Philly Counts 2020 Action Fund – Level III Funding

Grant Application for requests over $10,001

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

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 9 digit tax identification number or your fiscal sponsors tax identification number: *

XX-XXXXXXX

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 in which 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 *

[textarea]

Maximum of **300** words.   *Currently Used:* **0** *words.*

Please indicate your proposed project objectives – Objective (1) *

[text field]

Objective (2) *

[text field]

Objective (3) *

[text field]

Objective (4)

[text field]

What are the intended outcomes for this project? *

[textarea]

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?

[text field]

[text field]

[text field]

Organizational Capacity

Please upload key personnel *

[Choose File] No file chosen

Previous Experience

If applicable, briefly explain your organization's previous work on the census.

Maximum of **200** words.   *Currently Used:* **0** *words.*

Physical Resources

Tell us what facilities, resources, and equipment are available for the proposed project (if applicable)?

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 organizations. 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.

Please upload a project budget *

[Choose File] No file chosen

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

[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

Please upload your logo *

[Choose File] No file chosen

Optional Documents

Grant Experience   In an excel document, list your organizations' three largest grants (funder, amt, dates, title of grant, org).

[Choose File] No file chosen

Donor Reference

[Choose File] No file chosen   Please include: name, title, organization, email, phone, number, relationship between you and reference, and amount received.

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