



1110 Snyder Road
West Lawn, PA 19609

Ph: 717.668.5771
Fax: 610.678.3968

GRANT APPLICATION

Please use attachments to answer all narrative questions

Name of Organization _____

Address _____

City _____ State _____ Zip Code _____

Phone # _____ Fax# _____

Email _____ Website _____

EIN# _____

Name of person completing this application _____

Title _____ Phone # _____

Are you currently a 501(c)3 organization? Yes No

If so attach a copy of your letter of determination from the IRS

Please enclose a copy of your Bylaws with the following areas highlighted:

- Tax Exempt Purpose
- Dissolution Clause
- Inurement Policy
- Conflict of Interest Policy
- Non-Involvement in Political Activity Policy
- Non-Discrimination Policy

Please attach a list of the names and addresses of all your current directors or board members.

Are you currently complying with and will you continue in the future to comply with all IRS regulations controlling the activities of Tax Exempt 501(c)3 organizations? Yes No

Is your tax exempt status or your organization's activities currently under investigation by any taxing authority? Yes *If so, give details.* No

In a brief narrative please describe your organization's tax exempt purpose for existence and how you carry out this purpose (services, programs, etc.)

Please enclose any brochures that give information about your organization's services/activities.

Amount of grant you are requesting: _____

In a brief narrative, explain what this grant will be used for and who will benefit from the services or programs it will fund.

Why do you believe this grant should be awarded to your organization?

You will be required to submit a periodic report to Penn-Del Charities regarding the use of these grant funds. What accounting program are you using to track this grant and your finances? _____

Who will be responsible for accounting of this grant?

Name: _____ Phone # _____

If you are found to be in non-compliance with Penn-Del Charities' requirements for use of this grant or found to be in non-compliance with IRS regulations controlling tax exempt organizations' activities, do you agree to refund this grant to Penn-Del Charities? Yes No

Will you require proof of citizenship, governmental photo ID, and social security numbers from anyone you may employ and compensate with these grant funds? Yes No

Are you affiliated with or in "close relationship" with any organization that engages in any activities that might jeopardize your tax exempt status or the tax exempt status of Penn-Del Charities if you are awarded this grant?

Yes No

If so, please list the organizations and your connection to them.

Please include with this application a written grant proposal specifying:

- ◆ how the grant will be used to further your tax exempt purpose;
- ◆ your programs and services;
- ◆ the recipients of those services;
- ◆ how you will account to Penn-Del Charities for the use of these funds;
- ◆ how you will guarantee that the funds will only be used for the specific activities that this grant was applied for;
- ◆ who will be responsible for reporting to Penn-Del Charities concerning the grant's use;
- ◆ how often you will report (not less than quarterly).

Note: Failure to answer all questions will result in a denial of your application.

Please return this form and all related attachments to:

**Joy Ortega
Penn-Del Charities
1110 Snyder Road
West Lawn, PA 19609**

<i>For Office Use Only</i>	
<i>Date Approved</i>	
<i>Amount Approved</i>	
<i>Grant Number</i>	
<i>Signature</i>	