



## Penn Treaty Special Services District **GRANT REQUEST FORM**

Along with this application, a short 15-minute presentation to the Board is required. Any information, details, or renderings should be presented within that allotted time. Be prepared to answer questions from the Board afterward.

### **SECTION 1 — BACKGROUND INFORMATION**

Name of Organization:

Date Submitted:

E.I.N. No:

Please check one:

We are not a 501(c)(3) organization

We are a 501(c)(3) organization

Other. Please describe:

Please supply the following documentation:

501(c)(3) Non-Profit Determination Letter from the IRS

Most Recent Form 990.

Complete Address:

Chief Staff Member:

Title:

Contact Person:

Title:

Telephone No:

Cell:

Email:

Web:

Your Mission:

**Amount Requested: \$**

## SECTION 2: PURPOSE OF GRANT

**Proposed use of SSD funds:** State the principal objectives of the grant. Describe expected outcomes, your prior experience with similar projects, how the project will be staffed, an estimated time line for your project, and why this project should be funded. (Attach additional documents, drawings, photos if necessary.)

List the District neighborhood(s) that the Grant would impact:

List the approximate number of District residents that would directly benefit from this grant:

**Proposed Budgets:**

**1. Attach an overall budget for the entire project** which shows all anticipated expenses. This budget should also show any expected revenues, funding from other sources, and earmarked funds from your Organization (if any).

**2. Attach a line item budget which shows how the Penn Treaty SSD Grant would be used.**

**3. Attach at least two estimates:** If your project requires that you use outside vendors for the proposed work.

**Grant Category: (choose only one)**

Program Grant

Capacity/Technical Assistance Grant

Capital Project Grant

General Operating Grant

Other (attach explanation)

Prior Grantee: Have you previously received a grant from PTSSD?

YES

NO

**SECTION 3: FINANCIAL INFORMATION**

This detailed information is intended to provide an important overview of your organization's general financial health. Please complete all fields below, as they are a requirement of the application process.

If you are a 501(c)(3) or other 501(c) organization, please indicate whether there has been any change in your organization's purpose, character, or method of operation since the issuance of its IRS tax ruling:

YES

NO

Have you applied for/received or expect financial assistance for your project from any other source?

YES

NO

If yes, please describe:

Does your Organization plan to use any of its own funds towards the project?

YES\*

NO

\* Please be sure to show this amount in the project's overall budget.

**Volunteer Participation In Your Organization**

1) Estimated number of volunteers involved in the past year:

2) Estimated number of volunteer hours donated in the past year:

**Financial Information**

1) Current Year's Income: \$

2) Current Year's Expenses: \$

**Current source of funds in percentages\***

Government %

Fundraising %

Fees & Rental Income %

Corporate %

Donations %

Contracts %

Foundation %

Self Funded %

Other (attach details) %

\* Total can be greater than 100% since some categories may overlap

**Percentage of operating expenses spent on the following based on your most recent Form 990:**

Direct services %

Fund-raising %

Management %

**Assets & Liabilities**

Please attach your most recent Financial Audit or Form 990.

Current assets: \$

Current liabilities: \$

Net property/equipment: \$

Long-term debt: \$

Long-term investments: \$

Total Liabilities: \$

Total Assets: \$

Total Net Assets: \$

Unrestricted Net Assets: \$

Amount of operating reserve funds available: \$

How many months of operating expenses would this reserve cover?

**Percentage of your last or most current operating budget ending in surplus/deficit:**

Surplus: %

Deficit: %

If there is a deficit, is this a recurring deficit in the past three years?

YES

NO

Explain reason for deficit:

**SECTION 4: OUTSTANDING DEBTS**

Do you have any current organization loans greater than \$10,000? YES NO

If yes, please briefly explain:

**SECTION 5: LEGAL ACTIONS**

Please list all pending and threatened litigation, arbitrations, or administrative proceedings to which you are a party or by which your assets or operations may be affected. Enter "none" if applicable.

Does your organization carry Directors & Officers Insurance? YES NO

**SECTION 6: DISCLOSURE OF POTENTIAL CONFLICTS OF INTEREST**

Do you or do your directors, officers, members, owners, or key employees have a personal, financial, employment, or other relationship with PTSSD or any of its directors, officers, or employees?

YES NO

If yes, please briefly explain:

**SECTION 7: SIGNATURE OF OFFICER**

This Grant Request has been made with knowledge and permission of the organization's Chief Officer listed below.

ORGANIZATION:

OFFICER:

TITLE:

DATE:

SIGNED:

Please submit this application along with supporting attachments to:  
ptssd.secretary@gmail.com or by post to: PTSSD, 702 N. 3rd Street, Philadelphia, PA 19123  
Email Katrina Mansfield for guidance at ptssd.secretary@gmail.com or call at 215-574-9274

## **APPLICATION CHECKLIST**

1. Completed, signed application form. Check to see if you missed any questions.
2. Overall budget
3. Penn Treaty SSD Grant budget (if awarded)
4. Estimates (At least two if applicable)
5. Most recent Financial Statement
6. Most recent Form 990
7. IRS non-profit status Determination Letter

Applications can be sent via email to [PTSSD.secretary@gmail.com](mailto:PTSSD.secretary@gmail.com)

Or, your application can be mailed to:

Penn Treaty SSD  
702 N. 3rd Street  
PMB 38  
Philadelphia, PA 19123

Penn Treaty SSD is only able to accommodate a maximum of three grant requests per monthly meeting. Requests are scheduled in the order in which they are received by the Executive Secretary of the Penn Treaty SSD Board.

Penn Treaty SSD meets on the third Wednesday of every month from 6:00pm to 9:00pm from September to June. There are no meetings held in July or August.

Feel free to email Katrina Mansfield for guidance at [ptssd.secretary@gmail.com](mailto:ptssd.secretary@gmail.com) or call at 215-574-9274