

STATEWIDE ORGANIZATION GRANTS

APPLICATION SUBMISSION DEADLINE
April 1, 2003

APPLICATION AND INSTRUCTIONS

(Applicants are required to use the electronic grant application process. Exceptions are generally only made for those applicants who do not have access to the necessary equipment. Please visit the PHMC Grants Website at <http://www.artsnet.org/phmc>.)



This application packet contains the following information:

- Instructions for Completing an Application for a Statewide Organization Grant;
- Application Form
- Criteria for Evaluation;
- Application Mailing Address;
- Application Mailing Standards; and
- Notification of Award.

CONTACT FOR ASSISTANCE

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Instructions for Completing an Application for a Statewide Organization Grant

HAVE YOU

- Reviewed [Guidelines for Applicants](#) to be sure that your organization is eligible to apply for funding from the Pennsylvania Historical and Museum Commission?

General Instructions

Before completing the Statewide Organization Grant application, please read the application instructions with care. The sections introduced by Roman numerals in the application instructions correspond to the sections introduced by Roman numerals in the Statewide Organization Grant application.

- Provide all information on the application form. DO NOT use additional pages.
- Use only 10- or 12-point type size on your application.
- Follow the instructions, answer all questions, be accurate and check your math, spelling and grammar.
- One application form must be submitted. No copies are required.

The first step in filling out the application for a Statewide Organization Grant is to enter your organization's Federal Identification Number in the space provided at the top of the first page.

I. Applicant

Organization

This is the name of the organization whose Federal Identification Number is used at the top of the application.

Contact Person

This should be the individual most knowledgeable about the application and available for questions and discussions about the grant.

Grant Requested

This is the total amount of money being requested from the Pennsylvania Historical and Museum Commission.

II. Scope of Work

Summarize concisely how grant funds will be used. This is essentially an abstract and will be used by Commissioners, members of the General Assembly and in your Grant Agreement should you receive an award. Use only the space provided.

III. Organizational Information

You must answer all questions. Enter NA for those questions that are not applicable.

Mission Statement

Provide a mission statement or write a statement of purpose for the organization describing why it was founded, its goals and how it is interpreted to the public at the present time.

Nonprofit Status

You are required for purposes of eligibility to have tax-exempt status 501(c)(3) with the Internal Revenue Service or be an entity of local government. If you have submitted a copy of your IRS letter indicating your non-profit 501(c)(3) status to the Pennsylvania Historical and Museum Commission within the past three years, you are not required to submit another copy with this application. If you have not submitted a copy previously, you must do so with this application. Units of local government are not required to submit documentation of any sort.

Charitable Organizations

You may be required to register with the Bureau of Charitable Organizations. Information may be obtained by writing Bureau of Charitable Organizations, Commonwealth of Pennsylvania, Department of State, P. O. Box 8723, Harrisburg, PA 17105 or by calling 1-800-732-0999.

County

Enter the name of the county where the organization is located.

State Senate, State Representative and Congressional District Numbers

This information may be obtained from your county courthouse or from the League of Women Voters in your area. Please be accurate as the Pennsylvania Historical and Museum Commission will notify your representatives in the event of an award.

Control of Organization (Select one)

- College or University
- County
- Municipal Government or Authority
- Private Nonprofit
- School or School District
- State System of Higher Education
- Other

IV. Organization Summary

Using only the space provided, address each of the following points clearly and in detail.

Description of Organization

- Provide a brief historical perspective of your organization. You are not required to submit promotional materials if your organization has a website. If your organization does not have a website, submit one copy of promotional material (e.g. an annual report) that best describes the organization.

Use of PHMC Funds

- Describe in some detail the services and programs that the organization will offer on a statewide basis as a result of funding from the Pennsylvania Historical and Museum Commission. Indicate the amount of money that will be necessary for each activity.

Workplan/Timetable

- Provide a step-by-step description of how the work will be carried out. When will each step take place (by month or by week)? Refer back to [Guidelines for Applicants](#) "Grant Period and Implementation Timetable" if necessary.

Statewide Public/Community Benefit

- Describe the anticipated benefits of this funding to your organization and the public.

V. Budget for Grant Funds

Provide a detailed proposed budget by the Categories of Expenditures.

- Column 1 (Categories of Expenditures). Under each category of expenditure list specific expenditures as they relate to that category.
- Column 2 (PHMC Funds). List how Commission funds will be allocated in this column.
- Column 3 (Match Funds). Matching funds are not required. Do not include information in this column.
- Column 4 (Subtotals). Carry over amounts from Column 2.
- Column 5 (Totals). If there are several expenditures listed under one category of expenditure, add these expenditures and put the total amount in this column.
- Add all "Totals" to obtain "Grand Total All Costs."

VI. Checklist

A checklist for submission is part of the application. Please use it to make sure that the application is complete.

VII. Certification and Statement of Assurances

An original signature on your application is not required at this time. Please simply check the appropriate box.

REQUIRED ATTACHMENTS

Include the following required attachments:

- A copy of the IRS letter indicating the applicant's tax-exempt status (501(c)(3)), if applicable; and
- One sample of promotional material which describes the organization and its services, if applicable.

ASSEMBLING THE APPLICATION

Applications must be typed. DO NOT use plastic covers, binders or folders. DO NOT staple the application. DO clip the application and attachments together at the top left corner.

Arrange the application and attachments in the following manner:

- Cover Letter
- Completed Application Form
- IRS Tax-Exempt Documentation, if applicable
- Sample of Promotional Material, if applicable

**PENNSYLVANIA HISTORY AND MUSEUM GRANT PROGRAM
STATEWIDE ORGANIZATION GRANT APPLICATION**

Application Number _____
(PHMC Use Only)

Federal Identification Number _____

I. APPLICANT (Please carefully review the “Application Instructions” before beginning work.)

A. Name of Organization _____

B. Address _____

_____ PA _____
City Zip Code

C. Executive Director/President of Organization

Name Title

D. Contact Person for Grant _____

E. Telephone Number for Contact Person _____

F. Grant Amount Requested \$ _____

II. SCOPE OF WORK (Use only the space provided.)

III. ORGANIZATIONAL INFORMATION (Answer all questions. Enter NA for those questions that are not applicable.)

A. Mission Statement

B. Nonprofit Status Documentation

1. Date IRS Tax Exemption Received _____
2. Registration Expiration Date w/Pennsylvania
Bureau of Charitable Organizations _____

C. Telecommunications Information

1. Telephone Number (Public) _____
2. Fax Number _____
3. E-Mail Address _____
4. Website _____

D. Locational

1. County _____
2. Senate District Number (Pennsylvania General Assembly) _____
3. Representative District Number (Pennsylvania General Assembly) _____
4. Federal Congressional District Number _____

E. General

1. Control of Organization _____
2. Enter the year the organization was incorporated _____
3. Staffing
 - a. Number of full-time paid staff _____
 - b. Number of part-time paid staff _____

F. Financial

1. Current Fiscal Year _____
 - a. Month Fiscal Year Begins _____
 - b. Month Fiscal Year Ends _____
2. Operating Budget for Most Recently Completed Fiscal Year
(Do not include capital or in-kind contributions) \$ _____
3. Operating Budget for Second Most Recently Completed Fiscal Year
(Do not include capital or in-kind contributions) \$ _____

IV. ORGANIZATION SUMMARY (Use only the space provided.)

A. Description of Organization

B. Applicants for Statewide Organization Grants must address the following in the order specified and in the space provided: Specifically Describe Use of PHMC Funds; Workplan/Timetable; and Statewide Public/Community Benefit. Use these headings in the text.

IV. ORGANIZATION SUMMARY (Continued)

IV. ORGANIZATION SUMMARY (Continued)

V. BUDGET FOR GRANT FUNDS (Use only the space provided.)

Categories of Expenditures	PHMC Funds	Match Funds	Subtotals	Totals
A. Salaries/Wages/ Related Expenses				
_____	\$ _____	\$ _____	\$ _____	
_____	\$ _____	\$ _____	\$ _____	
_____	\$ _____	\$ _____	\$ _____	\$ _____
B. Consultant's Fees				
_____	\$ _____	\$ _____	\$ _____	
_____	\$ _____	\$ _____	\$ _____	
_____	\$ _____	\$ _____	\$ _____	\$ _____
C. Conservation and Preservation				
_____	\$ _____	\$ _____	\$ _____	
_____	\$ _____	\$ _____	\$ _____	
_____	\$ _____	\$ _____	\$ _____	\$ _____
D. Equipment, Supplies and Fabrication				
_____	\$ _____	\$ _____	\$ _____	
_____	\$ _____	\$ _____	\$ _____	
_____	\$ _____	\$ _____	\$ _____	\$ _____
E. Public and Other Educational Programs				
_____	\$ _____	\$ _____	\$ _____	
_____	\$ _____	\$ _____	\$ _____	
_____	\$ _____	\$ _____	\$ _____	\$ _____
F. Marketing and Promotion				
_____	\$ _____	\$ _____	\$ _____	
_____	\$ _____	\$ _____	\$ _____	
_____	\$ _____	\$ _____	\$ _____	
G. Publication Expenses				
_____	\$ _____	\$ _____	\$ _____	
_____	\$ _____	\$ _____	\$ _____	
_____	\$ _____	\$ _____	\$ _____	
H. Other				
_____	\$ _____	\$ _____	\$ _____	
_____	\$ _____	\$ _____	\$ _____	
_____	\$ _____	\$ _____	\$ _____	
_____	\$ _____	\$ _____	\$ _____	\$ _____
Grand Total All Costs				\$ _____

VI. CHECKLIST

To assure that your grant proposal is complete, please check off that you have provided the following:

- Completed copy of application
- Federal Identification Number
- IRS letter (501(c)(3)), if applicable
- One sample of promotional material for your organization, if applicable

VII. CERTIFICATION AND STATEMENT OF ASSURANCES

The applicant certifies, represents and warrants to the Pennsylvania Historical and Museum Commission that:

1. The information contained herein and in all attachments and supporting material is true and correct, and the filing of the application has been duly authorized by the governing body of the applicant;
2. The applicant's organization is officially organized on a tax-exempt basis (501(c)(3)) or is an entity of government, is located in Pennsylvania and has been incorporated for two years prior to the grant application; and
3. The applicant accepts in advance any grant awarded by the Commission agreeing:
 - a. That any funds received as a result of the application will be expended under the "Terms and Conditions of the Grant;" and
 - b. To such other restrictions, conditions or changes as the Commission may impose unless the applicant objects within thirty days of the mailing of the grant award letter.

- Please check this box indicating that you have read and understand the aforementioned statements. If you are awarded a grant, you will be required to sign a standard grant agreement with the Commonwealth of Pennsylvania.

Processing Your Application

Criteria for Evaluation

Statewide Organization Grants are selective grants; that is, they are not reviewed by peer review panels.

Applications, however, will be evaluated using the following criteria:

- the relationship of the proposed work to the goals and mission of the organization;
- the degree to which the organization works in partnership with other groups and mentoring activities;
- the value of the work to a statewide constituency;
- the relationship of the work to the goals and mission of the Pennsylvania Historical and Museum Commission; and
- the quality of the application in terms of adherence to format, completeness and accuracy.

Application Mailing Address

Application packages must be mailed. Hand-delivered applications will not be accepted. Applications sent by mail must be postmarked by the appropriate application submission deadline. Send applications to:

Pennsylvania Historical and Museum Commission
Bureau for Historic Preservation
Commonwealth Keystone Building, 2nd Floor
400 North Street
Harrisburg, Pennsylvania 17120-0093
Attention: Ira F. Smith, III

Application Mailing Standards

Applications must be postmarked by the Application Submission Deadline.

Applicants should retain acceptable proof of mailing such as a legible U.S. Postal Service dated postmark, a legible receipt stamped by the U.S. Postal Service, or a legible dated shipping label, invoice, or receipt from a commercial carrier. Private metered postmarks or private mail receipts will not be accepted without a legible date stamped by the U.S. Postal Service. (NOTE: The U.S. Postal Service does not always postmark a package when it receives it. Applicants should specifically request and verify that the envelope has been properly date stamped.) First class, certified or registered mail is recommended.

Late applications will be returned without being reviewed.

Notification of Award

Only eligible and complete applications will be considered. Eligible applicants will receive notification of the status of their request approximately four to five months after the application submission deadline.