revenue Code? *

- ☐ Yes
- ☐ No

Provide your tax identification number or your fiscal sponsors tax identification number: *

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.

What are the intended outcomes? *

Maximum of 200 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 (200 words or less) your organization's previous work on the census.

Maximum of 200 words. Currently Used: 0 words.

Physical Resources

If applicable, briefly explain (200 words or less) what facilities, resources, and equipment are available for proposed project?

Maximum of 200 words. Currently Used: 0 words.

Summary Statement *

In 300 words or less provide a short summary of your proposed work. In one sentence, explain your organization. In another sentence explain why you have decided to ensure a complete count. Use the remaining 3–5 sentences to describe the work you wish to do through this grant.

Maximum of 300 words. Currently Used: 0 words.

Required Documents– Please upload documents after you've completed all of the required fields above, if you submit the application without completing the required fields, any documents you uploaded will have to be re-uploaded. Thank you.

Budget *

No file chosen

Most recent audit if applicable, otherwise, please send most recent annual financial statement *

No file chosen

List of board of directors *

No file chosen

501(c)3 determination letter or letter of agreement with your fiscal sponsor *

No file chosen

If you have a logo, please upload

No file chosen

Optional Documents

Grant Experience

No file chosen

In an excel document, list your organizations' three largest grants (funder, amount, dates, title of grant, organization). Please also list your current largest grants.

Donor Reference

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

No file chosen

Media mentions

No file chosen

Staff or leadership bios

No file chosen

Business plan or strategic plan

No file chosen

Sample PDF
Level II Funding