

Lycoming Economic Development Foundation Fund Grant Guidelines

About The Lycoming Foundation Economic Development Grants

The Lycoming Foundation partnered with First Community Foundation Partnership of Pennsylvania to provide an economic development grant program for the benefit of Lycoming County. The Lycoming Foundation was established in 1955 for the sole purpose of promoting the economic, commercial and industrial welfare of Lycoming County. This Fund will help sustain and build a strong economy.

Availability of Funds for 2019:

- \$28,000

Goals of the Program: To provide community based economic development that enhances the quality of life. The grant review process is competitive. Successful programs should address one or more of the following:

1. Invest in job creation and/or retention.
2. Demonstrate best practices in providing or developing a skilled workforce with a focus on workforce development for low-income individuals.
3. Improve access to infrastructure.
4. Encourage environmentally sustainable approaches to economic development.
5. Provide micro-enterprise (**businesses with 10 or less employees**) development through intermediaries
6. Leverage or generate other funding sources and/or propose use of a Foundation grant to attract matching funds.

Eligible Applicants:

- Applicants must be qualified to receive tax-exempt contributions as defined by the IRS - in the vast majority of cases, applicants will be 501(c)(3) organizations or a unit of local government described in Section 170(c)(1) of the Internal Revenue Code
- Applicants without 501(c)(3) statuses may work through another qualified 501(c)(3) organization that is willing to serve as a Fiscal Sponsor for the applicant
- Applicants with a clear charitable purpose
- *Organizations with previously awarded economic development grants with outstanding or overdue final evaluations are **ineligible** to apply*

The Foundation will not consider requests for the following:

- Annual campaigns
- Endowments
- General operating expenses: such as salaries for current staff positions, rent, utilities, office expenses
 - Salaries for new staff for program enhancements may be considered
- Multi-year funding requests
- Operating or program deficits
- Requests from individuals

Required Attachments:

- Most recent IRS letter regarding your organization's 501(c)(3) tax-exempt status *
 - If you are unable to locate a copy of your IRS determination letter you may request one through the IRS. Go to www.irs.gov and search for Form 4506-A. Your IRS determination letter must be submitted to the Community Foundation prior to any grants awarded
- Most recent IRS 990 form **and/or** recent financial statements *
 - **Submission of the most recent 990 Form is not required if it is uploaded on Guidestar**
- List of Professional Staff with titles
- List of Board of Directors with board positions and business positions*
- Two (2) letters of support from unpaid community members
- Letter(s) of support from collaborating organization(s), if applicable
- **Bids/quotes must be submitted if requesting funds for equipment purchase, contractor services, and/or installation costs**

Deadline and Response Process:

- Applications must be **received** by **June 1**
- Notification will be made by mid-June

Grant Period:

- Grant Period is set for one year following Board approval
 - July 1, 2019 through June 30, 2020

Mail applications – one copy with all required attachments – to:

FCFP Philanthropy Center
Attn: Director of Grantmaking
201 West Fourth Street
Williamsport, PA 17701

Or submit electronically to:

BettyG@fcfpartnership.org

For additional information please contact:

Betty Gilmour, Director of Grantmaking
570-321-1500



First Community
Foundation Partnership
OF PENNSYLVANIA

**2019 Lycoming Economic Development Foundation Fund Grant
Application Email to BettyG@fcpartnership.org or submit one copy if mailing**

Organization Name

Tax ID#

Grant Writer Name

Title

Name of Organization Leader

Title

Organization Address

City

State

Zip

Office Phone

Alternate Phone

Office Fax

Email Address

Website Address

Program/Project name/title:

Amount Requested: \$

Request Type:

Capital Equipment & Technology New Program Program Enhancement Special Event

Economic Development Impact (choose all that apply):

Job Creation/Retention Workforce Development Access to Infrastructure
 Environmental Sustainability Micro-Enterprise

Anticipated Start Date:

/ /

Anticipated End Date:

/ /

Mission Statement

Executive Summary. (Two to three sentence description of the project as implemented. Describe as if you were going to publish this as an announcement in a newspaper.)

1. Program/Project detailed description.

2. What is the community need being addressed?

3. How did you determine need?

4. If similar programs/projects related to this need exist, how does your program/project differ?

5. Description or method of how the program/project will be advertised or offered to the community.

6. What are the specific measurable goals of this program/project as it relates to the long-term impact on the community?

7. What data will you use to determine if these goals have been met?

8. How will you collect this data?

9. Estimated time needed to track results necessary to complete a final evaluation?

10. How will you define success?

11. Is this program/project sustainable? If so, how do you plan to sustain the program/project going forward?

12. List of key individuals and collaborating agencies involved in this program/project.

Recognition of FCFP's Support: Grant recipients are required to prepare a press release announcing the project and recognizing the Foundation's contribution.

13. Indicate how your organization will prepare the press release:

- Internally prepare the press release
- Contract with a consultant or marketing firm to prepare the press release

Select a minimum of **three (3)** materials you will use to feature this grant and the FCFP Grant Recipient Seal. This grant must be acknowledged on all subsequent materials associated with the funded project.

- | | |
|-------------------------------------------------|-----------------------------------------------------------------|
| <input type="checkbox"/> Annual Report Feature | <input type="checkbox"/> Newsletter |
| <input type="checkbox"/> Banner | <input type="checkbox"/> Newspaper Advertisement |
| <input type="checkbox"/> Billboard | <input type="checkbox"/> Plaque |
| <input type="checkbox"/> Brochure | <input type="checkbox"/> Poster |
| <input type="checkbox"/> Donor Recognition Wall | <input type="checkbox"/> Ribbon Cutting |
| <input type="checkbox"/> Email | <input type="checkbox"/> Social Media (Facebook, Twitter, etc.) |
| <input type="checkbox"/> Invitation | <input type="checkbox"/> T-Shirt |
| <input type="checkbox"/> Mailing | <input type="checkbox"/> Website |

Other:

14. Describe how the Foundation grant will be recognized using the materials you selected above.

15. Approximate **number** of Lycoming County residents to be impacted by this request:

Explain your projection:

16. If this is a recurring program what approximate **number** of Lycoming County residents were served in the past year?

Program/Project's Budget Sheet

Total Program/Project Budget: \$

Amount Requested (from first page): \$

Percentage of Program Budget request with funding from the Foundation: %

[Foundation Amount Requested divided by Total Program/Project Budget equals Percentage of Foundation Request]

Expense Items	Amount	Amount requested for funding from the Foundation
List expenses for this request. On a separate page, provide a brief description of any items that are not self-explanatory.		
	\$	\$
	\$	\$
	\$	\$
	\$	\$
	\$	\$
	\$	\$
	\$	\$
	\$	\$
	\$	\$
	\$	\$
	\$	\$
Total Expenses	\$	\$

Funding Sources	Amount Requested	Amount Committed
List each pending and/or committed source of funding		
Community Foundation Grant	\$	-
	\$	\$
	\$	\$
	\$	\$
	\$	\$
	\$	\$
	\$	\$
	\$	\$
	\$	\$
	\$	\$
	\$	\$
Total of Funding Sources	\$	\$

Status of Pending Funds:

Organization's Annual Operating Budget Sheet

Annual Operating Budget of Organization: \$

Year:

REVENUE	
Grants/Contract/Contributions	
Local Government	\$
State Government	\$
Foundations (itemize)	
	\$
	\$
	\$
Corporations (itemize)	
	\$
	\$
	\$
Individuals	\$
Other (specify)	\$
Earned Income	
Events	\$
Publications and Products	\$
Membership Income	\$
In-Kind Support	\$
Other (specify)	\$
TOTAL REVENUE	\$
EXPENSES	
Personnel	
Salary and Wages	\$
Payroll Taxes	\$
Benefits	\$
Consultants and Professional Fees	\$
Travel/Professional Development	\$
Operations	
Rent	\$
Utilities	\$
Telecommunications	\$
Postage/Messenger	\$
Printing/Copying	\$
Equipment	\$
Supplies	\$
Other	\$
TOTAL EXPENSES	\$
SURPLUS (DEFICIT)	
TOTAL REVENUE	\$
(TOTAL EXPENSES)	\$
TOTAL SURPLUS (DEFICIT)	\$

Required Attachments

The additional items listed are required in order for your request to be considered.

If you are unable to provide any of these items, please contact the Program Office for further instruction.

1. Most recent IRS determination letter regarding your organization's 501(c)(3) tax-exempt status
2. Most recent IRS 990 form - if not available on Guidestar
3. Most recent financial statements
4. List of Professional Staff with titles
5. List of Board of Directors with board positions and business/professional positions*
6. Two (2) letters of support from unpaid community members - no staff, contractors or other individuals involved with the program/project
7. Letter(s) of support from collaborating organization(s) (if applicable)

If you are using a Fiscal Sponsor you must submit items 1-3 for that entity as well

Applicant certification: To the best of my knowledge, statements in this application and all attachments are true and correct; the document has been duly authorized by the governing body of the applicant; the applicant agrees to report to the Community Foundation on the use of any grant funds received and on the progress of the project to be funded; and the applicant will comply with applicable laws, regulations, terms, and conditions in effect at the time of a grant award. I further understand that the First Community Foundation Partnership of Pennsylvania, in evaluating this grant application, may review any information submitted as part of this request with advisors of the Community Foundation's choosing and will treat information submitted by applicant in a confidential manner.

Name of applicant (<i>printed or typed</i>)	Title
Signature of applicant	Date
Signature of Organization's President/CEO/Executive Director	Exact Title

To Be Completed by Fiscal Sponsor:

A Fiscal Sponsor is required if applicant is not a 501(c)(3) organization or other agency qualified to receive tax deductible contributions as recognized by the Internal Revenue Service.

Fiscal Sponsor	Tax ID #		
Contact Name	Phone		
Address	City	State	Zip
Mission of Agency/Organization			
Relationship to Applicant	Disclose fee being taken, if any or N/A		
<i>My agency/organization is qualified to receive tax-deductible contributions and has agreed to assume responsibility and accountability as Fiscal Sponsor for the above named applicant.</i>			
Name (printed or typed)	Title		
Signature	Date		