

**PHILADELPHIA ACTIVITIES FUND, INC.  
GRANT APPLICATION**

1. Name and Address of Organization		2. Mailing Address of Organization	
3. Organization Telephone Number		4. Name and Title of Person Authorized to Sign Contract	
5. Address of Authorized Person		6. Telephone Number of Authorized Person	
7. Is this organization incorporated? YES <input type="checkbox"/> NO <input type="checkbox"/>		7a. Councilmatic District	7b. If yes, does it have a 501 (C) (3) designation? YES <input type="checkbox"/> NO <input type="checkbox"/>
8. Does this organization operate on a not for profit basis? YES <input type="checkbox"/> NO <input type="checkbox"/>		9. Does the organization have Federal/State I.D. number ? YES <input type="checkbox"/> Tax Identification # _____ NO <input type="checkbox"/>	
10. Briefly describe the organization and list all programs.			
11. Does the organization meet these guidelines? YES <input type="checkbox"/> NO <input type="checkbox"/> (Read the following statement) <i>NON-DISCRIMINATION POLICY-"Philadelphia Activities Fund recipients shall not discriminate in any manner against any person by reason of race, color, sex, national origin, religious or political affiliation."</i>			
12. Is your organization a federal, state, local government entity or subdivision of one of these entities? YES <input type="checkbox"/> NO <input type="checkbox"/>			
13. Describe clientele to be served.			
14. What area of the city does your organization target?			
15. List the zip codes of the area of the city you serve.			

DATE RECEIVED \_\_\_\_\_

Email your completed application to PAFgrant@phila.gov.

## SECTION II- PROPOSAL SUMMARY

1. Describe the proposed program.

2. Describe any educational, developmental, or motivational benefits to be derived by those served. Explain how the proposed activity will foster or promote sportsmanship, dance, art or health of individuals in the City of Philadelphia.

3. Identify the facility or facilities (if any) that will be used to conduct this activity.

4. How many participants are to be served.

5. How long will the program last?

Total Months

Anticipated  
Starting Date

Anticipated  
Ending Date

6. Will there be any fees or charges?

If yes, please explain. Give amount per participant.

YES

NO

7. Justify the need for this activity in this area.

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8. Describe the specific instruction or training that participants will receive to improve their capabilities and knowledge.

9. Are there any limitations on participant population?

10. Does your organization have a Board of Directors or Advisory Council?

Title	Name	Home Address	Home Phone	Work Phone
President or Director				
Vice-President				
Secretary				
Treasurer				
Other:				

11. Who will operate this program?

Name

Home Phone

Work Phone

12. Who will be responsible for documentation of expenditures for this program?

Name

Home Phone

Work Phone

13. List all present sources of funding.

14. GRANT AMOUNT REQUESTED \$

**ATTACH COPIES OF YOUR ORGANIZATION'S TOTAL BUDGET.**

**ALL APPLICATIONS MUST BE TYPED**

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NAME OF ORGANIZATION \_\_\_\_\_

COUNCIL DISTRICT \_\_\_\_\_

<b>GRANT APPLICATION BUDGET PHILADELPHIA ACTIVITIES FUND, INC.</b>
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LINE ITEM DESCRIPTION	TOTAL PROJECT BUDGET FROM: 7/1/17 TO: 6/30/18	FUNDS REQUESTED
<b>ANTICIPATED REVENUES</b>		

**GRANTS (List all sources)**

1			
2			
3			
4			
5			
<b>TOTAL</b>		\$ -	\$ -

<b>EXPENDITURES</b>			
<b>TOTAL</b>		\$ -	\$ -

SIGNATURE AND TITLE OF AUTHORIZED  
REPRESENTATIVE OF APPLICANT  
ORGANIZATION AND DATE

\_\_\_\_\_

NAME OF ORGANIZATION SAMPLE

COUNCIL DISTRICT \_\_\_\_\_

<b>GRANT APPLICATION BUDGET PHILADELPHIA ACTIVITIES FUND, INC.</b>
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LINE ITEM DESCRIPTION	TOTAL PROJECT BUDGET FROM: 7/1/17 TO: 6/30/18	FUNDS REQUESTED
<b>ANTICIPATED REVENUES</b>		
Fees (250 X 10.00 each)	\$2,500	\$0
Donations	\$1,000	\$0
Fund Raising Events	\$2,300	\$0

**GRANTS (List all sources)**

1	XYZ Corporation	\$8,100	\$0
2	Phila. Activity Fund	\$6,500	\$6,500
3			
4			
5			
<b>TOTAL</b>		<b>\$20,400</b>	<b>\$6,500</b>

<b>EXPENDITURES</b>		
Coordinator	\$2,400	\$0
Books & Educational Supplies	\$2,800	\$500
Arts & Crafts Supplies	\$300	\$100
Trips (Admission, local carfare and chartered buses)	\$3,800	\$3,000
Transportation: Team Sports Transportation	\$1,800	\$500
Sports Equipment & Uniforms		
Football	\$6,000	\$1,500
Basketball	\$2,000	\$500
Referee Fees	\$800	\$200
Refreshments	\$500	\$200
<b>TOTAL</b>		<b>\$20,400</b>

SIGNATURE AND TITLE OF AUTHORIZED REPRESENTATIVE OF APPLICANT  
ORGANIZATION AND DATE \_\_\_\_\_