

# **APPLICATION FOR 2017 COMMUNITY ASSISTANCE GRANT PROGRAM COVER**

**Applications must be submitted by March 15, 2017**

**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 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.

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## **TIMETABLE FOR PUBLICITY AND ACCEPTING APPLICATIONS:**

- Re-launch program 120 days prior to date applications are due – November 16. UMGA-TV can scroll or use a banner providing information that applications to the BCA are being accepted for the 2017 program.
  - Publication of notices to announce applications are available – November 16.
  - Applications **must be postmarked by** March 15.
  - Review applications from March 15 through May 15.
  - Announce and notify award recipients by June 1.
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## **MAIL COMPLETED APPLICATION BY MARCH 15 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

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Rev. 5/8/2013

Rev. 11/13/2013

Rev. 1/27/2014

Rev. 5/2/2014

Rev. 7/23/14

Rev. 9/29/2015

Rev. 8/15/16

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)

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 and how much?

\_\_\_ Yes \_\_\_ No

Amount: \$ \_\_\_\_\_

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.

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

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): \_\_\_\_\_

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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.

- |                                |                     |               |
|--------------------------------|---------------------|---------------|
| ____ Chronically Homeless      | ____ Youth          | ____ Elderly  |
| ____ Persons with Disabilities | ____ Other Disabled | ____ Veterans |
| ____ Cultural Arts/Humanities  | ____ Historical     | ____ Families |
| ____ 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 separate sheet if necessary.)  Yes  No

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Date