

APPLICATION FOR 2021 COMMUNITY ASSISTANCE GRANT PROGRAM COVER

Applications must be received by 5:00 PM on April 15, 2021

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 75 days prior to Application Due Date –**April 15, 2021**
 - Announcement to public: UMT Social Media, eNewsletter, LED sign, and UMGA-TV will scroll 2021 BCA Application Announcement – February 1, 2021
 - Applications **must be postmarked by 5:00 PM on April 15, 2021**
 - BCA Review of Applications from April 16 – May 3, 2021
 - BCA Presentation to BOS, Announcement of Award Recipients - **May 13, 2021**
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MAIL COMPLETED APPLICATION by CLOSE OF BUSINESS (5:00 PM)

on APRIL 15, 2021 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 SUMMARY

Please provide a detailed plan for your proposed project including a description of the project’s purpose, number of Upper Merion Township residents that the program will serve, and the anticipated project costs (include in phases if appropriate). If your project costs exceed the maximum available BCA Grant (\$20,000), identify how the BCA Grant funds would be spent. If the total requested funds are not awarded by the BCA, do you have an additional source from which to obtain the funding needed to complete the project:

Yes ____ No ____ How will you solicit the funds:

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

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

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 November 30th of the year the award is granted.**

Are you willing to agree to comply with this requirement? Yes ____ No ____

Please note: 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 ____

FUTURE PROPOSALS: There may be a major project that the BCA may consider for funding. A request would have to be made to the Board of Supervisors to either waive the grant fund threshold or amend the policy. Provide the project proposal including how BCA funds would be spent. (Attach additional sheet if needed.)

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 (list objectives):

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 ceremony? Yes _____ No _____

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

(If 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 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.

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 below.)

- | | | |
|--|---|-----------------------------------|
| <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:

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, please explain on separate sheet.)

Yes _____ No _____

Signature

Date