

**APPLICATION FOR
2020 COMMUNITY ASSISTANCE GRANT
PROGRAM COVER**
Applications must be received by 5:00 pm on April 1, 2020

TO BE COMPLETED BY 501(c) ORGANIZATIONS and AGENCIES

PURPOSE OF THE BOARD OF COMMUNITY ASSISTANCE:

To advise the Board of Supervisors on providing financial assistance and support to non-profit and 501 (c) organizations and groups with monies received from the Valley Forge Casino Resort who propose projects and plans having a direct impact on the community and residents of Upper Merion Township and to provide college scholarships to noteworthy high school seniors.

TIMETABLE FOR PUBLICITY AND ACCEPTING APPLICATIONS:

- Re-launch program 120 days prior to date applications are due – December 1, 2019
UMGA-TV can scroll or use a banner providing information that applications to the BCA are being accepted for the 2020 program.
 - Publication of notices to announce applications are available – December 1, 2019.
 - Applications **must be postmarked by 5:00 pm April 1, 2020.**
 - Review applications from April 2nd through May 2nd.
 - Announce and notify award recipients by end of May.
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MAIL COMPLETED APPLICATION BY CLOSE OF BUSINESS (5:00 PM)

APRIL 1, 2020 TO:

Board of Community Assistance
c/o Office of the Township Manager
Upper Merion Township
175 West Valley Forge Road
King of Prussia, PA 19406

Rev. 5/8/2013	Rev. 9/29/2015
Rev. 11/13/2013	Rev. 8/15/16
Rev. 1/27/2014	Rev. 9/15/17
Rev. 5/2/2014	Rev 10/29/18
	Rev 11/06/19

ORGANIZATION/AGENCY NAME: _____

AMOUNT REQUESTED: _____

TYPE OF ORGANIZATION:

NON-PROFIT

TAX ID NUMBER: _____

GOVERNMENT

OTHER (PLEASE SPECIFY) _____

PROJECT NAME: _____

CONTACT PERSON: _____

MAILING ADDRESS: _____

COUNTY, STATE, ZIP CODE: _____

PHONE: _____

E-MAIL: _____ FAX: _____

PHYSICAL ADDRESS OF PROJECT: _____

COUNTY, STATE, ZIP CODE: _____

PROGRAM PROJECT DESCRIPTION SUMMARY

Please provide a detailed plan for your proposed project including a description of the project’s purpose, number of Upper Merion Township residents the program will serve and the anticipated costs for the project (include in phrases if appropriate.) If your project costs more than the maximum available BCA Grant (\$20,000), please identify how you would spend the BCA Grant if received. If total amount you are requesting is not awarded by the BCA, do you have another source to obtain your necessary funding to compete the project:

Yes_____ No_____ How_____

In future years, there may be a major project the BCA may want to consider. At that time, a request would have to be made to the Board of Supervisors to either waive the maximum grant amount or amend the policy. Include in the project plan how the BCA funds will be spent. (Attach additional sheet if necessary)

Empty rectangular box with horizontal lines for writing.

Has the beneficiary of your grant approved the proposed project? _____
Yes No

If approved, do you have all the necessary permits to complete the project? _____

As part of receiving the BCA Grant, you are agreeing to provide **a year-end summary of the project as compared to the project plan by December 31 of the year the award is granted.** Please acknowledge whether you are willing to agree to comply with this requirement.

_____ Yes _____ No

Please note that if you fail to complete and submit your year-end summary, the BCA and Board of Supervisors may seek repayment of the BCA grant.

Acknowledgement

Signature

The BCA may have some questions about your project plan. Will you be available to meet with the BCA to respond to its questions?

_____ Yes _____ No

ORGANIZATIONAL CAPACITY AND EXPERIENCE:

Please provide an overview of your organization/agency including:

- A description of the history, mission and services of the organization
- Year of incorporation / founding
- Description of staff experience with the organization's/agency's programs.

Have you, as an organization, previously applied to the BCA for funding?

_____ Yes _____ No

If yes, were you awarded a grant, how much, years, project?

_____ Yes _____ No

Amount: _____	Year: _____	Project: _____
Amount: _____	Year: _____	Project: _____
Amount: _____	Year: _____	Project: _____
Amount: _____	Year: _____	Project: _____

Have you previously applied to the BCA for funding for the specific project outlined in this application?

___ Yes ___ No

If yes, did you complete your project(s)?

___ Yes ___ No

Please describe project success.

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For all prior BCA grants, have you completed your year-end summary?

___ Yes ___ No

For all prior BCA grants, did you or a representative of your organization attend the BCA ceremony?

___ Yes ___ No

In addition to the BCA, has your organization/agency applied for other sources of funding for this program?

___ Yes ___ No

If you answered YES, from what funding source(s) did you seek support and in what amounts?

FUNDING SOURCE(S)/AMOUNTS:

Has your organization/agency previously carried out this program funded by some other source of funding? _____ Yes _____ No

If you answered YES, what was (were) the funding source(s), amount and number served for the last complete year of the program?

FUNDING SOURCE(S): _____

Year: _____ Amount: \$ _____ Planned Number Served: _____

Actual Number Served: _____

Year: _____ Amount: \$ _____ Planned Number Served: _____

Actual Number Served: _____

If you did not meet your planned number to be served, please provide an explanation below.

In your previous experience with supported projects, was your organization/agency ever required to pay back funds in violation of eligibility and need regulations/guidelines?

_____ Yes _____ No

If YES, indicate the violations and actions cited

Please identify the **primary** beneficiaries your program will serve.

- | | | |
|--|---|-----------------------------------|
| <input type="checkbox"/> Chronically Homeless | <input type="checkbox"/> Youth | <input type="checkbox"/> Elderly |
| <input type="checkbox"/> Persons with Disabilities | <input type="checkbox"/> Other Disabled | <input type="checkbox"/> Veterans |
| <input type="checkbox"/> Cultural Arts/Humanities | <input type="checkbox"/> Historical | <input type="checkbox"/> Families |
| <input type="checkbox"/> Other: _____ | | |

Are there other services or activities similar to your program provided by other organizations/agencies by the County of Montgomery? Yes No

If YES, how is your program different or unique from other similar programs? Briefly explain in the space provided.

Is any member(s) of your organization/agency related to any employee or appointee of Upper Merion Township? Yes No
(if yes, please indicate name(s) and relationship.)

Name: _____ Relationship: _____

Are you aware that financial disclosure may be required annually? (e.g. sources of loans, gifts, investments, interest in real property.) Yes No

Rules of law and ethics prohibit members of your organization/agency from participating and voting on matters in which they have direct or indirect financial interest. Are you aware of any potential conflicts of interest which may develop from your organization's / agency's membership in relation to this Community Assistance Application?

(If yes, please indicate any potential conflicts.) Yes No

Have there been, or are there now, any personal or business circumstances which might reflect adversely on the organization/agency or its membership in carrying out its mission and related to this application for Community Assistance? (If yes, please explain. Use a separate sheet if necessary.)

____ Yes ____ No

Signature

Date

Please note: this is a fillable form that can be submitted online, but functions may not work in all browsers. You may email your application to acaramenico@umtownship.org