

# APPLICATION FOR 2025 COMMUNITY ASSISTANCE GRANT

**Applications must be received by 5:00PM on March 31, 2025**

**TO BE COMPLETED BY 501(c) Organizations and Non-Profit Clubs,Sports**

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## **PURPOSE OF THE BOARD OF COMMUNITY ASSISTANCE:**

To provide funding (received from the Valley Forge Casino Resort) to non-profits, clubs, sports, and 501 (c) organizations that propose projects that have a direct impact on the Upper Merion Township residents and community and to provide college scholarships to noteworthy high school juniors and seniors residing in Upper Merion Township.

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## **TIMETABLE FOR ACCEPTING APPLICATIONS:**

- Announcement: UMT Social Media, eNewsletter, LED sign. Applications accepted starting Nov. 25, 2024.
  - Applicant questions and requests for review/feedback may be emailed to [BCA@umtownship.org](mailto:BCA@umtownship.org).
  - Applications may be submitted **by email (at [gvattimo@umtownship.org](mailto:gvattimo@umtownship.org))**, by **U.S. Postal Service** or may be **hand-delivered to the Twp. Building cashier window**. The application deadline is **5:00PM on March 31, 2025**.
  - BCA Presentation of Award Recipients at the BOS Business Meeting - **May 15, 2025**
  - Projects start: June 2025
  - Project deadline: December 1, 2025
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**Deliver Completed Application by CLOSE OF BUSINESS (5:00PM)**

**Monday, March 31, 2025 to:**

Board of Community Assistance c/o Gerri Vattimo  
Admin. Office Upper Merion Township  
175 W. Valley Forge Road  
King of Prussia, PA 19406  
Or via email at [gvattimo@umtownship.org](mailto:gvattimo@umtownship.org)

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**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 original project plan. Deadline is December 1, 2025.**

*Note: Failure to submit the year-end summary may result in the BCA requiring the organization to repay the full amount of the grant.*

The BCA may have some questions about your project plan. Will you be available to responding to any inquiries from the BCA? Yes  No

Acknowledgement:                      Signature \_\_\_\_\_

**FUTURE PROPOSALS:** A major project submitted to the BCA will be reviewed to decide whether the grant will be approved and if so, whether the grant fund threshold would be waived or the threshold policy amended. Provide the project proposal (Additional sheet as needed.)

**Provide an overview of your organization/agency including:**

- A description of the history, incorporation year; webpage, social media links
- Mission, purpose, list of services
- Brief statement about the organization's board, staff, volunteers

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: \_\_\_\_\_

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Amount: \_\_\_\_\_ Year: \_\_\_\_\_ Project: \_\_\_\_\_

Have you previously applied to the BCA for funding for the specific project outlined in this application? Yes  No  Report Date: \_\_\_\_\_

If yes, did you complete your project/submit a year-end report? Yes  No  (If no, explain.) List the achieved project objectives:

For prior BCA grant awards, 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 Sources/Award amounts:

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

Provide the funding source(s), amount, number served for the last complete year of the program.

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