

Application

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Process: PFF Standard Application - 2025

Contact Info

Request

Documents 0

Applicant:


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222-222-2222

3426 Monroe Street

Columbia, SC 29205-2745 United States

Organization:PSL Foundation 

86-3092437

770-289-0340


3426 Monroe Street

Columbia, SC 29205-2745 United States

[Contact Email History](#)

If your Organization information does not appear correct, please contact the funder. Thank you.

 Application Document Viewer Application Packet Question List

 Fields with an asterisk (*) are required.

▼ Organizational Information

Contact your program officer if you have any questions about the application's content or the Foundation's strategies. Contact grants manager Dan Dineen if you are having any issues with the Foundation's grants management system.

Please, avoid using personal pronouns (I, we, our) when describing your organization and its efforts.

DBA or Unit Name

Please state your organization's DBA or the unit name of the larger entity that your organization is a

part of (e.g., the Early Learning Division or the School of Social Policy.)

PolicyEngine

Shortened Name

If your organization uses an abbreviation, acronym, or initialism, please state it here.

EIN

86-3092437

Organization Type*

Choose your organization's type.

- ☒ 501(c)(3) Non-Profit
- ☐ Public University/College
- ☐ Unit of Government
- ☐ Other

Affiliated Organizations

If you are an affiliate of another organization, please identify that organization and describe the relationship. E.g., Organization X is affiliated with Organization Y, a 501c4, and the two organizations have an overlapping, but a separate board of directors.

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Is this organization serving as a fiscal sponsor/agent for this project?*

If you select yes, then you'll be required to fill out a section that will populate below titled "Information About the Entity With a Fiscal Sponsor or Agent."

- ☒ Yes
- ☐ No

If you answered "yes" to the previous question about having a fiscal sponsor or agent, a new tab called "Information About the Fiscally Sponsored Entity" should population below.

Please use the "Organization Information" to fill in information about the fiscal sponsor.

The "Information About the Fiscally Sponsored Entity" tab should be used to provide information about the fiscally-sponsored entity, i.e., the organization that will actually be implementing the project.

Logo*

Upload a high-quality version of your organization's logo as a PNG or JPG file. (No vector files, please.)

Upload a file [1 MiB allowed]

blue.png [9.9KiB]



✕ Delete File

Year Founded*

In what year was your organization founded?

2021

Number of Staff*

List the total number of staff in full-time equivalents. Whole numbers only, please.

4

W9*

Upload your organization's W9 or the W9 of your fiscal sponsor.

Upload a file [2 MiB allowed]

PSL Foundation W-9.pdf [249.1KiB]



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IRS Determination Letter

If your organization or your fiscal sponsor is a 501(c)(3), please upload an IRS determination letter as a PDF.

Upload a file [2 MiB allowed]

IRS_Letter_of_Determination.pdf [435.5KiB]



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Audited Financial Statement - LY

Upload your organization's most-recent audited financial statement or the most-recent audited financial statement of your fiscal sponsor.

[Upload a file](#) [3 MiB allowed]

StatementofActivity_2025.pdf [31.7KiB]



[X Delete File](#)

Audited Financial Statement - LY2

Upload your organization's second most-recent audited financial statement or the second most-recent audited financial statement of your fiscal sponsor.

[Upload a file](#) [3 MiB allowed]

StatementofActivity_2024.pdf [31.2KiB]



[X Delete File](#)

Audited Financial Statement - LY3

Upload your organization's third most-recent audited financial statement or the third most-recent audited financial statement of your fiscal sponsor.

[Upload a file](#) [3 MiB allowed]

PSL Foundation - 6.30.23 Issued Audited Financial Statements (3)_compressed.pdf [1.5MiB]



[X Delete File](#)

Summary Current Year Budget*

Upload a summary of your organization's current-year budget. If you are applying under a fiscal sponsor, please provide a summary budget for the organization that will actually be implementing the work.

[Upload a file](#) [3 MiB allowed]

PSL-F_OperationalBudget.pdf [76.6KiB]



[X Delete File](#)

Questions from Audited Financials

In the period in which you or your fiscal sponsor provided financial statements, to what do you attribute:

- A deficit in any year,
- Any significant fluctuation in expenses between years,
- Any significant fluctuation in revenues between years, and
- Any other significant change in your operational health as indicated in your audited financial statements?

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YTD v. LY Revenue & Expenses

To what do you attribute significant differences in year-to-date revenue and expenses compared to the same figures from last year?

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YTD Budget*

How are revenue and expenses tracking to your organization's budget for the current fiscal year?

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Auditor Findings

Did your most recently completed audit contain any findings from your auditor? If so, please summarize your auditor's findings and the steps your organization has taken to solve the identified issue(s).

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Significant Events

Has your organization experienced any event that could significantly impact your organization's operations? For example:

- Has your organization incurred any large or unusual debt in the last six months? If so, what was the reason?
- Are there any current or pending lawsuits against your organization? If so, what is the potential impact of the lawsuit on the organization?
- Has your organization recently had a change in executive or key programmatic staff?

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✓ Information About the Entity With a Fiscal Sponsor or Agent

Name of Entity With a Fiscal Sponsor or Agent*

What is the name of the entity with a fiscal sponsor or agent?

Description of Entity With a Fiscal Sponsor or Agent

Briefly describe the entity that will be implementing this project. (E.g., "We are a community group that is in the process of applying to become an independent 501(c)(3) organization.")

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Fiscal Sponsor/Agent Agreement *

Either describe the relationship between your entity and your fiscal sponsor/agent or upload the memorandum or understanding (or other similar document) that governs the relationship between your organizations.

Specify whether your organization is in a fiscal sponsor or fiscal agent relationship. Please contact grants manager Dan Dineen (ddineen@pritzkerfoundation.org) if you have questions about the differences between these two arrangements.

2,500 characters left of 2,500

[Upload a file](#) [2 MiB allowed]

Check Box - Certification to Submit*

By checking this box, I certify that the information provided in this proposal is accurate and complete and that I am authorized to sign this certification on behalf of the grantee.

☐ Yes

Check Box - Certification to Submit - Name & Title*

As part of the above certification, please provide your name/title. The Foundation will insert a section into the grant agreement that designates you to provide future reports, financial information, and other records/materials connected with the activities financed by a grant on behalf of the grantee.

Please use this format when answering:

Name: _____

Title: _____

500 characters left of 500

Entity with a Fiscal Sponsor/Agent Address 1*

Entity with a Fiscal Sponsor/Agent Address 2

Entity with a Fiscal Sponsor/Agent City***Entity with a Fiscal Sponsor/Agent State*****Entity with a Fiscal Sponsor/Agent Zip*** **Entity with a Fiscal Sponsor/Agent - Website****Entity with a Fiscal Sponsor/Agent - Phone Number*****Entity with a Fiscal Sponsor/Agent EIN/Tax ID**

Please enter the EIN of the entity with the fiscal sponsor/agent, if applicable.

Entity with a Fiscal Sponsor/Agent - Year Founded

In what year was the fiscally sponsored entity founded?

 Entity with a Fiscal Sponsor/Agent - Mission Statement*

What is the mission statement of the fiscally sponsored entity?

2,500 characters left of 2,500

Entity with a Fiscal Sponsor/Agent - Current Year Budget*

Please provide the current-year budget for the entity with a fiscal sponsor or agent.

[Upload a file](#) [2 MiB allowed]

Entity with a Fiscal Sponsor/Agent - Statement of Financial Position

Please provide a recent report that lists the assets, liabilities, and equity for the entity with a fiscal sponsor/agent.

[Upload a file](#) [1 MiB allowed]

✓ Key Staff Contact Information

Please provide the contact information for the following individuals at your organization. If you identified a fiscal sponsor or agent above, please indicate the organization applicable to each contact.

Grant agreement signatory*

The Foundation executes all grant agreements via DocuSign. Please list the name, title and email address of the person who will sign the grant agreement, as well as the same information for anyone else that you want CCed on the signature request from DocuSign. Also, let us know if you have any specific instructions for how your organization wants to sign the agreement. For entities with a fiscal sponsor/agent, the sponsor/agent should be the primary signatory.

For example:

Signatory:

Executive Director

Angela Smith

asmith@charity.org

CC:

Legal Counsel

Betty Johnson

bjohnson@charity.org

CC:

Executive Assistant

Chris McDonald

cmcdonald@charity.org

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Head of Organization Title*

What is the **title** of your organization's most senior staff member (e.g., President, CEO, Executive Director)?

Head of Organization: First Name*

What is the **first name** of your organization's most senior staff member (e.g., President, CEO, Executive Director)?

Head of Organization: Last Name*

What is the **last name** of your organization's most senior staff member (e.g., President, CEO, Executive Director)?

Head of Organization: Email Address*

What is the **email address** of your organization's most senior staff member (e.g., President, CEO, Executive Director)?

☐

Head of Organization: Phone Number*

What is the **phone number** of your organization's most senior staff member (e.g., President, CEO, Executive Director)?

Primary Project Contact: Title*

What is the **title** of the person who PFF should should contact with project-related questions?

Primary Project Contact: First Name*

What is the **first name** of the person who PFF should should contact with project-related questions?

Primary Project Contact: Last Name*

What is the **last name** of the person who PFF should should contact with project-related questions?

Primary Project Contact: Email Address*

What is the **email address** of the person who PFF should should contact with project-related questions?

Primary Project Contact: Phone Number*

What is the **phone number** of the person who PFF should should contact with project-related questions?

Grant Writer: Title*

What is the **title** of the person who should respond to questions about this proposal?

Grant Writer: First Name*

What is the **first name** of the person who should respond to questions about this proposal?

Grant Writer: Last Name*

What is the **last name** of the person who should respond to questions about this proposal?

Grant Writer: Email Address*

What is the **email address** of the person who should respond to questions about this proposal?

Grant Writer: Phone Number*

What is the **phone number** of the person who should respond to questions about this proposal?

Wire Transfer Contact: Title*

PFF generally makes payments via wire transfer. What is the **title** of the person who can provide information about your organization's wire transfer information?

Wire Transfer Contact: First Name*

What is the **first name** of the person who can provide information about your organization's wire transfer information?

Wire Transfer Contact: Last Name*

What is the **last name** of the person who can provide information about your organization's wire transfer information?

Wire Transfer Contact: Email Address*

What is the **email address** of the person who can provide information about your organization's wire transfer information?

Wire Transfer Contact: Phone Number*

What is the **phone number** of the person who can provide information about your organization's wire transfer information?

transfer information?

Financial Officer: Title*

What is the **title** of the person who can respond to inquiries about your organization's finances?

Financial Officer: First Name*

What is the **first name** of the person who can respond to inquiries about your organization's finances?

Financial Officer: Last Name*

What is the **last name** of the person who can respond to inquiries about your organization's finances?

Financial Officer: Email Address*

What is the **email address** of the person who can respond to inquiries about your organization's finances?

☐

Financial Officer: Phone Number*

What is the **phone number** of the person who can respond to inquiries about your organization's finances?

Communications Director: Title*

What is the **title** of the person at your organization who handles communication duties?

Communications Director: First Name*

What is the **first name** of the person at your organization who handles communication duties?

Communications Director: Last Name*

What is the **last name** of the person at your organization who handles communication duties?

Communications Director: Email*

What is the **email address** of the person at your organization who handles communication duties?

Communications Director: Phone Number*

What is the **phone number** of the person at your organization who handles communication duties?

Project Summary**Project Name***


The name of the project is attached to each and every form within your process. This is the "identifier" for the request.

Project Start Date*

On what date will your project start?

Project End Date*

On what date will your project end?

	
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Project Summary*

In two sentences, please describe this project's anticipated impact and a high-level summary of the activities your organization will undertake to reach the desired impact.

1,250 characters left of 1,250

Total Project Budget*

What is the total cost of this project over the course of the project's start/end dates?

\$	
----	--

Total Amount Requested from PFF*

How much money are you requesting from the JB & MK Pritzker Family Foundation?

\$	
----	--

Project Need/Opportunity*

What community need or opportunity does your proposal address?

10,000 characters left of 10,000

Key Project Staff*

List the names, roles, and brief backgrounds of the staff that will take a leadership role in implementing this project.

(E.g., **Jane Smith:** Implementation Specialist - Jane will oversee the expansion of our programming into new markets. Jane has worked at our organization for 10 years and has successfully launched our program into 25 new cities and counties.)

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▼ Project Detail

Alignment With Goal*

How does the proposed project align with and advance the goal of this focus area?

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Project Narrative*

Describe the purpose and intended impact of this project.

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Capacity & Fit*

Briefly describe your organization's history as it relates to this project and how this makes your organization uniquely capable of implementing this project and ensuring its success.

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Collaboration

If the activities described in this proposal include multiple organizations, describe how your organization will collaborate with other organizations to ensure this project is a success.

Note, if this proposal involves your organization making subgrants of some or all of PCI funds received, please identify the subgrantee organization(s) (including EINs) and describe whether and how your organization will retain responsibility for selecting and overseeing any subgrantee.

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Sustainability & Future Impact

If your organization will scale the project or continue it beyond the time period in the grant, please describe how it intends to do so and intended future impact.

10,000 characters left of 10,000

✓ Impact Plan

Impact Plan Upload*

Upload your impact plan here.

[Upload a file](#) [4 MiB allowed]

✓ Budget

Budget and Narrative Upload*

Please upload your budget and budget narrative using the template provided by your program officer.

[Upload a file](#) [2 MiB allowed]

✓ Open-Ended Questions**Representation**

How is your organization representative of or connected to the communities you serve?

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Commitment

What current efforts and initiatives of your organization reflect your commitment to the communities that you serve or represent?

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Lived Experience

If not included in your responses above, how is your organization informed by the perspectives of those with lived experience in its work?

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✓ Additional Information

Misc. Upload #1

Use this space to upload any files that were not requested above.

[Upload a file](#) [5 MiB allowed]

Misc. Text Field #1

Use this space to describe any facet of your project that did not fit into the questions asked above or to describe the upload above.

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Misc. Upload #2

Use this space to upload any files that were not requested above.

[Upload a file](#) [5 MiB allowed]

Misc. Text Field #2

Use this space to describe any facet of your project that did not fit into the questions asked above or to describe the upload above.

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Misc. Upload #3

Use this space to upload any files that were not requested above.

[Upload a file](#) [5 MiB allowed]

Misc. Text Field #3

Use this space to describe any facet of your project that did not fit into the questions asked above or to describe the upload above.

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Misc. Upload #4

Use this space to upload any files that were not requested above.

[Upload a file](#) [2 MiB allowed]

Misc. Text Field #4

Use this space to describe any facet of your project that did not fit into the questions asked above or to describe the upload above.

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Misc. Upload #5

Use this space to upload any files that were not requested above.

[Upload a file](#) [2 MiB allowed]

Misc. Text Field #5

Use this space to describe any facet of your project that did not fit into the questions asked above or to describe the upload above.

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Abandon Request

Save Application

Submit Application