

# WILLIAMSPORT-LYCOMING COMMUNITY FOUNDATION

## Joel G. Garrison Trust Fund Grant Application for Children's Day at Memorial Park

Grant funding from the Joel G. Garrison Trust Fund is provided by a bequest from Joel Garrison, who left his gift with the intent of providing a Children's Day at Memorial Park in the City of Williamsport on August 13 each year. He designated grants from this fund to provide enrichment and refreshment to the children who attend and to their escorts, or those who accompany them.

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Grant requests should take into consideration the amount the Joel G. Garrison Trust Fund has available to award for Children's Day. Funding available for an August 2009 Children's Day is **\$4,700**.

### Funding Request Process:

- 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.
- Applicants without 501(c)(3) status may work through another qualified 501(c)(3) organization that is willing to serve as a Fiscal Sponsor for the applicant.
- All applicants must submit **1 original complete copy of the application and all attachments.**

### Deadline and Response Process:

- All applications must be received by July 27 to be considered. Mailed, e-mail or faxed applications will be accepted.
- Notification will be made immediately in order to process payment.

### General Instructions:

#### Guidelines for Presentation:

- Submit 1 original and 2 copies of all required materials.
- Use 8½ x 11" standard paper.
- Number all pages.
- Do not use typeface smaller than 11 points.
- Use only clips for the application—do not staple, bind, or use notebooks or folders.

**Application Materials and Instructions:** All applicants must include the following sections. We appreciate clarity and brevity in your responses. Please feel free to scan or reproduce any attachments.

- **Data Intake Sheet** (attached)
  - Please complete all sections.
  - This may be printed in blue or black ink or typed.
- **Program Description:** Using no more than 4 single-sided pages, the following items must be addressed:
  - A description of the proposed Children's Day activities and how they relate to your organization's mission.
  - A list of the key staff, board members, consultants and service providers involved in the program. Briefly describe their roles.

- Identify external support from the community, if any. Include any in-kind support related to this application.
- A description of how the program will be announced to the community.
- Evidence that the program will be evaluated and measurable outcomes will be set.
- **Project Budget** (attached)
  - Please complete all sections.
  - This may be printed in blue or black ink or typed.
- **Support Materials**
  - If filed, latest copy of the organization's IRS 990 form\*
  - Detailed copy of the latest annual operating budget
  - Names of current board directors and their occupations
  - Resumes of key project personnel and contractors
  - 2 References – please include name, title, relationship to the organization, and contact information

\*Programs with budgets totaling less than \$25,000 annually are legally exempt from this filing.

**Mail applications to:**

First Community Foundation of PA  
 Attn: Program Officer  
 330 Pine Street  
 Suite 401  
 Williamsport, PA 17701

**Fax applications to:**

570-321-6434

**E-mail applications to:**

[bettyg@fcfpa.org](mailto:bettyg@fcfpa.org)

**For additional information please contact Betty Gilmour at 570-321-1500.**

**Joel G. Garrison Grant Application  
DATA INTAKE SHEET**

**Date:** \_\_\_\_\_

**Organization:**

\_\_\_\_\_

**President/CEO/Executive Director:**

\_\_\_\_\_

**Mailing Address:**

\_\_\_\_\_

**City/State/Zip:**

\_\_\_\_\_

**Organization Phone:** \_\_\_\_\_ **Fax:** \_\_\_\_\_

**Email:** \_\_\_\_\_ **Website:** \_\_\_\_\_

*Contact Person*

**Name/Title:** \_\_\_\_\_

**Email:** \_\_\_\_\_ **Phone:** \_\_\_\_\_

**Program Name:**

\_\_\_\_\_

**Amount Requested:** \_\_\_\_\_

**Program Description:** (150 words or less. This section is **required**)

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## Joel G. Garrison Grant Application PROJECT BUDGET FORM

Organization: \_\_\_\_\_

Project: \_\_\_\_\_ Date: \_\_\_\_\_

### **SECTION ONE – PROJECT INCOME**

Funding Sources List each actual and/or anticipated source of funding for this project ONLY.	Amount	Check One	
		Funds Committed	Funds Requested
<b>The Community Foundation Grant</b> <span style="float: right;"><b>Box 1</b></span>			
Total Project Income <span style="float: right;"><b>Box 2</b></span>			

### **SECTION TWO – PROJECT EXPENSE**

Expense Items List expenses for this project. On a separate page, provide a brief description of any items that are not self-explanatory.	Amount	Amount of item to be funded by Foundation grant
Total Project	\$	\$

Should match Box 2    Should match Box 1

**Joel G. Garrison Grant Application**  
**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 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 of Pennsylvania, in evaluating this grant application, may review any information submitted as part of this request with advisors of the Foundation's choosing and will treat information submitted by applicant in a confidential manner.*

Name (*printed or typed*): \_\_\_\_\_ Title: \_\_\_\_\_

Signature: \_\_\_\_\_ Date: \_\_\_\_\_  
Applicant

Signature: \_\_\_\_\_ Title: \_\_\_\_\_  
President/CEO/Executive Director

**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 charged, if any (if none please indicate N/A) \_\_\_\_\_

Disclose fee being taken, if any (if none please indicate N/A) \_\_\_\_\_

***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.***

Name (*printed or typed*): \_\_\_\_\_ Title: \_\_\_\_\_

Signature: \_\_\_\_\_ Date: \_\_\_\_\_