PENN TREATY
COMMUNITY FUND
Funded by Rivers Casino Philadelphia

Penn Treaty Community Fund

CO-SPONSORSED 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.

Name of **APPLICANT**:

Name of **CO-SPONSOR**:

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

SECTION 1A: APPLICANT'S BACKGROUND INFORMATION

Please supply the following documentation:

☐ Most Recent Financial Statement

Complete Address:

Chief Staff Member: Title:

Contact Person: Title:

Telephone No: Cell:

Email: Web:

Your Mission:

Amount Requested: $

SECTION 2A: APPLICANT'S PURPOSE OF GRANT

Proposed use of PTCF 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.)

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

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

APPLICANT

PROPOSED BUDGETS:

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).

2. Attach a line item budget which shows how the Penn Treaty Community Fund Grant would be used.

3. Attach at least two 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 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.

Grant Category: (choose only one)

◯ Program Grant ◯ Capacity/Technical Assistance Grant

◯ Capital Project Grant ◯ General Operating Grant ◯ Other (attach explanation)

Prior Grantee: Have you previously received a grant from PTCF? ◯ YES ◯ NO

SECTION 3A: APPLICANT'S 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 (attach 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 %

Assets & Liabilities

Please attach your most recent Financial Audit or Form 990.

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 4A: OUTSTANDING DEBTS

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

If yes, please briefly explain:

SECTION 5A: APPLICANT'S 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 6A: APPLICANT'S 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 PTCF or any of its directors, officers, or employees?

◯ YES ◯ NO

If yes, please briefly explain:

SECTION 7A: SIGNATURE OF OFFICER (APPLICANT)

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

ORGANIZATION:

OFFICER:

TITLE:

DATE:

SIGNATURE:

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 the following documentation:

☐ 501(c)(3) Non-Profit Determination Letter from the IRS ☐ Most Recent Form 990

Prior Grantee: Have you previously received a grant from PTCF? ◯ YES ◯ NO

Prior Sponsor: Have you previously co-sponsored a grant from PTCF? ◯ 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

CO-SPONSOR'S ADMINISTRATION FEE

PTCF 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 2B: CO-SPONSOR'S FINANCIAL INFORMATION

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:

3. Current Year's Income: $ 4. Current Year's Expenses: $

Current sources of funds in percentages*

Government % Fundraising % Fees & Rental Income %

Corporate % Donations % Contracts %

Foundation % Self Funded % Other (attach 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 %

Assets & Liabilities

Please attach your most recent Financial Audit or Form 990.

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 3B: CO-SPONSOR'S 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 PTCF 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:
Secretary.PennTreatyFund@gmail.com or by post to: **PTCF, 632 N. 2nd Street, No 38, Philadelphia, PA 19123.**

APPLICATION CHECKLIST

1. ☐ Completed, signed application form by BOTH parties. Check to see if you missed any questions.
2. ☐ Overall budget
3. ☐ Penn Treaty Community Fund 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
Secretary.PennTreatyFund@gmail.com
Or, your application can be mailed to:
Penn Treaty Community Fund
632 N 2nd Street
PMB 38
Philadelphia, PA 19123

Penn Treaty Community Fund 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 Community Fund Board.

Penn Treaty Community Fund 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 Secretary.PennTreatyFund@gmail.com or call at 215-574-9274