



COUNTY OF LEHIGH
Office of Community & Economic Development

Cindy McDonnell Feinberg
Director

April 4, 2011

RE: County of Lehigh – 2012 Quality of Life Grants

Dear Quality of Life Grant Applicant:

Enclosed please find the 2012 County of Lehigh Quality of Life Grant application. Although we don't know if funding will be available for grants in 2012, we're requesting applications in hopes of continuing this very valuable program. Funding for this grant may be requested for specific programs, new projects, events or capital budget items. For your convenience we have also included the application in PDF format at www.lehighcounty.org under Community and Economic Development. Please include the provided budget sheet when submitting applications.

Applications must be received by Lehigh County's Community & Economic Development Office by 4:00 PM on Friday, May 20, 2011. If funding is available, the review committee's recommendations for awards will be included in the County of Lehigh 2012 budget that will be presented to the Board of Commissioners by August 31, 2011. Grantees will be notified of their awards in December 2011 and distribution of funds will occur after July 1, 2012.

The committee will give additional consideration to organizations that focus on children, senior citizens and cultural or civic organizations based in Lehigh County.

Lehigh County has continuously shown a strong commitment to the civic, cultural and recreational well-being of our community. We are proud of the support we provide to organizations in the community. We look forward to your participation in this program. Please feel free to contact me at 610-782-3614 or cindyfeinberg@lehighcounty.org if you have any questions or if you would like additional information.

Sincerely,

Cindy McDonnell Feinberg
Director

Enclosures

*Government Center
17 South Seventh Street
Allentown, Pennsylvania 18101-2401
Phone: 610-782-3614
Fax: 610-820-3615
CindyFeinberg@lehighcounty.org*



**QUALITY OF LIFE PROGRAM
COUNTY OF LEHIGH 2012 GRANT APPLICATION**

Name of Organization: _____

Grant Request Amount: \$ _____ **Year Organization Established:** _____

Organization Address: _____

Mailing Address: _____

Contact Person: _____ **Title:** _____

Day Telephone: _____ **Fax:** _____ **Email:** _____

Under which definition does your organization qualify for a Quality of Life grant?

____ Arts and Cultural ____ Civic ____ Recreation (1-time grant only)

An organization may not be delinquent in paying Lehigh County taxes. Check One

Our organization has paid Lehigh County taxes Our organization is exempt from paying Lehigh County taxes

An organization must meet the non-profit status threshold. Check One

____ Our organization is non-profit under Section 501(c)3 (Enclose IRS Letter of Determination)
____ Our organization is a non-profit unit of the following local government: _____

An organization must meet the geographic threshold. Check One

____ We are based in Lehigh County and our project/program serves Lehigh County residents.
____ We are a cultural organization not based in Lehigh County, we serve the Lehigh Valley, AND we receive 1:1 matching support from another County government for a project/program.
County: _____ Amount: _____ (Enclose documentation from each county)

An organization may receive additional consideration from the Review Committee. Check if applicable.

____ We are an organization that focuses on children and/or senior citizens.
____ We are a Lehigh County-based cultural or civic organization that has obtained matching support from another County government(s) for a project that serves the Lehigh Valley region.
County: _____ Amount: _____ (Enclose documentation from each county)

Provide the following general budget information.

NOTE: This information is not a substitute for the specific budget information requested

Organization's Fiscal Year (Month to Month):

From _____ To _____

Current Budget

Total Expenses \$ _____

Total Income \$ _____

Earned/Private Revenues \$ _____

Governmental Revenues \$ _____

Next Estimated Budget

Estimated Total Expenses \$ _____

Estimated Total Income \$ _____

Earned/Private Revenues \$ _____

Governmental Revenues \$ _____
(excluding Quality of Life)

Quality of Life Request \$ _____

I hereby certify that all information submitted by my organization to the Quality of Life Review Committee is true and correct to the best of my knowledge.

Signature

Date

Answer the following questions as clearly and succinctly as possible on a separate sheet. Each answer should not exceed 400 words. The committee will review the answers and score each organization from 0 to 10 points in the following categories:

- Actual number of individuals served
- Actual geographic area served
- Dollars sought per person served
- Cultural value to community
- Educational value to community
- Community involvement in planning and programming
- Ability to appeal to diverse audience (children, urban, rural, etc.)
- Ratio of private funding to County dollars sought
- Administrative ability and record of success
- Economic impact of organization's project or program on community

1. Briefly describe the goals of your organization.
2. Describe the project, program and operational costs for which funds are requested.
3. Describe the geographical area your project or program serves.
4. Number of people (audience) served by this project or program (excluding Staff).
5. Describe the manner in which attendance was calculated.
6. Describe the audience that benefits from your program.
7. Describe the cultural, civic and/or recreational value of your program to the community.
8. Describe the educational value of your program to the community.
9. Describe the economic impact your program has on the community. (For example, do participants or vendors pay privilege taxes or licensing fees? What is the effect on other regional businesses or the surrounding area? How many people are employed as a result of your program?)
10. Describe how the community is involved in the planning and programming efforts of the program.
11. Describe your organization's success and the factors to which you attribute this success.
12. Number of paid Staff _____ Number of Volunteers _____

2012 Grant Applications Due Friday, May 20, 2011

CHECKLIST FOR COMPLETING AND SUBMITTING QUALITY OF LIFE APPLICATION

Applicants must submit ALL of the following information in the order indicated below:

An original and six (6) copies of the following:

- _____ The grant submission checklist.
- _____ Pages 1 and 2 of the completed application. Write or type directly on page 1 as provided. The questions on page 2 should be answered on separate paper.
- _____ The actual budget of your most recently completed fiscal year, the estimated budget for your current fiscal year and your projected next fiscal year budget. **You must use the budget forms provided.** An electronic version is available at the lehighcounty.org web site. Where a general category is provided (income from federal, state, corporate, foundations, etc.), the specific sources of each (PHMC grant, Trexler Trust, etc.) should be listed in the blank spaces provided. Do not submit bank statements, treasurer's reports or tax forms.
- _____ If income and expenditures are not equal, provide a brief explanation of the plans for the surplus or deficit.
- _____ Optional: A maximum of 5 pages of supplemental information including brochures, articles or organizational information.

One copy of each of the following:

- _____ A current mailing list, including names and addresses, of staff and board members, with officers denoted.
- _____ A copy of the IRS letter certifying your organization has non-profit status under Section 501(c)3 of the Internal Revenue Code. If your organization qualifies because it is a non-profit unit of local government, name the government body on page 1 of the application.
- _____ If the grant request is for more than \$2000 please include your most recent audit, compilation or review performed by an outside accounting agency. If a review is performed in-house, an officer of your organization must submit a signed statement indicating your organization's method of accounting and certifying that all records are correct.

ALL APPLICATION MATERIALS MUST BE RETURNED TO THE LEHIGH COUNTY COMMUNITY DEVELOPMENT OFFICE, 17 SOUTH SEVENTH STREET, ALLENTOWN, PA 18101, BY 4:00 PM, FRIDAY, May 20, 2011.

**Applicants will be notified if their application is incomplete.
Missing information must be received within one week.**

FOR QUESTIONS OR REQUESTS FOR ADDITIONAL INFORMATION, PLEASE CALL THE OFFICE OF COMMUNITY & ECONOMIC DEVELOPMENT AT (610) 782-3614.

This form must be completed and returned with your application.

Organization Name _____

LEHIGH COUNTY QUALITY OF LIFE BUDGET--EXPENSE

	Actual Expenses, Last Complete FY	Expense Budget, Current FY	Expense Budget, Next Fiscal Year
	\$	\$	\$
ORGANIZATION/ADMINISTRATION			
1 Payroll			
2 Taxes			
3 Employee benefits			
4 Insurance			
5 Office equipment/supplies			
6 Telephone/postage/printing, etc.			
7 Travel			
8 Professional dues/fees/subscriptions			
9 Audit/accounting			
10 Loan payments			
11 (Specify other)			
12			
13			
14			
15			
PRODUCTION/PROGRAMS			
16 Artists fees			
17 Transportation/touring costs			
18 Marketing/promotion			
19 Equipment (specify)			
20 Events/activities (specify)			
21			
22			
23			
24			
25			
26			
27			
28			
29			
30			
FACILITIES			
31 Purchase of building/real estate			
32 Mortgage payment			
33 Space rental			
34 Building/grounds maintenance			
35 Utilities			
36			
37			
38			
39 GRAND TOTAL	\$	\$	\$
BALANCE (DEFICIT)	\$	\$	\$

If income and expenditures are not equal, provide a brief explanation of and plans for the balance/deficit:

LEHIGH COUNTY QUALITY OF LIFE BUDGET--INCOME

	Actual Income, Last Complete FY	Income Budget, Current FY	Income Budget, Next Fiscal Year
	\$	\$	\$
EARNED REVENUE			
1 Admissions, ticket sales	_____	_____	_____
2 Subscriptions	_____	_____	_____
3 Membership fees	_____	_____	_____
4 Contracted services	_____	_____	_____
5 Tuitions/class & workshop fees	_____	_____	_____
6 Sales (shop, souvenirs, etc.)	_____	_____	_____
7 Food/beverage concessions	_____	_____	_____
8 Space rental	_____	_____	_____
9 Interest Earnings	_____	_____	_____
10 Advertising	_____	_____	_____
11 Rental	_____	_____	_____
12 (Specify other)	_____	_____	_____
13	_____	_____	_____
14	_____	_____	_____
15	_____	_____	_____
16	_____	_____	_____
17	_____	_____	_____
18	_____	_____	_____
CONTRIBUTED SUPPORT: PRIVATE			
19 Individual Donations	_____	_____	_____
20 Trustee Support	_____	_____	_____
21 Corporate (specify)	_____	_____	_____
22	_____	_____	_____
23	_____	_____	_____
24	_____	_____	_____
25 Foundation	_____	_____	_____
26	_____	_____	_____
27	_____	_____	_____
28	_____	_____	_____
29 Fundraising	_____	_____	_____
30	_____	_____	_____
31	_____	_____	_____
32	_____	_____	_____
CONTRIBUTED SUPPORT: PUBLIC			
33 Federal (specify)	_____	_____	_____
34	_____	_____	_____
35	_____	_____	_____
36 State	_____	_____	_____
37	_____	_____	_____
38	_____	_____	_____
39 Quality of Life - Lehigh County	_____	_____	_____
40 Other County (not QL)	_____	_____	_____
41 Local	_____	_____	_____
42	_____	_____	_____
ENDOWMENT INCOME			
43 Restricted	_____	_____	_____
44 Unrestricted	_____	_____	_____
45	_____	_____	_____
46 GRAND TOTAL	\$	\$	\$