

Penn Treaty Special Services District
CO-SPONSORED GRANT REQUEST FORM

Along with this application, a short 15-minute presentation to the Board is required. Any information, details, or renderings should be presented within that allotted time. Be prepared to answer questions from the Board afterward.

Please complete all fields below:

Request date:

Organization Requesting the Grant (Applicant):

Organization Co-Sponsoring the Grant (Co-sponsor*):

*If awarded, a check will be made payable to the Co-sponsor.

Co-Sponsor's E.I.N. No:

PART 1 – APPLICANT

SECTION 1 — BACKGROUND INFORMATION — APPLICANT

Please confirm by checking this box that you are not a 501(c)(3) organization. []

Complete Address:

SSD Neighborhood:

School District:

Telephone No:

Fax No:

Chief Staff Member:

Title:

Contact Person:

Title:

Email Address:

Web Address:

Your Mission:

Amount Requested: \$

SECTION 2: PURPOSE OF GRANT

Proposed use of SSD funds: Please state the principal objectives of the grant. Describe expected outcomes, your prior experience with similar projects, how the project will be staffed, an estimated time line for your project, and why this project should be funded. Provide photos if applicable.

Proposed Budgets:

1. Please supply an overall budget for the entire project which shows all anticipated expenses. This budget should also show any expected revenues, funding from other sources, and earmarked funds from your Organization (if any).
2. Please also supply a line item budget which shows how the Penn Treaty SSD Grant would be used.

Estimates:

If your project requires that you use outside vendors, please provide at least **two estimates** for the proposed work.

Impact:

List the District neighborhood(s) that the Grant would impact:

List the approximate number of District residents that would directly benefit from this grant:

How will your project achieve charitable or educational purposes?

Grant Category: (check only one)

- General Operating Grant** **Capacity/Technical Assistance Grant**
 Capital Project Grant **Program Grant** **Other Grant**
(Attach explanation)

Prior Grantee: Have you previously received a grant from PTSSD? **YES** **NO**

SECTION 3: FINANCIAL INFORMATION

This detailed information is intended to provide an important overview of your organization’s general financial health. Please complete all fields below, as they are a requirement of the application process.

Have you applied for/received or expect financial assistance for your project from any other source?

- YES** **NO**

If yes, please describe:

Does your Organization plan to use any of its own funds towards the project?

- YES*** **NO**

* Please be sure to show this amount in the project’s overall budget.

Volunteer Participation In Your Organization

Estimated number of volunteers involved in the past year:

Estimated number of volunteer hours donated in the past year:

Current Year's Income: \$

Current Year's Expenses: \$

Current source of funds (in %*)

Government %	Fundraising %	Fees & Rental Income %
Corporate %	Donations %	Contracts %
Foundation %	Self Funded %	Other (please specify) %

* Total can be greater than 100% since some categories may overlap

Assets & Liabilities

Please attach your most recent Financial Audit or Form 990.

Percentage of operating expenses spent on the following based on your most recent statements:

Direct services %	Fund-raising %	Management %
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Current assets: \$	Current liabilities: \$
Net property/equipment: \$	Long-term debt: \$
Long-term investments: \$	Total Liabilities: \$
Total Assets: \$	Total Net Assets: \$
Unrestricted Net Assets: \$	

Amount of operating reserve funds available: \$

How many months of operating expenses would this reserve cover?

Percentage of your last or most current operating budget ending in surplus/deficit:

Surplus: %	Deficit: %
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If there is a deficit, is this a recurring deficit in the past three years? YES NO

Explain reason for deficit:

SECTION 4: OUTSTANDING DEBTS

Do you have any current organization loans greater than \$10,000? YES NO

If yes, please briefly explain:

SECTION 5: LEGAL ACTIONS

Please list all pending and threatened litigation, arbitrations, or administrative proceedings to which you are a party or by which your assets or operations may be affected. Enter "none" if applicable.

Does your organization carry Directors & Officers Insurance? YES NO

SECTION 6: DISCLOSURE OF POTENTIAL CONFLICTS OF INTEREST

Do you or do your directors, officers, members, owners, or key employees have a personal, financial, employment, or other relationship with PTSSD or any of its directors, officers, or employees?

YES NO

If yes, please describe:

SECTION 7: SIGNATURE OF OFFICER

This Grant Request has been made with knowledge and permission of the organization's Chief Officer listed below.

ORGANIZATION:

OFFICER:

TITLE:

DATE:

SIGNED: _____

Please print, sign, scan this page, and submit with this application along with supporting documents to: ptssd.secretary@gmail.com or by post to: PTSSD, 702 N. 3rd Street, Philadelphia, PA 19123.

PART 2 – CO-SPONSOR

SECTION 1 — BACKGROUND INFORMATION — CO-SPONSOR

Co-Sponsor Organization:

Co-Sponsor's E.I.N. No:

Please confirm by checking this box that you are a 501(c)(3) organization. []

Please provide a copy of your 501(c)(3) Non-Profit Determination Letter from the IRS and your most recent Form 990.

Complete Address:

SSD Neighborhood:

School District:

Telephone No:

Fax No:

Chief Staff Member:

Title:

Contact Person:

Title:

Email Address:

Web Address:

SECTION 1: PRIOR GRANTEE

Have you previously received a grant from PTSSD?

[] YES [] NO

SECTION 2: FINANCIAL INFORMATION

This detailed information is intended to provide an important overview of your organization's general financial health. Please complete all fields below, as they are a requirement of the application process.

Please indicate whether there has been any change in your organization's purpose, character, or method of operation since the issuance of its IRS tax ruling:

[] YES [] NO

Volunteer Participation In Your Organization

Estimated number of volunteers involved in the past year:

Estimated number of volunteer hours donated in the past year:

CO-SPONSOR

Current Year's Income: \$

Current Year's Expenses: \$

Current source of funds (in %*)

Government %

Fundraising %

Fees & Rental Income %

Corporate %

Donations %

Contracts %

Foundation %

Self Funded %

Other (please specify) %

* Total can be greater than 100% since some categories may overlap

Assets & Liabilities

Please attach your most recent Financial Audit or Form 990.

Percentage of operating expenses spent on the following based on your most recent Form 990:

Direct services %

Fund-raising %

Management %

Current assets: \$

Current liabilities: \$

Net property/equipment: \$

Long-term debt: \$

Long-term investments: \$

Total Liabilities: \$

Total Assets: \$

Total Net Assets: \$

Unrestricted Net Assets: \$

Amount of operating reserve funds available: \$

How many months of operating expenses would this reserve cover?

Percentage of your last or most current operating budget ending in surplus/deficit:

Surplus: %

Deficit: %

If there is a deficit, is this a recurring deficit in the past three years? YES NO

Explain reason for deficit:

SECTION 4: OUTSTANDING DEBTS

Do you have any current organization loans greater than \$10,000? YES NO

If yes, please briefly explain:

SECTION 5: LEGAL ACTIONS

Please list all pending and threatened litigation, arbitrations, or administrative proceedings to which you are a party or by which your assets or operations may be affected. Enter "none" if applicable.

Does your organization carry Directors & Officers Insurance? YES NO

CO-SPONSOR

SECTION 6: DISCLOSURE OF POTENTIAL CONFLICTS OF INTEREST

Do you or do your directors, officers, members, owners, or key employees have a personal, financial, employment, or other relationship with PTSSD or any of its directors, officers, or employees?

[] YES [] NO

If yes, please describe:

SECTION 7: SIGNATURE OF OFFICER

This Grant Co-sponsorship request has been made with knowledge and permission of the organization's Chief Officer listed below.

ORGANIZATION:

OFFICER:

TITLE:

DATE:

SIGNED: _____

Please print, sign, scan this page, and submit this application along with supporting documents to: ptssd.secretary@gmail.com or by post to: PTSSD, 702 N. 3rd Street, Philadelphia, PA 19123.

Co-sponsor Grant Application Checklist

1. ____ Completed, signed application form. Check to see if either party missed any questions.
2. ____ Overall budget
3. ____ Penn Treaty SSD Grant budget (if awarded)
4. ____ Estimates (At least **two** if applicable)
5. ____ Most recent Financial Statement from the Co-sponsor
6. ____ Most recent Form 990 from the Co-sponsor
7. ____ IRS non-profit status Determination Letter from the Co-sponsor

Applications can be sent via email to PTSSD.secretary@gmail.com

Or, your application can be mailed to:

Penn Treaty SSD
702 N. 3rd Street
PMB 38
Philadelphia, PA 19123

Penn Treaty SSD is only able to accommodate a maximum of three grant requests per monthly meeting. Requests are scheduled in the order in which they are received by the Executive Secretary of the Penn Treaty SSD Board.

Penn Treaty SSD meets on the third Wednesday of every month from 6:00pm to 9:00pm from September to June. There are no meetings held in July or August.

Feel free to email Katrina Mansfield for guidance at ptssd.secretary@gmail.com