

Penn Treaty Special Services District SPONSORSHIP REQUEST FORM

Name of Organization:		
Date Submitted:	E.I.N. No:	
Please check one:	We are not a 501(c)(3) organization W	e are a 501(c)(3) organization
	Other. Please describe:	
Please supply the following documentation:		
	501(c)(3) IRS Non-Profit Determination Letter, OR	Most Recent Form 990.
Complete Address:		
Chief Staff Member:	Title:	
Contact Person:	Title:	
Telephone No:	Cell:	
Email:	Web:	
Your Mission:		
Amount Requested	•	
-		
1. Is this request for a Proj If this request is for a Proje	ect? YES NO Is this request for an Even ect, skip to Description Section on page 2.	t? YES NO
2. a) Name of the Event:		
b) Date :	c) Location:	
3. Is this an Annual Event	YES NO Is this a Fundraise	r? YES NO
4. If this is a Fundraiser how much do you expect to raise this year after expenses?		
5. If this is an Annual Fund	draiser 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.)

PROPOSED BUDGETS:

1.<u>Attach</u> an overall budget for the entire project which shows all anticipated expenses. The budget should also show anticipated 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 Sponsorship would be used.

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

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.

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:

SIGNATURE OF OFFICER

This Sponsorship Request 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. 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