

APPLICATION FOR 2024 COMMUNITY ASSISTANCE GRANT

Applications must be received by 5:00PM on April 1, 2024

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

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.

TIMETABLE FOR ACCEPTING APPLICATIONS:

- Announcement to public: UMT Social Media, eNewsletter, LED sign. Applications accepted starting Nov. 20, 2023
 - Applications **must be received by mail or hand-delivered to the Twp. Building cashier window by 5:00PM on April 1, 2024.**
 - BCA Presentation of Award Recipients at the BOS Business Meeting - **May 9, 2024**
 - **Projects start June 1, 2024**
 - **Project deadline Dec. 2, 2024**
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Deliver Completed Application by CLOSE OF BUSINESS (5:00PM)

Monday, APRIL 1, 2024 to:

Board of Community Assistance c/o Gerri Vattimo
Administration Office
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 original project plan. Deadline is December 2, 2024.**

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: _____
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 ___ 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