

APPLICATION FOR 2023 COMMUNITY ASSISTANCE GRANT PROGRAM COVER

Applications must be received by 5:00 PM on April 14, 2023

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 that propose projects and plans having a direct impact on the community and residents of Upper Merion Township and that provide college scholarships to noteworthy high school seniors.

TIMETABLE FOR PUBLICITY AND ACCEPTING APPLICATIONS:

- Relaunch program 100 days prior to Application Due Date – **April 14, 2023**
 - Announcement to public: UMT Social Media, eNewsletter, LED sign, and UMGA-TV will air 2023 BCA Application Announcement – Dec.2, 2022
 - Applications **must be postmarked by 5:00 PM on April 14, 2023**
 - BCA Review of Applications from April 17 – May 2, 2023
 - BCA Presentation to BOS, Announcement of Award Recipients - **May 11, 2023**
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MAIL COMPLETED APPLICATION by CLOSE OF BUSINESS (5:00 PM)

on APRIL 14, 2023 to:

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

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

Please provide a **detailed plan** for your proposed project. Include a **purpose statement** and a **list of objectives**. Include **number of** Upper Merion Township residents to be **served**. Provide **specific project costs** (in phases if appropriate).

Note: If your project costs exceed the BCA grant max (\$20,000), identify how funds would be spent (attach separate sheet). If total funds are not awarded by the BCA, what additional funding source would be pursued?: _____

If approved, will you obtain all required permits to complete the project? Yes ___ No ___

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

As part of receiving the BCA Grant, you agree to provide a **year-end summary of the project as compared to the project plan by November 30th of the award year.**

Note: If you fail to submit your year-end summary, the BCA and Board of Supervisors may seek repayment of the BCA grant.

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 ___

Acknowledgement: Signature _____

FUTURE PROPOSALS: A major project submittal to the BCA would be tabled for the Board of Supervisors to decide to waive the grant fund threshold or amend the threshold policy. Provide the project proposal including how BCA funds would be spent. (Attach additional sheet as needed.)

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.

Has your organization previously applied to the BCA for funding? Yes _____ No _____

If your organization has been awarded a BCA grant, how much, years, project?

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 __ Describe project success

(list objectives met):

For all **prior** BCA grants, did you complete a year-end summary? (Provide date of project report.) Yes _____ Report Date(s): _____

No _____ Explain:

For all prior BCA grants, did you or a representative of your organization attend the BCA awards reception? Yes __ No __

In addition to the BCA, has your organization/agency applied for other sources of funding for this program? Yes ____ No ____

If yes, list FUNDING SOURCE(S)/AMOUNTS:

Has your organization/agency previously carried out this program funded by another source of funding? Yes ____ No ____

(If YES, provide the funding source(s), amount, 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 explain below.

Has your organization/agency ever been required to pay back funds due to violation of eligibility and need regulations/guidelines? Yes _____ No _____
(If YES, indicate the violations and actions cited below.)

Please identify the primary beneficiaries/focus your program will serve.

- | | | |
|---|--|---|
| <input type="checkbox"/> Homeless | <input type="checkbox"/> Youth | <input type="checkbox"/> Veterans |
| <input type="checkbox"/> Persons with Disabilities | <input type="checkbox"/> Infants/Children | <input type="checkbox"/> Employment, Training |
| <input type="checkbox"/> Cultural Arts/Humanities | <input type="checkbox"/> Families | <input type="checkbox"/> Historical |
| <input type="checkbox"/> Environment | <input type="checkbox"/> Seniors / Elderly | |
| <input type="checkbox"/> Pantry / Feeding / Nutrition | <input type="checkbox"/> Health & Wellness | |
| <input type="checkbox"/> Literacy | <input type="checkbox"/> Other: _____ | |

Does Montgomery County provide services similar to your program? Yes _____
No _____ If Yes, how does your program differ from other similar programs?

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 Board of Community Assistance Application?

(If YES, indicate any potential conflicts below.) 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, provide detail on separate sheet.) Yes _____ No _____

Signature

Date