

Patricia Kind Family Foundation Application Questions

The Patricia Kind Family Foundation is interested in encouraging practical, caring solutions to community problems by supporting preventive and direct service efforts. We operate no programs of our own, but perform our mission by funding proven approaches from non-profit organizations. We are especially committed to helping individuals and families who struggle daily with the effects of poverty. **Strong priority will be given to applications in Philadelphia County.** Foundation grants are made to organizations operating in the Philadelphia area that are tax exempt under Section 501c(3) of the Internal Revenue Code.

We encourage applicants to request multi-year general operating support grants.

Excluded from the Foundation's funding priorities are grants in direct support of individuals, i.e., scholarships or fellowships; endowments; and capital projects.

Note: Site visits are done on all programs selected for possible funding and the Trustees want to see the program "in action". Please keep this in mind when selecting which application cycle to use and note from our website the months during each cycle that site visits are scheduled.

Has the name of your organization changed? Please list program names and dates under which a prior application might have been submitted.

Has your organization applied for funding from our Foundation in the past? If so, please give dates, status and amounts of all previous funding.

Do you have a personal connection with anyone involved with the Patricia Kind Family Foundation? If so, please briefly explain. (This is for informational purposes only.)

Briefly describe your funding request (4-5 sentences). Please begin first sentence using the following format "Requesting \$(amount) each year for (#) years to support"

Geographic Area. Bucks County, Chester County, Delaware County, Montgomery County, Philadelphia County, All 5 Counties .

Program Area. Community Development, Education, Health, Human Services, Youth Development, Other.

Funding Type. General Operating Support, Specific Program/Project Support.

Program/Project Name. Type General Operating Support if not for a specific program or project.

When was the program/organization established as a non-profit? (month/year)

50 IRS 501(c)(3) Tax-Exempt Name and ID Number.

Fiscal Agent. If you are using another non-profit agency as your fiscal agent, please upload a current letter outlining your relationship.

State your Organization's Mission. (Approximately 3-4 sentences)

Recent activity. Provide a breakdown of specific program numbers (not percentages) and activities over the last six months.

Grant Proposal (not to exceed 3 pages). Include with your proposal narrative:

- If using acronyms or abbreviations anywhere in your application please list them at the beginning of the proposal along with what they stand for;
- description of the strengths of the people and communities that you are serving;
- description of the program design;
- proposed accomplishments during the grant period; and,
- how your staff and board represent the community you are serving.

Note: We would like to see actual numbers, not percentages, if you include any statistical information.

Short Video. Do you have a short video already made that gives a quick look at your program? If so, please feel free to share the link here.

Total number of Employees. List number of Full-time (FT), Part-time (PT) and Volunteers (V).

Significant Staff Changes. Please describe any recent and significant staff changes, if applicable.

Key Staff and Executive Director. Provide a brief description of all key staff, including the Executive Director, pertinent to the proposal. Include name, title, length of time in current position, qualifications, and responsibilities/duties. In addition to the brief description, upload and attach the resume or CV of Executive Director.

Board of Directors. Total number of organization's Board Members: (include names, titles and term limits, if applicable) .

Total current annual organization / program budget amount.

For example: \$850,000 (organization) / \$225,000 (program, if not asking for general operating support).

Dates of Fiscal Year.

Current Fiscal Year operating budget breakdown (Include revenue and expenses).

Projected budget for Year 1 of the grant period (Include revenue and expenses).

Funding sources over \$5,000 received within the past 12 months - including the name of the funder, date received and the amount. Indicate with an (R) if you have received funding from this source in the past, and, if so, for how many years. Include any pending grant applications to include amount and expected date of award.

Who should we contact if we want to schedule a site visit? Please give name, title, phone number and email address.

Operating Hours. Please provide weekly operating/program days and hours.

Program Address (If different from Mailing Address or, if your Mailing Address is a PO Box, please give specific street address for site visit scheduling purposes).

By entering your signature information and clicking "I Agree" below, you certify that the statements contained in this application are true and correct to the best of your knowledge and belief.

Certification

I Agree

Enter your full name and job title

Date of submission