



Penn Treaty Special Services District CO-SPONSORSHIP REQUEST FORM

Name of **APPLICANT**:

Name of **CO-SPONSOR**:

Date Submitted (required):

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

SECTION 1A: APPLICANT'S BACKGROUND INFORMATION

Complete Address:

Contact Person:

Title:

Telephone No:

Cell:

Email:

Web:

Applicant's Mission:

Amount Requested: \$

SECTION 2A: PROPOSAL

1. Is this request for a **Project**? YES NO
2. Is this request for an **Event**? YES NO Name of Event:
3. Location of Event: Date(s) of Event:
4. Is this an Annual Event? YES NO Is this a **Fundraiser**? YES NO
5. If this is a Fundraiser how much do you expect to raise this year after expenses?
6. If this is an Annual Fundraiser how much did you raise last year after expenses?

Proposed use of SSD funds: State the principal objectives of the grant along with your prior experience with similar projects. Provide a timeline for your project and how it will be staffed. Describe how you will reach out to District residents along with expected outcomes and benefits to the community.

(Attach additional documents, drawings, photos if necessary.)

SECTION 3A: PROPOSED BUDGET

How would the funds be spent?

1. Attach 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).

If your Co-Sponsor is collecting an **administration fee**, please show that as well. PTSSD will consider an administration fee of up to 5%.

2. Also, supply a line-item budget which shows how the Penn Treaty SSD Sponsorship would be used.

3. If your project requires that you use outside vendors for the proposed work, please attach at least two estimates.
If this is not possible, please explain:

APPLICANT

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

YES NO

If yes, please describe:

5. 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.

SECTION 4A: IMPACT

1. Have you previously received a grant from PTSSD? YES NO

2. List the District neighborhood(s) that the Sponsorship would impact:

3. How will you reach out to District Neighborhoods?

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

SECTION 5A: APPLICANT'S SIGNATURE

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

ORGANIZATION:

OFFICER:

TITLE:

DATE:

SIGNED:

Sections 1B through 3B to be completed be the Co-Sponsor.

SECTION 1B
CO-SPONSOR'S BACKGROUND INFORMATION

Name of CO-SPONSOR:

Complete Address:

Chief Staff Member:

Title:

Contact Person:

Title:

Telephone No:

Cell:

Email:

Web:

Your Mission:

Please supply one of the following documents:

501(c)(3) Non-Profit Determination Letter from the IRS

Most Recent Form 990

Prior Grantee: Have you previously received a grant from PTSSD?

YES

NO

Prior Co-Sponsor: Have you previously co-sponsored a grant from PTSSD?

YES

NO

If you are a 501(c)(3) or other 501(c) organization, 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

What charitable benefits will this Sponsorship have in the community?

CO-SPONSOR

SECTION 2B

CO-SPONSOR'S ADMINISTRATION FEE

PTSSD will consider an administration fee of up to 5%.

Will an administration fee be charged to the Applicant for this grant? YES NO

What percentage of the request is your organization collecting from the applicant?

SECTION 3B

SIGNATURE OF OFFICER (CO-SPONSOR)

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

ORGANIZATION:

OFFICER:

TITLE:

DATE:

SIGNED:

Please submit this application along with supporting attachments to:
ptssd.secretary@gmail.com or by post to: PTSSD, **632 N. 2nd Street**, Philadelphia, PA 19123
Email Katrina Mansfield for guidance at ptssd.secretary@gmail.com or call at 215-574-9274

APPLICATION CHECKLIST

1. Completed, **signed** application form by BOTH parties. Check to see if you missed any questions.
2. Overall budget
3. Penn Treaty SSD budget (if awarded)
4. Estimates (At least two if applicable)
5. Most recent Financial Statement
6. Most recent Form 990
7. IRS non-profit status Determination Letter

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

Or, your application can be mailed to:

Penn Treaty SSD
632 N 2nd 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 or call at 215-574-9274