



Joe DeMott Port Allegany
Community Development Fund

McKean County Community Foundation

32 So. St. Marys St. Suite 4 • P.O. Box 934

Saint Marys, PA 15857

Phone 814.834.2125 • Fax 814.834.2126

mccf@mckeancountyfoundation.org • www.elkcountyfoundation.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 or delivered 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 Date of Incorporation

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

Is your organization a school or municipality? Y N Is your organization faith based? Y N

Does your organization serve the residents of the Port Allegany school district 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)

Community Development

Education

The Environment

Health and Social Services

Project Duration:

Total Cost of Project: _____ **Amount requested:** _____

Maximum Grant Request is \$600

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.

Brief Project Description

Who and how many will benefit?

What are your other sources of funding for this project?

Why is this project valuable/necessary?

How will it be funded in the future?

How will you evaluate the success of this project?

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 cannot be emailed.

Please include the attachments:

- ◆ One copy of the Grant Application Form and abstract/narrative as described on page four of the application.
- ◆ One copy of the current IRS determination
- ◆ 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.
- ◆ 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 completed original 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 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.
 - c. Target population that this project/program will benefit and number of people served by this project.
 - d. How does the agency work with others providing similar services, or how it is unique?
 - 2. Purpose of this Grant:**
 - a. Describe the program/project, the need(s) it will address and what it will accomplish.
 - b. Is it a new or ongoing program/project of the organization?
 - c. List the program/project goals, objectives.
 - d. Describe the timetable for this program to be completed.
 - e. Do other organizations provide services similar to your program? If so, why is it important that your agency also provides this service?
 - 3. Budget Information
(Please use page 3 of the application for section "a" and "b")**
 - a. State the exact dollar amount of program/project budget being requested for this grant and the expected expenses including in kind gifts.
 - b. List all sources funding for the program/project.
 - c. Indicate the amounts requested and the status of your proposal with each funding source if applicable
 - d. If you get partial funding how would you adjust your project?
 - e. What are the long-term strategies for funding the program/project beyond the grant period?
 - f. 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?