



**St. Marys Area United Way**  
**250 Depot Street**  
**Saint Marys, PA 15857**  
**814.781.6000**

[unitedway@smauw.org](mailto:unitedway@smauw.org) [www.smauw.org](http://www.smauw.org)

**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.*

**INSTRUCTIONS:**

Funding Proposal Application

- Six copies of application and **all materials**
- Due: December 15, 2024
- Submitted to: **St. Marys Area United Way**  
250 Depot Street  
St. Marys, PA 15857.

Grant Evaluation

*If you received funding from the St. Marys Area United Way for 2024, your grant evaluation must be submitted by December 15, 2024, to be eligible for funding in 2025.*

Grant application form is available on our website as an online fillable PDF form.  
[www.smauw.org](http://www.smauw.org)

All grant awards are contingent on anticipated pledges being fulfilled and subject to being reduced if such pledges are not collected. 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 as soon as a decision is made.

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

**\*An in-person allocation meeting will be scheduled with each agency in January 2025!**



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\_\_\_\_\_  
 Application Date      \_\_\_\_\_  
 Legal Name of Organization      \_\_\_\_\_  
 Date of Incorporation      \_\_\_\_\_  
 EIN #  
 (Tax ID issued by the IRS)

Is your organization tax-exempt under Section 501(c)3 of the Internal Revenue Code? Y      N

*\*Please provide the contact name of the individual for this grant request.*

\_\_\_\_\_  
 Last Name      \_\_\_\_\_  
 First Name      \_\_\_\_\_  
 MI      \_\_\_\_\_

\_\_\_\_\_  
 Mailing Address

\_\_\_\_\_  
 City      \_\_\_\_\_  
 State      \_\_\_\_\_  
 Zip Code      \_\_\_\_\_

\_\_\_\_\_  
 Phone      \_\_\_\_\_  
 Fax      \_\_\_\_\_  
 E-mail      \_\_\_\_\_

**Grant Area of Interest:**    \_\_\_\_ Operational    \_\_\_\_ Program

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

<b>Education</b>	<b>Income Stability</b>
<b>Health</b>	<b>Poverty</b>
<b>Youth</b>	<b>Elderly</b>
<b>Disabled</b>	<b>Veteran</b>
<b>Other</b>	

**Total Cost of Project:**

**Number of individuals from the \*St. Marys Ares School District area being served:**

(\* This includes the Benezette, Brynedale, Force, Kersey, Weedville, and St. Marys)

**Amount requested from the St. Marys Area United:**

**Amount received last year from the St. Marys Area United Way:**

**Application is considered incomplete and will not be considered if amount requested is left blank.**

**Grant Abstract – provide the following information briefly on this page. Additional explanation and information should be included in Grant Proposal Narrative outline found on page four of this application form.**

***Brief Project Description***

***Who and how many will benefit?***

***What are your other sources of funding for this project?***

***Why is this project valuable/necessary?***

***How will it be funded in the future?***

***How will you evaluate the success of this project?***

Submit via mail the online fillable PDF form, without signature, along with your narrative. Also, mail or deliver to our office a hard copy of the signed application, along with any other support materials that cannot be emailed.

**Please include the attachments:**

- ◆ One copy of the Grant Application Form and abstract/narrative as describe on page four of the application.
- ◆ One copy of the current IRS determination
- ◆ One copy of the proposed program/project budget
- ◆ One copy of operating budget for the current and next fiscal year, including income statement and balance sheet. Need to send only a summary if possible.
- ◆ One copy of the most recent year-end financial statements (audited if available) if applying for over \$5000
- ◆ Name and addresses of your Board of Directors and administrative staff

The Undersigned hereby certify that all information contained in and submitted with this proposal is correct and that this proposal is submitted with the approval of the Board of Directors. This Organization will execute the Grant Agreement if a grant is awarded to us.

\_\_\_\_\_  
Signature of Board Chairperson

\_\_\_\_\_  
Date

\_\_\_\_\_  
Signature of Agency CEO

\_\_\_\_\_  
Date





St. Marys Area United Way  
 250 Depot Street  
 Saint Marys, PA 15857  
 814.781.6000

### **INSTRUCTIONS FOR SUBMITTING A GRANT APPLICATION**

- A. Submit via mail the online fillable PDF form, without signature, along with your narrative. Also, mail or deliver to our office 6 copies of the signed application, along with any other support materials.**
- B. Grant Proposal Narrative should include the following information. Please provide your information in this order, using the outline.**
- 1. Organization Information:**
    - a. Brief summary of organization's history, mission and goals.
    - b. Description of current programs and past accomplishments.
    - c. Target population that this project/program will benefit, and number of people served by this project. Specifically, *those impacted from the St. Marys School District community*.
    - d. How does the agency work with others providing similar services, or how it is unique?
  - 2. Purpose of this Grant:**
    - a. Describe the program/project, the need(s) it will address and what it will accomplish.
    - b. Is it a new or ongoing program/project of the organization?
    - c. List the program/project goals, objectives.
    - d. Describe the timetable for this program to be completed.
    - e. Do other organizations provide services similar to your program? If so, why is it important that your agency also provides this service?
    - f. Have any major changes occurred to your agency since you last applied for funding from the St. Marys Area United Way?
  - 3. Budget Information  
 (Please use page 3 of the application for section "a" and "b")**
    - a. State the exact dollar amount of program/project budget being requested for this grant and the expected expenses including in kind gifts.
    - b. List all sources funding for the program/project.
    - c. Indicate the amounts requested and the status of your proposal with each funding source if applicable
    - d. If you get partial funding how would you adjust your project?
    - e. What are the long-term strategies for funding the program/project beyond the grant period?
    - f. If this is a collaborative proposal, how will this agency work with other organizations involved?
  - 4. Personnel and Follow-up**
    - a. Indicate names and contact information for individuals responsible for this project.
    - b. Provide names and contact information for other individuals involved in this project.
    - c. What are the qualifications and expertise of the individuals responsible for the implementation of this program/project?
    - d. How will you evaluate this program/project?

- e. Are there any special circumstances that the St. Marys Area United Way should be aware of regarding your organization or the program /project?

*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.*

### MEMORANDUM OF UNDERSTANDING

St. Marys Area United Way and \_\_\_\_\_

The purpose of this agreement is to define a cooperative and mutually beneficial relationship between the above parties. This agreement is to be signed by both parties before allocations and/or designations may be released.

The St. Marys Area United Way and THE AGENCY AGREE TO:

- Support an affirmation of non-discrimination which has been adopted by the agency's governing body.
- Practice responsible management through a volunteer governing board of directors, which is representative of the community, meeting at least quarterly and exercising effective financial, service, and administrative control.
- Ensure that financial records are kept in accordance with generally accepted accounting principles (GAAP) and to conduct an annual audit, review, or compilation, by an independent certified public accountant, as required by the IRS.
- Ensure that agency management, general and fundraising expenses will not exceed 25 percent of total agency revenue.
- Complete annually the IRS 990 or 990ez.
- Be registered with the PA State Bureau of Charitable Solicitation or be exempt from registration.
- Cooperate with other agencies within St. Marys to prevent duplication of services and to promote effectiveness and efficiency.

The St. Marys Area United Way AGREES:

- The St. Marys Area United Way board of directors reserves the right to adjust/reduce the amount of funds granted to the agency if the campaign total pledged amount becomes uncollectible to any significant degree.
- The St. Marys Area United Way's executive director may call meetings with agency leaders as needed.
- To extend to the agency the benefit of United Way experience, assistance, and capabilities.
- The St. Marys Area United Way allocation committee will conduct a thorough allocation meeting with agency leaders to determine appropriateness of funding.
- The allocation committee, a committee of community volunteers and representative board members, will recommend the funding amount for each agency to the St. Marys Area United Way board of directors for their approval.

#### **Receipt of Allocation of Funds:**

***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.***



*Should your organization be successful in receiving funds from the St. Marys Area United Way, your agency will be required to sign the Anti-Terrorism Compliance and Charitable Status form.*

**St. Marys Area United Way  
Anti-Terrorism Compliance and Charitable Status**

In compliance with the USA Patriot Act and other counterterrorism laws, the St. Marys Area United Way requires that each agency certify the following:

“I hereby certify on behalf of \_\_\_\_\_ that all United Way funds and donations will be used in compliance with all applicable anti-terrorist financing and asset control laws, statutes, and executive orders.”

Additionally, I hereby certify that the above name organization is eligible to receive charitable contributions as defined under section 170 (c) of the Internal Revenue Code.

Print Name: \_\_\_\_\_ Title: \_\_\_\_\_

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