

2020 Critical Community Needs Grant

POISE Foundation

Note about "Character" Count

All of the questions in the Application have a "character" limit. A **character** is any letter, number, space, punctuation mark, or symbol that can be typed on a computer. A "character" count differs from a word count. As a suggestion, please type your answers in Word or Pages and then do a "character" count to ensure that you are not exceeding the limits that have been set for questions.

Application Information

Project Name*

Please enter the Name of your Organization and General Operating in the box below.

For example, "POISE Foundation General Operating"

Character Limit: 200

Tell us about your organization*

Character Limit: 7000

If your organization does not have a current 501 (c)(3), do you have a Fiscal Sponsor?

Churches and Mosques are excluded.

Choices

Yes

No

Type of Organization*

Choices

Community-based

Faith-based

What county is your organization currently working in?*

Please check all that apply

Choices

Allegheny

Beaver

None of the Above

Number of paid staff members***Choices**

None

1 to 3 Employees

4 to 7 Employees

8 to 10 Employees

Over 10 Employees

How many Board Members does your organization have?**Character Limit: 4***How many of your Board Members are Black and/or African American?****Character Limit: 4***What is your Operating Budget for the current fiscal year?****Character Limit: 20***When is your fiscal year?*****Choices**

January - December

July - June

What impact has COVID-19 had on your organization and the services you provide?**Character Limit: 7000***Have you received any funding under the Federal CARES Act for COVID-19 Support?*****Choices**

Yes

No

If yes, how much has your Organization received?

Please enter a number

*Character Limit: 20***Amount Requested***Please indicate the amount you are requesting (*up to \$25,000*).*Character Limit: 20***What do plan to do with the funding if received?****Character Limit: 7000***What best describes your funding request?***

Please check all that apply

Choices

Organizational sustainability for the next 3-6 months.

Continuing to provide basic needs, services, and programs regularly offered by your organization.

Pivoting to provide basic needs, services, and programs not typically offered by your organization.

Which of our Priority Focus Area(s) best describe your organization's funding plan?*

Please check all that apply

Choices

Critical Life-Sustaining Community Needs (food, cleaning supplies, childcare, etc.)

Mental, Emotional, and Social Health

Faith-based organizations meeting community needs

Information Dissemination

Urban Gardening Efforts in Black Communities

Black Business Associations and CDCs Supporting Black Businesses

Digital Divide Efforts for Families and Seniors

Estimated number of people to be served through funding support*

Character Limit: 5

Populations to be served*

Please check all that apply

Choices

Adult Individuals

Children/Youth

Elderly

Expectant Moms/Moms with Babies

Families

Homeless

Reporting*

Do you agree to capture the impact of this grant for final reporting which could include but is not limited to the following:

- Number of people served
- Amount provided to clients
- Financial accounting of funds granted

Choices

I Agree

I Do Not Agree

Fiscal Sponsorship Information

Name of Fiscal Sponsor Organization*

Character Limit: 80

Fiscal Sponsor Federal EIN/Tax ID Number*

Character Limit: 20

Fiscal Sponsor Contact - Prefix

Choices

Ms.
Mrs.
Mr.
Dr.
Professor
Justice
The Honorable
Rabbi
The Reverend

Fiscal Sponsor Contact - First Name*

Character Limit: 30

Fiscal Sponsor Contact - Last Name*

Character Limit: 35

Fiscal Sponsor Primary Contact - Job Title*

Character Limit: 35

Fiscal Sponsor Phone Number xxx-xxx-xxxx*

Character Limit: 15

Fiscal Sponsor Primary Contact Email*

Character Limit: 254

Start Date of Fiscal Sponsorship Agreement*

Character Limit: 10

End Date of Fiscal Sponsorship Agreement*

Character Limit: 10

Fee for Fiscal Sponsorship*

Percentage fee you pay for fiscal sponsorship services.

Character Limit: 20

Verification

Applicant Full Name*

Character Limit: 250

Applicant Title*

Character Limit: 250

Date*

Character Limit: 10

Authorization*

By entering your signature information above and clicking "*I Agree*" you certify that: I certify, to the best of my knowledge, that all information included in this proposal is correct. The tax-exempt status of this organization (*or fiscal sponsor organization*) is still in effect. If a grant is awarded to this organization, the proceeds of that grant will not be distributed or used to benefit any organization or individual supporting or engaged in unlawful activities.

Choices

I Agree.

I Do Not Agree.