

# **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**

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## **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.

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## **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

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**ORGANIZATION/AGENCY NAME:** \_\_\_\_\_

**AMOUNT REQUESTED:** \_\_\_\_\_

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TYPE OF ORGANIZATION:

NON-PROFIT

TAX ID NUMBER: \_\_\_\_\_

GOVERNMENT

OTHER (PLEASE SPECIFY): \_\_\_\_\_

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PROJECT NAME: \_\_\_\_\_

CONTACT PERSON: \_\_\_\_\_

MAILING ADDRESS: \_\_\_\_\_

COUNTY, STATE, ZIP CODE: \_\_\_\_\_

PHONE: \_\_\_\_\_

E-MAIL: \_\_\_\_\_ FAX: \_\_\_\_\_

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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