



Thank you for applying to the Greater Harrisburg Foundation, a regional foundation 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 Jennifer Strechay, Program Offer for Community Investment, at [jstrechay@tfec.org](mailto:jstrechay@tfec.org) or 717-236-5040 with questions.

## **APPLICANT PROFILE**

### **Applicant Organization Name**

Maranatha-Carlisle

*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.*

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

Kim Strizzi, Executive Director, [kstrizzi@maranatha-carlisle.org](mailto:kstrizzi@maranatha-carlisle.org), 717-258-1000

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

### **Applicant Organization's Physical Address**

20 N. Hanover Street Suite 202 Carlisle PA 17013

### **Applicant Organization's Address for Mailed Communications**

PO Box 1320 Carlisle PA 17013

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

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

Kim Strizzi, Executive Director, [kstrizzi@maranatha-carlisle.org](mailto:kstrizzi@maranatha-carlisle.org), 717-258-1000

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

### **Organization's Mission Statement**

Maranatha-Carlisle is a financial guidance ministry that assists those who need it most in the Cumberland and Perry County communities by providing them with sound financial management services.

### **Organization History (Do not exceed this page)**

Maranatha-Carlisle was founded in 2003 by a group of local volunteers and community leaders who saw a desperate need for financial counseling and financial management so clients could have peace of mind and not constantly need additional community and government resources.

## PROJECT PROFILE

### Project Title

Charitable Client Funding

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

### Project Areas of Focus

UPSTREAM GENERAL

*Choose UPstream General if your project utilizes upstream strategies but is not principally centered upon the categories below. See the grant guidelines for additional detail.*

### UPSTREAM: FOCUS AREAS

*Choose an UPstream Focus Area (if your project is principally centered upon one or more of the categories below). Please select only those area(s) that apply to this project. See the grant guidelines for additional detail.*

<p><b>EDUCATION</b></p> <p><input type="checkbox"/> Programs &amp; projects that focus upon or nurture access to early childhood education</p> <p><input type="checkbox"/> Education &amp; development programs for children &amp; youth</p> <p><input type="checkbox"/> Educational programs serving adults</p>	<p><b>ENVIRONMENT &amp; PARKS</b></p> <p><input type="checkbox"/> Environmental stewardship</p> <p><input type="checkbox"/> Horticulture &amp; the arts</p> <p><input type="checkbox"/> Health &amp; environment</p> <p><input type="checkbox"/> Park beautification &amp; improvement</p>
<p><b>HEALTH</b></p> <p><input checked="" type="checkbox"/> Health &amp; human services</p> <p><input type="checkbox"/> Cancer awareness and/or research</p> <p><input type="checkbox"/> Dental care for those in need</p> <p><input type="checkbox"/> Health &amp; human services</p> <p><input type="checkbox"/> HIV &amp; AIDS</p> <p><input type="checkbox"/> Individuals with debilitating or terminal illness</p> <p><input type="checkbox"/> Individuals with intellectual disabilities</p> <p><input type="checkbox"/> Prevention of head and/or spinal cord injury</p> <p><input type="checkbox"/> Purchasing of devices that improve accessibility</p>	<p><b>HOMELESSNESS</b></p> <p><input type="checkbox"/> Homelessness &amp; hunger</p>
<p><b>MENTAL HEALTH</b></p> <p><input type="checkbox"/> Counseling for children with terminally ill family members</p> <p><input type="checkbox"/> Guidance, counseling, or programming that includes guidance and/or counseling for youths</p> <p><input type="checkbox"/> Mental health</p>	<p><b>SENIORS</b></p> <p><input type="checkbox"/> Programs &amp; projects serving older adults</p>
<p><b>COMMUNITIES OF FOCUS</b></p> <p><input type="checkbox"/> Disaster relief &amp; human services that serve the communities of Lebanon City, PA and Cressona, PA</p> <p><input type="checkbox"/> Programs and projects that benefit residents of Millersburg, a borough of Dauphin County, PA</p> <p><input type="checkbox"/> Projects to enhance Camp Hill Borough parks provided by youth organizations such as Scout programs or other youth organizations; programs &amp; projects that focus upon or nurture access to early childhood education within Camp Hill.</p>	

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

Cumberland     Dauphin     Franklin     Lebanon     Perry     Northern York (Dillsburg Area)

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

\_\_\_\_\_ 10 \_\_\_\_\_

Total number of ADULTS served

\_\_\_\_\_ \_\_\_\_\_

Total number of CHILDREN (ages 17 and under) served

\_\_\_\_\_ 10 \_\_\_\_\_

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.*

## PROJECT SNAPSHOT

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

Throughout Cumberland and Perry County there are over 22,000 individuals living in poverty.

Many of these are in poverty because they are unable to (or incapable of) managing their own money. Maranatha-Carlisle works with individuals with mental health issues or intellectual disabilities, veterans, individuals with addiction issues such as gambling or substance abuse, and senior citizens with cognitive challenges to make sure their bills are paid on time and they do not constantly need additional community and government resources.

## PROJECT NARRATIVE

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

2. The GHCF UPstream grant opportunity seeks to improve our area communities by supporting existing or new “upstream” systems, interventions, programs, or projects that attempt to create positive social change by addressing a problem at its source rather than managing its “downstream” symptoms. Describe your proposed upstream project, the geographic area it will serve, and the audience to be served; state why this audience was selected. Include how/why your project is “upstream” and how your project is working to address a specific need or needs. You **MUST** use and complete the following statement within your answer, “Grant funds will be used to \_\_\_\_\_”.

Grant funds will be used to provide financial management services on a charitable (no fee) basis to clients in Cumberland and Perry Counties with very limited income. While we are able to charge some clients a small fee for our services, the clients to which these funds would apply can not afford to pay anything, so we would provide our services on a charitable basis so they can avoid devastating circumstances like eviction, incarceration, power-shutoffs, and lack of necessary food and medication. By giving these people peace of mind and getting them out of the cycle of poverty they are in, we are able to get “upstream” and help them avoid needing further intervention services and other community and government support.

## 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.

We occasionally meet clients in their homes throughout Cumberland and Perry County to discuss their financial situation and establish a budget. Once the budget is established, account managers based out of our Carlisle PA office use a mass checking account through a local bank, along with a web-based application known as “Representative Payee Manager (RPM)” to maintain individual accounts for each of our clients. These grant funds will be used to provide these services from January 1, 2020 to December 31, 2020.

## 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 is 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.*

The way Maranatha-Carlisle works with other organizations is that potential clients are referred to Maranatha-Carlisle by religious institutions or other charitable organizations such as Samaritan Fellowship, the Todd Baird Lindsey Foundation, and the Salvation Army. We also get referrals from county and local government organizations and mental health service providers.

**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.

NA

## 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.

In 2019 we paid (on our client's behalf) approximately:

- \$1,402,000 for Housing;
- \$1,000,000 for food, clothing and personal needs;
- \$1,418,000 for utilities and heat, avoiding shutoffs;
- \$231,000 for savings/future goals or to pay down debt.

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)?

When an individual applies for our services, they go through an extensive evaluation to determine income, expenses, debts, and financial goals. They are then assigned to an account manager to help guide them on a path to financial stability. Periodically the account manager visits with the client in person or virtually to evaluate their situation and ensure they are still on the path to financial stability and meeting their financial objectives. For example, "Alan" was taken by a slick-talking salesperson and ended up purchasing a vehicle that put him in a bad financial situation. We were able to help him realize his purchase was a mistake and how to remedy the situation. Since then he has worked diligently with his account manager to budget properly, pay bills on time, and put money in savings towards a car purchase. All of his hard work paid off. Recently we helped Alan find a reputable dealer and purchase a "new-to-him" car, within his budget, that will last him a long time! Although he

has faced some setbacks while trying to learn how to manage his finances, thanks to your support of Maranatha-Carlisle, he is making great strides in becoming more responsible with his budgeting, leading to him becoming more independent in general. We are so proud of the independence and financial literacy that he has gained during his time with Maranatha-Carlisle, and are excited to see where he goes in the future!

## **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.

Without this funding at the requested level, we will not be able to provide services to these additional clients without additional staff hours spent on fundraising and development rather than on servicing clients.

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

Based on our overall operating budget and the number of clients currently being served, it costs approximately \$900 per client per year to provide our services. For the 10 charitable clients this program will serve, that requires an expenditure of approximately \$9,000. The \$4,500 requested represents approximately half of those costs, with the remaining funding coming from our operating budget.

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 state how the surplus may be used (i.e. is it earmarked for another program) and/or how the deficit may be handled.

We ended the 2019 fiscal year with a surplus of approximately \$ 54,000 which was put in reserve in anticipation of creating an endowment fund in the future to ensure future viability.

## **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.

Our services are available to all individuals of need regardless of gender, age, race, ethnicity, national origin, abilities, sexual orientation, or socio economic status. Our office is ADA compliant so it is easily accessible to all, and when necessary our staff is willing/able to travel to the client to accommodate their needs.

## BUDGET WORKSHEET

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

ITEM OR SERVICE <i>Examples include: Contracted Services, Equipment, Personnel, Supplies; list your own as appropriate.</i>	DESCRIPTION OF ITEM OR SERVICE	REQUESTED GRANT FUNDS <i>Indicate where funds sought through this grant opportunity will be applied.</i>	OTHER FUNDING SOURCES <i>State the names and amounts of all other funding sources.</i>	PENDING, COMMITTED, OR RECEIVED <i>Using a P, C, or R, indicate the status of all funding sources.</i>	\$ TOTALS <i>Add across to provide a total for each row. Total columns as indicated in bottom row.</i>
Bank & Accounting Fees		\$123.53	123.53 Individual supporters	P	<b>\$247.06</b>
Utilities & Maintenance		\$383.38	383.38 Individual supporters	p	<b>\$766.76</b>
Rent & Parking		\$388.24	388.24 Individual supporters	p	<b>\$776.48</b>
Office supplies/ equipment/ postage		\$229.14	229.14 Individual supporters	P	<b>\$458.28</b>
Insurance		\$82.35	82.35 individual supporters	p	<b>\$164.70</b>
Payroll/ payroll services/ payroll taxes		\$3293.36	3293.36 individual supporters	P	<b>\$6586.72</b>
		\$			\$
		\$			\$
		\$			\$
<b>TOTALS</b>		<b>\$4500</b>  <b>Total: Requested Grant Funds</b>	<b>\$4500</b>  <b>Total: Other Funding Sources</b>		<b>\$9000</b>  <b>PROJECT TOTAL</b>

## **Maranatha-Carlisle Board of Directors**

Frank Castrina, Chairman  
609 Sherwood Drive  
Carlisle, PA 17013  
717-243-9921 (H)  
717-448-8809 (C)  
[fpcmas@comcast.net](mailto:fpcmas@comcast.net)  
Retired Physician

Ryan Brown, Vice Chairman  
64 East North Street  
Carlisle, PA 17013  
717-240-0060 (W)  
717-448-4908 (C)  
[pastorryan@newlifecommunity.us](mailto:pastorryan@newlifecommunity.us)  
Pastor, New Life Community Church

John Nickey, Treasurer  
  
11 Jefferson Drive  
Carlisle, PA 17015  
717-377-9462 (C)  
[jnickey@riverviewbankpa.com](mailto:jnickey@riverviewbankpa.com)  
VP, Commercial Relationship Manager

Sondra Wolfe Elias, Secretary  
1120 Rockledge Drive  
Carlisle, PA 17015  
717-385-1263  
[sondra.wolfe@provion.com](mailto:sondra.wolfe@provion.com)  
Retired business owner

Donna Hale, Chair of Communication & Strategic Alliance Team  
30 North Pitt Street  
Carlisle, PA 17013  
717-243-2512 x 9  
[donna@1stuccofcarlisle.org](mailto:donna@1stuccofcarlisle.org)  
Community Chaplain, First United Church of Christ

Richard Mullery, Chair of Operational Effectiveness Team  
4 Black Oak Court  
Boiling Springs, PA 17007  
717—258-5307  
[Rmullery01@yahoo.com](mailto:Rmullery01@yahoo.com)  
Retired Colonel

Shelly Capozzi  
1655 Holly Pike  
Carlisle, PA 17015  
717-979-7206  
[shellyv@capozziadler.com](mailto:shellyv@capozziadler.com)  
Township Supervisor, South Middleton Township  
Jerry Ogline  
5 Jessica Drive  
Carlisle, PA 17015  
717-713-5436  
[jerryogline@gmail.com](mailto:jerryogline@gmail.com)  
Retired, AgChoice

Morgan Rector  
110 Penrose Street  
Harrisburg, PA 17109  
484-818-1460 (H)  
[Mrector14@yahoo.com](mailto:Mrector14@yahoo.com)  
Vice President of Business Banking, M&T Bank

James Sheehan  
123 Wilson Street  
Carlisle, PA 17013  
717-245-0313 (H)  
717-514-9486 (C)  
[jsheehan100@comcast.net](mailto:jsheehan100@comcast.net)  
Retired attorney





**Safe Harbour**

102 West High Street, Carlisle, PA 17013 | 717.249.2200 | Fax 717.249.9392 | [www.safeharbour.org](http://www.safeharbour.org)

*Providing housing and supportive services for homeless and nearly homeless individuals and families to help them achieve independent living by improving their basic life skills.*

July 29, 2019

To Whom it May Concern:

I am please to write this letter of support on behalf of Maranatha-Carlisle for their application for grant funding.

Maranatha-Carlisle is a valuable service to so many of our community's underserved individuals as they entrust the organization to assist them in correcting financial missteps of the past and learn the skills to handle their own finances.

Their ability to serve as a representative payee and also assist the elderly with their finances are also valuable services that are unduplicated in our area.

Their relationships with local businesses and service providers also help their clients gain access to housing, medical care, etc. simply by being a client of Maranatha-Carlisle. This speak volumes to their positive reputation within the community.

I personally have recommended their services and referred clients to the organization to find that their experience has been overwhelmingly positive. In my position here at Safe Harbour, we have seen the assistance they have given to many of our residents, enabling them to improve their financial situations and become able to move forward with their lives.

Our community is fortunate to have Maranatha-Carlisle as part of the safety net of human services we can call upon to help the most vulnerable of those among us.

Sincerely,

Barrie Ann George  
Director of Development & Communications  
Safe Harbour



Letter of Support for Maranatha - Carlisle  
*The Foundation for Enhancing Communities Upstream Grant*

Tuesday, August 11, 2020

To Whom It May Concern,

On behalf of the United Way of Carlisle & Cumberland County, I am pleased to provide a letter in support of Maranatha-Carlisle. I understand they are applying for a grant that would allow them to serve more charitable clients in need of their services.

Over the past several years, our Community Impact Panel has continued to be extremely impressed with the life-changing work that is done by the staff and volunteers of Maranatha-Carlisle. Their approach to using clients' own financial means to cover their expenses prevents funds needing to be used on emergency or basic need programs. Maranatha-Carlisle also has a reputation for going above and beyond for clients that are committed to working toward financial stability.

For our heating assistance program, we require individuals that seek our assistance for more than two years work with Maranatha-Carlisle. We know that if a family is working with Maranatha-Carlisle they are using their income to pay for the essentials and save for future expenses such as a fuel oil delivery.

Maranatha-Carlisle has also done an outstanding job connecting with social service agencies and the public by attending our Community Needs meetings and Agency Directors' Forums on a consistent basis, recently joining the Local Housing Options Team and Workforce Development Taskforce, and promoting their program at our *Taking it to the Streets* events.

The United Way of Carlisle & Cumberland County supports Maranatha-Carlisle's request for grant funding, since it will equate to more families receiving much needed financial management assistance.

Sincerely,

A handwritten signature in black ink that reads "Jessica Poe". The signature is written in a cursive, flowing style.

Jessica Poe  
Community Impact Director  
United Way of Carlisle & Cumberland County

2020 GREATER HARRISBURG COMMUNITY FOUNDATION UPSTREAM 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  
Signature

Digital

REQUIRED ATTACHMENTS TO BE UPLOADED & SUBMITTED BY 4PM ON 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 Profile, Project Profile, 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.
- ONE, TWO, or THREE** letters of support with original or digital signatures. Applicants may submit the number of letters that will best support their application. Letters of support from the applicant organization's Board of Directors will not be accepted. Identical form letters are discouraged. A minimum of ONE letter of support is REQUIRED for this grant opportunity regardless of response to Question 4.
- If you have indicated PARTNERSHIP with or SERVICE to other Agencies as stated in Question 4, you must upload 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, upload applicant organization's most recent audit or financial statement to meet this requirement.