

Penn Treaty Special Services District 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.

SECTION 1: BACKGROUND INFORMATION

Name of Organization:			
Date Submitted:	E.I.N. No:		
Please check one:	We are not a 501(c)(3) organization	We are a 501(c)(3) or	rganization
	Other. Please describe:		
Please supply the follo	owing documentation:		
	501(c)(3) Non-Profit Determination Letter	from the IRS Mos	st Recent Form 990
Complete Address:			
Chief Staff Member:		Title:	
Contact Person:		Title:	
Telephone No:		Cell:	
Email:		Web:	
Your Mission:			

Amount Requested: \$

SECTION 2: PURPOSE OF GRANT

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.

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

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

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

Proposed Budgets:

1. <u>Attach</u> 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. <u>Attach</u> a line item budget which shows how the Penn Treaty SSD Grant would be used.

3. <u>Attach</u> at least <u>two</u> estimates: If your project requires that you use outside vendors for the proposed work. If this is not possible, explain why:

Have you applied for	/received or expec	t financial assistance for your project fr	om any other sou	rce?
YES	NO			
If yes, please describe	2:			
Does your Organizati	on 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.				
		Grant Category: (choose only one)	
Program Grant		Capacity/Technical Assistance Grant		
Capital Project G	Frant	General Operating Grant	Other (attach ex	planation)
Prior Grantee: Have ye	ou previously rece	ived 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.

Volunteer Participation In Your Organization

1) Estimated number of volunteers involved in the past year:

2) Estimated number of volunteer hours donated in the past year:

Financial Information

1) Current Year's Income: \$ 2) Current Year's Expenses: \$

Current sources of funds in percentages*

Government %	Fundraising %	Fees & Rental Income %
Corporate %	Donations %	Contracts %
Foundation %	Self Funded %	Other (<u>attach</u> details) %

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

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

Direct services %	Fund-raising %	Management %
Direct services %	Fulla-faising %	Management %

Assets & Liabilities

Please attach your most recent Financial Audit or Form 990.

Long-term debt: \$

Current assets: \$	Current liabilities: \$
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Net property/equipment: \$

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
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Explain reason for deficit:

SECTION 4: OUTSTANDING DEBTS

Do you have any current organization loans greater than \$10,000?

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 O	F 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 briefly explain:		

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:

SIGNATURE:

Please submit this application along with supporting attachments to: ptssd.secretary@gmail.com or by post to: PTSSD, **632 N. 2nd Street,** No 38, Philadelphia, PA 19123 Email Katrina Mansfield for guidance at ptssd.secretary@gmail.com or call at 215-574-9274

NO

YES

APPLICATION CHECKLIST

- 1. Completed, **signed** application form. Check to see if you 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
- 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