

PENN TREATY SPECIAL SERVICES DISTRICT
GRANT REQUEST FORM

BACKGROUND INFORMATION **

Request date: _____ Employer / TAX I.D. No.: _____

Federal Tax Determination Date: _____ Fed. Tax Exemption Classification: _____

Name of Organization: _____

Complete Address: _____

SSD Neighborhood _____ School District: _____

Telephone No.: _____ Fax No.: _____

Chief Staff Member: _____ Title: _____

Contact Person: _____ Title: _____

Email Address: _____ Web Address: _____

Amount Requested \$: _____

We respectfully request to present our grant appeal to the PTSSD at the _____ meeting of the Board.
(Month)

*(Please be advised that the **PTSSD** is only able to accommodate a maximum of five (5) grant requests per monthly meeting. Requests are scheduled in the order in which they are received by the Secretary of the **PTSSD** Board. Requests can be hand delivered or sent via our website at www.penntreatyssd.com for faster receipt. The **PTSSD** meets on the 3rd Wednesday of every month from 6:30-9:00pm EST. Please be prepared to make your presentation to the Board in 10 minutes or less. Any information, details, or renderings should be presented within the time allotted. The more detail your organization can provide, the more likely it is the Board can make a proper determination with respect to funding your request. Changes to the standard monthly meeting times of the **PTSSD** due to inclement weather, holidays, etc will be posted on our website and in **The Spirit** newspaper as soon as possible)*

Mission of your Organization: (Apply Attachments if Required)

Neighborhoods in which activities are to be conducted:

** Fill out all items applicable to your organization**

Proposed use of SSD funds: (Include all applicable estimates, quotes, budgets, etc - Apply attachments as required)

Grant Category: [check only one]

☐ General Operating Grant; ☐ Program Grant; ☐ Capital Project Grant; ☐ Capacity /Technical Assistance Grant; ☐ Other Grant

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 _____

Fiduciary Agents

If acting as fiduciary agent for another party/organization please attach a 1-page letter of explanation/support.

(Define relationship between agencies; express commitment to the project/programs success)

This grant request is being submitted with the knowledge and authorization of the Board of Directors.

Name: _____, Board President/Chair

Signature: _____ Date: _____

ORGANIZATION NAME: _____

VOLUNTEER PARTICIPATION IN YOUR ORGANIZATION:

Estimated number of volunteers involved in the past year: _____

Estimated number of volunteer hours donated in the past year: _____ hours

Estimated dollar value of volunteer time donated: \$ _____

FINANCES: Fiscal Health Information

*This detailed information is intended to provide the Penn Treaty SSD Board with
an important overview of your organization's health.*

It is required that we have a response to each item listed below.

Current overall operating budget: \$ _____

Current source of funds (in %):

Federal _____%	Corporate _____%	Annual giving _____%	Fees _____%
State _____%	Foundation _____%	Endowment income _____%	Contracts _____%
Local _____%	Special events _____%	Self Funded _____%	Other _____%

(NOTE: Total can be greater than 100% since some categories may overlap) [Specify]

From your most recent financial audit or Form 990 for year ending ____/____/____:

Percentage of operating expenses spent on: **Direct services** ____%; **Fund-raising** ____%;

Management ____%

Current assets _____ Current liabilities _____

Net Prop/Equip _____ Long-term Debt _____

LT 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 cover? _____

Amount/percentage of operating budget ending in surplus/deficit: (please check)

☐ Surplus \$ _____; _____% ☐ Deficit \$ _____; _____%

If there is a deficit, is this a recurring deficit in the past three years? YES ____ NO ____

Explain reason for deficit: _____

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

If yes, please briefly explain: _____

LEGAL: Litigation Information

Does your organization have any open matters of litigation currently pending? YES ____; NO ____

If yes, please explain in an attachment to your proposal

Does your organization carry Directors & Officers Insurance? YES ____; NO ____