

Ralph and Josephine Smith Fund Grant Guidelines

Grants and scholarships from the Ralph & Josephine Smith Fund are made possible by the generous gifts of Josephine Smith, a woman of vision for the future of her community. Charitable dollars are available through a competitive process to one or more of the following organizations: Evangelical Community Hospital, Geisinger Clinic Home Health and Hospice, the Montgomery House Library, and the Turbotville Community Hall Corporation. Additionally, the Fund may provide grants to other charitable organizations serving the residents of the Warrior Run community.

Available to Grant for 2019:

- \$151,255

Eligibility:

- Nonprofits with programs/projects that benefit individuals that reside in the greater Warrior Run community (as defined by the geographic boundaries of the Warrior Run School District)
- Preference will be given to Evangelical Community Hospital, Geisinger Clinic Home Health and Hospice, the Montgomery House Library, and the Turbotville Community Hall Corporation
- Clubs, sports teams or services limited to a select membership are ineligible
- Requests from individuals are ineligible

General Criteria for Reviewing Requests: The grant review process is competitive - there are always more funding requests than there is available funding. The Foundation favors requests that:

- Impact a broad range and diverse group of people
- Address community needs and/or opportunities in innovative and creative ways
- Result in attainable and measurable goals
- Illustrate financial strength to ensure long-term self-sustainability, especially when seeking start-up or seed funding
- Show collaboration with other nonprofits without duplicating efforts
- Leverage or generate other funding sources and/or propose use of grant to attract matching funds

Funding Request Requirements:

- Most recent IRS letter regarding your organization's or your Fiscal Sponsor's 501(c)(3) tax-exempt status
- Most recent IRS 990 form
 - Submission of the most recent 990 Form is not required if it is uploaded on Guidestar
- Most recent financial statements (include Fiscal Sponsor's also, if applicable)
- List of Professional Staff with titles (include Fiscal Sponsor's also, if applicable)
- List of Board of Directors with board positions and business/professional positions (include Fiscal Sponsor's also, if applicable)
- One (1) letter for support from an unpaid community member – no staff, contractors, or other individuals receiving payment for services
- Letter(s) of support from collaborating organization(s), if applicable

Application Submission, Deadline and Award Notification:

- Applications must be submitted by **January 2**
- Notification will be made **late March**

For additional information contact:

Betty Gilmour, Director of Grantmaking
570-321-1500
BettyG@fcfpartnership.org



First Community
Foundation Partnership
OF PENNSYLVANIA

2019 Ralph and Josephine Smith Fund Grant Application
Email to BettyG@fcfpartnership.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

Services Area(s)

Program/Project name/title

Amount Requested

\$

Request Type (select one):

Capital Equipment & Technology New Program Program Enhancement Special Event

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 residents to be impacted by this request:

Explain your projection:

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

Program/Project 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:

Annual Operating Budget Sheet - THIS FORM IS REQUIRED
YOU MAY ALSO SUBMIT YOUR INTERNAL OPERATING BUDGET IF YOU CHOOSE

Annual Operating Budget: \$

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
 - Not required to submit if document is uploaded 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. One (1) letter of support from unpaid community member - no staff, contractors, individuals receiving payment for services
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		