



McKeanCounty Community Foundation

COVID-19 Assistance Fund

P.O. Box 934, Saint Marys, PA 15857
Phone 844-238-2289 • Fax 814.834.2126
mccf@McKeancountyfoundation.org
www.mckeancountyfoundation.org

This grant application form is available on our website as an online fillable PDF form. Please complete and submit it via email along with the requested support items as outlined in *Instructions for Submitting a Grant Application*. In addition, a hard copy of the signed application form, along with any support materials that have not been emailed, must be mailed to our office. Grants will not be considered until all material has been received. For questions or clarification, please contact our office.

Application Date Legal Name of Organization EIN Number

Is your organization tax-exempt under Section 501 (c) (3) of the Internal Revenue Code? Y N

Last Name First Name MI

Mailing Address

City State Zip Code

Phone Fax E-mail

Grant Area of Interest:

The Arts _____ Other (*please explain*)
Economic Development _____
Education _____
The Environment _____
Health and Social Services _____

Project Duration:

Total Cost of Project:

Maximum request is \$2,500

Amount requested from the Foundation:

Application is considered incomplete and will not be considered if amount requested is left blank.

Grant Abstract – provide the following information briefly on this page. Additional explanation and information should be included in Grant Proposal Narrative outline found on page four of this application form.

How has your nonprofit been impacted by the spread of COVID-19?

Cancellation of programs, fund raisers or services resulting in revenue loss

Disruption of services to clients and communities

Increase demand for services from clients and communities

Other _____

If your nonprofit is providing services to families and children in response to COVID-19, which of the following priority areas best aligns with the services you will provide?

Child Care

Food Security

Education

Healthcare

Support

Health wellbeing/Mental Health

Elder care

Human Services

What are your other sources of funding do you have at this time?

Submit via email the online fillable PDF form, without signature, along with your narrative. Also, mail or deliver to our office a hard copy of the signed application, along with any other support materials that can not be emailed

Please include attachments:

- ◆ Grant Application form and abstract/narrative as described on page three of this document.
- ◆ One copy of the current IRS determination documentation
- ◆ One copy of the proposed program/project budget
- ◆ One copy of operating budget for the current and next fiscal year, including income statement and balance sheet. Need to send only a summary if possible.
- ◆ One copy of the most recent year-end financial statements (audited if available) if applying for over\$5000
- ◆ Name and addresses of your Board of Directors and administrative staff

The Undersigned hereby certify that all information contained in and submitted with this proposal is correct and that this proposal is submitted with the approval of the Board of Directors. This Organization will execute the Grant Agreement if a grant is awarded to us.

Signature of Board Chairperson

Date

Signature of Agency CEO

Date



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Instructions for Submitting a Grant Application

- A. Submit via email the online fillable PDF form, without signature, along with your narrative. Also, mail to our office a hard copy of the signed application, along with any other support materials that cannot be emailed.**
- B. Grant Proposal Narrative should include the following information. Please provide your information in this order, using the outline.**

1. Organization Information:

- a. Brief summary of organization's history, mission and goals.
- b. Description of current programs and past accomplishments.

2. Purpose of this Grant:

- a. Describe your situation. How has the pandemic affected your daily operations.
- b. Briefly describe your request. Include how grant fund would be used. Please include number of people served, demographics and geography with a description and duration of services.

3. Budget Information

List how the fund would be used. Please not State the exact dollar amount of program/project budget being requested for this grant and the expected expenses including in kind gifts.

- a. List all sources funding for the program/project.
- b. Indicate the amounts requested and the status of your proposal with each funding source if applicable
- c. If you get partial funding how would you adjust your project?
- d. What are the long-term strategies or plans to recover from the affects of the pandemic?
- e. If this is a collaborative proposal, how will this agency work with other organizations involved?

4. Personnel and Follow-up

- a. Indicate names and contact information for individuals responsible for this project.
- b. Provide names and contact information for other individuals involved in this project.
- c. What are the qualifications and expertise of the individuals responsible for the implementation of this program/project?
- d. How will you evaluate this program/project?
- e. Are there any special circumstances that MCCF should be aware of regarding your organization or the program /project?