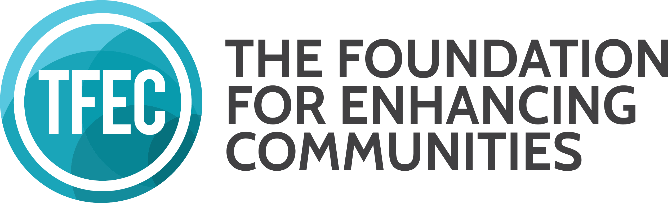
**2021 MARTIN M. SACKS MEMORIAL FUND**

**GRANT APPLICATION**

**DATE DUE: AUGUST 1, 2021**

Thank you for applying to the Martin M. Sacks Memorial Fund, a fund of The Foundation for Enhancing Communities. Tell your story clearly and concisely. Attachments are required; follow all directions. Failure to answer questions, utilize this template, or attach required documents will disqualify your application. **Answer all questions using information that applies to the project seeking support of grant funds.** Contact Andrea Iguina, Program Offer for Community Investment, at 717-236-5040 or aiguina@tfec.org with questions.

**APPLICANT SNAPSHOT**

**Applicant Organization Name**

Click or tap here to enter text.

*Provide your organization’s name as currently recognized by the IRS*

**Check box if the Applicant Organization Name above is a “Doing Business As” name and the provided 501c3 letter states a different name*.*** *To be recognized by the “Doing Business As” name, attach ONE legal document using the provided name. If not provided, TFEC will utilize the 501c3 name.*

**Check box if the Applicant Organization uses a Fiscal Sponsor and provide name here**

Click or tap here to enter text.

**Project Title**

Click or tap here to enter text.

*Project Title must match title listed throughout application and online*

**Name, Title, Email, Phone of Executive Leader**

Click or tap here to enter text.

*All contracts and notifications of grant status will be addressed to the individual provided here*

**Applicant Organization’s Physical Address**

Click or tap here to enter text.

**Applicant Organization’s Address for Mailed Communications**

Click or tap here to enter text.

*All contracts and notifications of grant status will be sent to the address provided here*

**Name, Title, Email, Phone of Contact Completing Application**

Click or tap here to enter text.

*If application questions arise, this individual will be contacted by TFEC staff*

**Areas to be served as part of the project; check all that apply**

City of Harrisburg  Immediate Surrounding Areas of the City of Harrisburg  Other

**Counties to be served as part of project; check all that apply**

Cumberland  Dauphin  Perry

**Projected Number of Individuals to be served by project**

\_\_\_\_\_\_\_\_\_\_\_\_ Total number of ADULTS served

\_\_\_\_\_\_\_\_\_\_\_\_ Total number of CHILDREN (ages 17 and under) served

\_\_\_\_\_\_\_\_\_\_\_\_ Total number of ALL INDIVIDUALS served by the project

*If above data is not appropriate to project, be sure to fully state the audience type and numbers to be served in Question 2 of the Impact Narrative*

**Organization’s Mission Statement:** Do not exceed this page

Click or tap here to enter text.

**Organization History:** Do not exceed this page

Click or tap here to enter text.

**Recent Grant History**: Do not exceed this page

Did you apply for and receive a grant from the Martin M. Sacks Memorial Fund in 2020?  Yes  No

If so, state the project’s name, amount awarded, and describe the current status of the project that was awarded funds in 3-4 sentences or less. If “no” type NA.

Click or tap here to enter text.

**PROJECT SNAPSHOT**

**1.**  Capture your project and the community need it seeks to address in 200 words or less.

Click or tap here to enter text.

**PROJECT NARRATIVE**

**Answer questions 2-10 clearly and concisely; no limit.**

**2.** Describe the proposed project, the geographic area it will serve, and the audience to be served; state why this audience was selected. You MUST use and complete the following statement within your answer, “Grant funds will be used to \_\_\_\_\_\_\_\_\_\_\_\_\_”.

Click or tap here to enter text.

**DATES & LOCATIONS**

**3.**  When and where will the project take place? List dates and locations as appropriate in chronological

order. State if provided dates/locations are confirmed, estimated, or to be determined.

Click or tap here to enter text.

**ROLES & RESPONSIBILITIES**

**4.** Does the project involve partnerships, collaborations, service, or affiliations with other organizations that will strengthen the project? If so, LIST their name(s) and corresponding role(s) within the categories below OR if this does not apply to you, state why your project would be best positioned for success as a single organization.

**SINGLE ORGANIZATION STATEMENT:** Click or tap here to enter text.

**PARTNERSHIPS**: *We are equally invested in providing this project and success is dependent upon all organizations and shared roles although one entity serves as the applicant for this grant. Our application includes a letter from each partner that states their role in this relationship.*

Click or tap here to enter text.

**COLLABORATIONS:** *We are working with other organizations to make this project happen, but we serve as the lead organization for this grant opportunity and our project success is enriched by, but not dependent upon, our collaborators. An additional letter is NOT required, but may help the application.*

Click or tap here to enter text.

**SERVICE:** *Our project will serve these organizations and cannot take place without their commitment to accept service. Our application includes a letter from each organization (this includes schools) that states their intent to participate.*

Click or tap here to enter text.

**AFFILIATIONS:** *Our project may be affiliated with these organizations in some way, but is not 100% dependent upon their participation. An additional letter is NOT needed.*

Click or tap here to enter text.

**COMPARABLES**

**5.** Are other organizations in your service area providing services that are similar to your proposed project? If yes, state their names or services and explain how your project differs. If no, state NA.

Click or tap here to enter text.

**ASSESSMENT & IMPACT**

**6a.** What will project success look like? Provide a brief overview of the project’s key outcomes, outputs, and/or other results of success.

Click or tap here to enter text.

**6b.** How will project success be measured and documented (i.e.: how will you know the project is successful? Are you collecting value statements, numbers served, surveys, photos, before and after images, or using other methods)?

Click or tap here to enter text.

**FUNDING & SUPPORT**

**7.**  If this proposal is not funded at the level requested, will you be able to implement the project as stated? Explain as needed.

Click or tap here to enter text.

**8**. This grant opportunity will not fund 100% of any project. Restate the amount you are seeking and describe other funding sources and amounts.

Click or tap here to enter text.

**9.** Did the applicant organization end its most recent fiscal year with a budget surplus or deficit? If so, briefly state the amount of the surplus or deficit and how the surplus may be used (i.e. is it earmarked for another program) and/or how the deficit may be handled.

Click or tap here to enter text.

**ACCESS & INCLUSION**

**10.** As a community foundation, TFEC fosters a climate of purposeful inclusion that values diversity of gender, age, race, ethnicity, national origin, range of abilities, sexual orientation, and socio-economic status. Please state how your project will be made accessible to all individuals who qualify for participation in the project and describe any accommodations, modifications, technologies, or services you will offer to ensure that all eligible participants experience the best possible services or outcomes.

Click or tap here to enter text.

**BUDGET WORKSHEET**

**Complete the Budget Worksheet below; a Project Total is required.**

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
| **ITEM OR SERVICE**  *Examples include: Contracted Services, Equipment, Personnel, Supplies; list your own as appropriate.* | **DESCRIPTION OF ITEM OR SERVICE** | **REQUESTED GRANT FUNDS**  *Indicate where funds sought through this grant opportunity will be applied.* | **OTHER FUNDING SOURCES**  *State the names and amounts of all other funding sources.* | **PENDING, COMMITTED, OR**  **RECEIVED**  *Using a P, C, or R, indicate the status of all funding sources*. | **$ TOTALS**  *Add across to provide a total for each row. Total columns as indicated in bottom row.* |
|  |  | $ |  |  | **$** |
|  |  | $ |  |  | **$** |
|  |  | $ |  |  | **$** |
|  |  | $ |  |  | **$** |
|  |  | $ |  |  | **$** |
|  |  | $ |  |  | **$** |
|  |  | $ |  |  | **$** |
|  |  | $ |  |  | **$** |
|  |  | $ |  |  | **$** |
| **TOTALS** | | **$**  **Total: Requested Grant Funds** | **$**  **Total: Other Funding Sources** |  | **$**  **PROJECT TOTAL** |

**2021 MARTIN M. SACKS MEMORIAL FUND SIGN & SUBMIT FORM**

**Provide signatures from the applicant organization, below. Both organization representatives must sign.**

*By providing your original OR digital signature below, you agree that the provided information in this application is true to the best of your knowledge and may be submitted for review. Completion of this form is one component of your Complete Application.*

**President/CEO** \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Click or tap here to enter text.

Ink Signature Digital Signature

**Board President** \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Click or tap here to enter text.

Ink Signature Digital Signature

**REQUIRED ATTACHMENTS TO BE UPLOADED & SUBMITTED BY 4PM IN THE DEADLINE DATE**

*All grant materials must be submitted through the TFEC online application system by 4pm on the deadline date. This grant opportunity does not utilize delivered or mailed materials.*

**Complete Application:** Applicant Snapshot, Project Snapshot, Project Narrative, Budget Worksheet, and Sign & Submit Form with original or digital signatures.

**Board of Directors List**: Professional affiliations (ie: work positions and/or titles as applicable) must be included.

**No more than TWO letters of support with original or digital signatures. LETTERS OF SUPPORT ARE OPTIONAL FOR THIS GRANT OPPORTUNITY but must be received by the deadline date.** Letters of support from the applicant organization’s Board of Directors will not be accepted. Identical form letters are discouraged.

**If you have indicated PARTNERSHIP with or SERVICE to other Agencies as stated in Question 4, you must include letters with original or digital signatures documenting the relationship.** A letter of Partnership or Service may also serve as a letter of support if support is expressly stated.

**Applicants who utilize a FISCAL SPONSOR** must include a letter signed by the Executive Leader of the Fiscal Sponsor organization indicating agreement to serve as the Fiscal Sponsor. An original or digital signature is required.

**IRS 501(c)(3) determination letter**

**1st Page of Applicant Organization’s Most Recent 990.** If 990 is not available, or if your organization files a 990-N (e-Postcard), upload applicant organization’s most recent audit or financial statement to meet this requirement.

**QUESTIONS**

If you should have any questions regarding this form or TFEC grant opportunities, contact Andrea Iguina, Program Officer for Community Investment, at [aiguina@tfec.org](mailto:aiguina@tfec.org) or 717-236-5040.