



St. Marys Area United Way

Mission Statement: To help people in our communities care for one another by providing financial support to qualified agencies who serve the health and human welfare needs of the citizens of the St. Marys Area.

2017 VENTURE GRANT INSTRUCTIONS

Eligibility Requirement:

Agencies applying for funding through the St. Marys Area United Way must be registered with the PA State Bureau of Charitable Solicitation or be exempt from registration and providing services within the St. Marys Area.

The grant award will not exceed \$1,000 and must be for a specific project or program. The board of directors for the St. Marys Area United Way reserves the right to reduce, change or alter the award decisions based on its sole discretion. If this is necessary, the St. Marys Area United Way will notify the agency immediately.

The three awards will be made by mid-February, 2017 and the project must be completed by June 30, 2017.

Submission of Funding Proposal Application: Two copies of all materials must be received by January 25, 2017 and may be submitted to the St. Marys Area United Way, 44 S. St. Marys Street, St. Marys, PA 15857. *Please also email the completed grant to kris.kronenwetter@local.unitedway.org*

AS A CONDITION OF AWARDING FUNDS TO YOUR AGENCY, THE ST. MARYS AREA UNITED WAY MAY REQUEST NEWS RELEASES, SUCCESS STORIES AND STATEMENTS DESCRIBING YOUR CURRENT ACHIEVEMENTS AND GOALS, INCLUDING BUT NOT LIMITED TO PHOTOS, QUOTATIONS OR LETTERS OF TESTIMONY. FAILURE TO COMPLY WITH THESE REQUESTS COULD WEIGH AGAINST YOU IN AWARDING FUTURE FUNDING.

Thank you for taking the time to allow us to get to know your organization. Through your efforts in filling in this questionnaire and application we can more fully understand your needs. It is important that you give us as accurate information as you can.

All agencies requesting funding through the St. Marys Area United Way are required to submit a *Funding Proposal Application*, including the following:

1. *Cover Page* - Please complete the cover page indicating general contact information, total funds requested, and community impact area for which you are applying for funding. The executive director as well as the board president or an authorized organizational representative must sign and date the cover page.
2. *Funding proposal & budget* - Please complete the program proposal responding to all questions. Include any necessary documentation and materials regarding this section.
3. A copy of your *PA State Bureau of Charitable Solicitation* or IRS Determination Letter or be exempt from registration form explanation.

Community Influence Area: All programs funded by the St. Marys Area United Way must have goals we can measure while achieving the desired results of the program. All programs must describe a positive influence in one or more of the identified influence areas below:

Education	Income Stability
Health	Poverty
Youth	Elderly
Disabled	Veteran
Abuse	

- No agency that has already received funding from the St. Marys Area United Way for the 2016-2017 campaign year is eligible to apply.
- Should your organization be successful in receiving funds from the St. Marys Area United Way your agency will be required to sign the *Memorandum of Understanding* and the *Anti-Terrorism Compliance* after the award is given.
- Your agency will also be required to submit a year-end report by June 30, 2017 showing how the funding provided by the St. Marys Area United Way was utilized. In addition, include a brief program evaluation showing the effectiveness and impact of your program/project.

2017 VENTURE GRANT PROPOSAL APPLICATION
COVER PAGE ~ Due January 25, 2017

Agency: _____

Amount being requested (*request for funding must be for a specific program/project*).

Executive Director: _____

Board President: _____

Address: _____

City: _____ State: _____ Zip: _____

Phone: _____

Website: _____ Facebook page: _____

Community Influence Area your agency/program/project will address (check all that apply):

Education	Income Stability
Health	Poverty
Youth	Elderly
Disabled	Veteran
Abuse	

Has your organization ever received funding from the St. Marys Area United Way? _____
 If so when and what was your award amount?

This proposal provides full and fair disclosure of all information, including the financial, demographic, and outcome data of the agency. *Please note, all signatures should be from an authorized representative of the agency such as the executive director or board president empowered to carry out all contracts on behalf of the agency.*

Executive Director: _____	Board President: _____
Signature: _____ Date: _____	Signature: _____ Date: _____

AGENCY INFORMATION COVER PAGE

What is the legal name of your organization?

Year Established? _____

Program/Project Leader? _____

Phone number: _____

Email Address: _____

Describe the geographic area served by your agency. _____

Provide your mission statement or a brief description of your agency:

Please describe the project/program that you are requesting funds for. How many people in the St. Marys Area School District will this project/program impact? What measurable outcomes will be achieved as a sign of the project/program's success?

PROJECT/PROGRAM INCOME AND EXPENSE	
<i>Sources of Income for this project</i>	AMOUNT
St. Marys Area United Way	
Other sources of income	
TOTAL	
EXPENSES	
TOTAL	

If full funding from the United Way is not received would the project/program still be able to be completed? Please explain.