

Philly Counts 2020 Action Fund – Level III Funding

Grant Application for requests over \$10,001

PLEASE NOTE YOU CAN NOT SAVE YOUR WORK. We recommend completing the application in Word and then copying responses into the form.

1 Section 1: Application – please note you must complete all required fields to move to the next section.

2 Section 2: Document Uploads

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

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 *

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.

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

Objective (2) *

Objective (3) *

Objective (4)

What are the intended outcomes for this project? *

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

Please upload key personnel *

Choose File

 No file chosen

Previous Experience

Maximum of 200 words. Currently Used: 0 words.

Physical Resources

Maximum of 200 words. Currently Used: 0 words.

Summary Statement *

Maximum of 300 words. Currently used 0 words.

Page 2

Please upload the following documents

Project Budget, please indicate how you plan to spend the requested funds *

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

Organization operating budget for current fiscal year*

List of board of directors *

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

If you have a logo, please upload

Sample PDF
Level III Funding