

Penn Treaty Special Services District GRANT REQUEST FORM

The PTSSD 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 Administrator of the PTSSD Board.

The PTSSD meets on the 3rd Wednesday of every month from 6:30pm to 9:00pm from September to June. There are no meetings held in July or August.

Requests can be sent via email to PTSSD.secretary@gmail.com for faster receipt. Or, your request can be mailed to: Penn Treaty SSD, 702 N. 3rd Street, PMB 38, Philadelphia, PA 19123

Be prepared to make a short presentation to the Board. Any information, details, or renderings should be presented within the time allotted (15 minutes). The more details you can provide, the more likely it is the Board can make a proper determination with respect to funding your request.

SECTION 1 — BACKGROUND INFORMATION

Name of Organization:

Request date:

E.I.N. No:

Please check one: We are not a 501(c)(3) organization We are a 501(c)(3) organization
 Other. Please describe:

If you are a 501(c)(3) organization or another type of 501(c) tax-exempt organization, please provide a copy of your 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:

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. Please also supply a budget and any other supporting documents (photos etc.) If your project requires that you get estimates from outside vendors, please provide two estimates for the proposed work.

Neighborhoods in which activities are to be conducted:

Grant Category: (check only one)

- General Operating Grant** **Capacity/Technical Assistance Grant**
(Must be 501(c)(3)) (Must be 501(c)(3))
- Capital Project Grant** **Program Grant** **Other Grant**
(Must be 501(c)(3)) (Attach explanation)

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

If yes, please describe any prior grants from PTSSD.

If you are not a 501(c)(3) organization, please indicate how your project will achieve charitable or educational purposes.

SECTION 3: FINANCIAL INFORMATION

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**

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

YES **NO**

If yes, please describe.

VOLUNTEER PARTICIPATION IN YOUR ORGANIZATION:

Estimated number of volunteers involved in the past year:

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

Estimated dollar value of volunteer time donated: \$

This detailed information is intended to provide the Penn Treaty SSD Board with an important overview of your organization's health. It is required that we have a response to each item listed below.

Current overall operating budget: \$

Current source of funds (in %):

Federal %	Corporate %	Annual giving %	Fees %
State %	Foundation %	Endowment income %	Contracts %
Local %	Special events %	Self Funded %	Other % (Specify)

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

If you are a 501(c)(3) or other 501(c) organization, please fill in the following amounts based on your most recent financial audit or Form 990 for year ending ___/___/___: (Also provide your most recent audited financial statements, if any.)

Percentage of operating expenses spent on:

Direct services %	Fund-raising %	Management %
Current assets: \$	Current liabilities: \$	
Net Prop/Equip: \$	Long-term Debt: \$	
LT 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? months

Amount/percentage of operating budget ending in surplus/deficit: (please check)

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

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 by the organization's Chief Officer.

PLEASE PRINT

ORGANIZATION: _____

OFFICER: _____

TITLE: _____

DATE: _____

SIGNED: _____