Basic Needs Program

The W.W. Smith Charitable Trust

Program Guidelines

BASIC NEEDS

W. W. Smith funds efforts to provide food, clothing, or shelter assistance for children and older adults in the five-county Greater Philadelphia area (Bucks, Chester, Delaware, Montgomery, Philadelphia counties) or the City of Camden, NJ.

KEY DATES

Applications received by one of the two dates below will be considered at the corresponding decision meeting:

June 15th (11:59 pm) - deadline for October / November meeting

December 15th (11:59 pm) - deadline for April / May meeting

Late or incomplete applications will be held for the next meeting.

ELIGIBILITY AND SELECTION CRITERIA

- 501(c)(3) organizations in existence for at least one year are eligible. We do not make grants to private foundations, Type III supporting organizations, or individuals.

- The organization must have an established service location in the five-county Greater Philadelphia area (Bucks, Chester, Delaware, Montgomery, Philadelphia) or City of Camden, NJ.

- Applicants are limited to one proposal at a time and one grant per year.

- Funds must be used to address food, clothing, and/or shelter.

- Most of the grant-supported efforts should benefit low-income or otherwise disadvantaged children (school-aged) and older adults (ages 60 and older). Grants focused on late teens, younger adults, or college students are also considered on a case-by case basis.

- The further away any request is from direct provision of literal food, clothing or shelter, the less likely funding will be granted.

FUNDING DURATION & AWARD SIZE

- Grants are awarded for a one-year term.

- Organizations receiving three consecutive years of funding must wait two years before reapplying.

- The minimum award is $5,000.

- There is no maximum award limit. Grants typically range from $10,000 to $40,000. Higher-dollar awards are possible for certain projects. You can contact us to inquire.

USE OF FUNDS

Allowable uses:

- **Food** - perishable and non-perishable food, produce, baby food and formula, prepackaged or prepared meals, related supplies or equipment deemed essential for food distribution program, grocery gift cards and vouchers

- **Clothing** - direct purchase of clothing for children or adults, clothing gift cards or vouchers

- **Shelter** - home furniture for clients (e.g. beds, cribs , housing payments or utility bills paid directly to vendor, materials for home repair programs, supplies or items (e.g. furniture, equipment, appliances) deemed essential for the provision of housing services (e.g. emergency shelter, transitional housing, residential programs for children or seniors)

- **Facilities Improvements** – facilities renovations or repairs costs that directly impact clients' ability to access a food distribution program (e.g. pantry) or housing services (e.g. emergency shelter, transitional housing, residential program).

Unallowed uses: capital campaigns, general operating, salaries / benefits, pre-development expenses for housing projects, computer systems, vehicles, newbuilding construction, retroactive funding of non-emergencies.

Application Tips

The following are some helpful tips to get started:

- You have access to collaborate with other individuals on this request. To invite others to collaborate, click the blue "Collaborate" button in the top-right corner. You may use this article for additional instructions or troubleshooting.

- You have access to translate this application to other languages. Click the Google icon in the top-left corner to begin.

- Add administrator@grantinterface.com to your address book or safe senders list to ensure you receive all system communications.

- **Experiencing a technical error?** Email support@foundant.com to be directly assisted by experts trained with this online software. You can copy info@wwsmithcharitabletrust.org when sending that email so that our team is aware.

- Before filling out the application, you may find it helpful to click the "Preview" or "Question List" button above. This will offer you a preview of all of the questions on the application. When you opt for Question List, this will generate a PDF version of the questions; you can download and save to access when not in our grant portal.

- You may wish to utilize a word-processing tool (e.g. Microsoft Word, Google Docs), then cut and paste your responses into the application.

- You may save and return to your application at a later time by clicking the "Save Application" button at the bottom. Be sure to bookmark our application web page or you can access it by going to www.wwsmithcharitabletrust.org/basicneeds.html and clicked the link under Apply Online.

- When clicking the "Submit Application" button, you will be required to review the entire application one final time.

- Email info@wwsmithcharitabletrust.org if you have any questions.

Key Contacts

Board Chair Contact Information*
Provide your Board Chair: Name, Email, Phone Number

Character Limit: 1000

Project Contact Information*
If there is a person responsible for managing the proposed project or program, provide: Name, Title, Email, Phone Number, Address.

Character Limit: 1000

Organization Overview

Mission Statement*
Briefly summarize your organization's current mission.

Character Limit: 250

History*

Give a brief summary of your organization's history.

Character Limit: 2000

Main Services*

List the name and short description of up to five (5) of your main services or programs.

Character Limit: 2000

Recent Achievements (optional)

Please share up to 3 of your organization's recent achievements and/or recognitions.

Character Limit: 1000

Number of Full Time Staff*

Character Limit: 5

Number of Part Time Staff*

Character Limit: 5

Number of Volunteers*

Character Limit: 6

Leadership and Governance

Executive Director*

Briefly describe the Executive Director's full name, background, length of time with the organization, experience, and/or education.

Character Limit: 1000

Board Members List*

Provide name, board role (e.g. officer, committee chair, member), years of board service with your organization. *Do not provide contact information.*

Character Limit: 5000

Organization Finances

CURRENT FISCAL YEAR FINANCES

Total Annual Budget*

- Enter the total amount of your organization's annual budget for its current fiscal year.

- Do not include dollar sign. For example, if amount is $50,000 input 50,000.

Character Limit: 20

Administrative / Overhead Percentage*

What percentage of your budget is allocated to administrative (i.e. management and fundraising) expenses?

Enter the number only. Do not include % sign.

Character Limit: 3

Foundation Funding*

If you have received foundation grant funding in the past year, please list the name of foundation, amount, and purpose (general operating or project-restricted).

Limit to the 5 highest awards.

Character Limit: 500

RECENT FINANCIAL REPORT SUMMARY

- Complete the following sections using information included on your organization's most recently filed IRS 990 return. If your organization does not file a tax return, use information from its most recent financial statement.
- Enter "0" for items that are not applicable.
- Do not include dollar sign. For example, if amount is $50,000 input 50,000.

Revenue and Expenses Summary

REVENUE CATEGORY	AMOUNT
Contributions and Grants	
Program Service Revenue	
Investment income	
Other Revenue	

Total Revenue	

EXPENSE CATEGORY	AMOUNT
Program Services Expenses	
Management and General Expenses	
Fundraising Expenses	
Total Expenses	

Nets Assets or Fund Balance (Year-End)

Total Assets	
Total Liabilities	
Net Assets or Fund Balance	

FINANCIAL COMMENTS (Optional)

If applicable, you can use this section to:

- Explain any significant financial changes (e.g. shifts in funding, major deficits or surpluses, unusual
spending or income, etc.) impacting your budget and/or recent financial reports.

- Explain if your organization did not file an IRS 990 tax return for its prior fiscal year,

- Share any additional finance-related comments.

Character Limit: 1000

Request

REQUEST OVERVIEW

Project Name*

Name of Project.

Character Limit: 100

Project Site Address(es)*

List the site address(es) for your proposed project (if different from your main address). Otherwise, enter "Same as main address" as your answer.

Character Limit: 500

Basic Needs priority*

Which Basic Needs priority does your project address? (check all that apply)

Choices

Food
Clothing
Shelter

Geographical Area Served*

The Basic Needs Program supported is limited to the five-county Greater Philadelphia region (Bucks, Chester, Delaware, Montgomery and Philadelphia counties) or the City of Camden, NJ.

Please indicate the county(ies) of residence for the persons impacted by this grant (check all that apply).

Choices

Bucks County, PA
Camden, NJ
Chester County, PA
Delaware County, PA
Montgomery County, PA
Philadelphia County, PA

Persons Impacted

The Basic Needs program is intended to impact seniors, children, families with children, and college students. For each category, enter the number of persons you project will benefit from this grant. You can use the "Other" category for persons outside of the populations listed. You can enter "0" for any category that is not the focus of your project.

Note: We understand that these numbers are estimates. We simply use these figures to get an idea of the size and scope of your intended efforts, per your own goals.

Seniors	
Children	
Families with Children	
College Students	
Other	
Total	

Percent of Persons Low-Income*

Of the persons who would benefit from this grant, what percentage would you expect to be lowincome?

For this question, please use "at or below 200% of the federal poverty guidelines (FPG)" as a guide.

You can click here or search online for HHS Poverty Guidelines for the current year.

Enter number only. Do not include % sign.

Character Limit: 3

Low-Income Determination*

What method(s) do you use to determine the income level for the persons who would benefit from this grant?

Character Limit: 1000

PROJECT PLAN

Project Need*

Describe the need for your proposed project.

- Identify the issue or need to be addressed, providing evidence of size and/or severity.

- Provide demographic and geographic information regarding the community, neighborhoods, and/or persons who would benefit from this grant.

Character Limit: 2000

Project Goals*

List up to 3 goals for this project.

Character Limit: 1000

Project Activities*

- List the main activities your organization will undertake to achieve the goal(s).
  If this is an ongoing program, briefly describe the typical activities, service process, and how many persons benefited over the past two years.

Character Limit: 5000

Project Staff*

- List up to 3 persons most responsible for this project

- Only list full name, job title, and number of years employed with your organization.

Character Limit: 1500

Measuring Progress*

- How would you define "success" for this specific project?

- How do you intend to track and document any successes?

Character Limit: 1000

Collaboration*

Briefly describe any formal or informal partnerships that may be relevant to this grant request.
(Insert N/A if not applicable)

Character Limit: 1000

Continuum of Services*

How will the proposed project complement other local efforts to address the same needs?

Character Limit: 1000

External Monitoring*

- Briefly describe any external groups that monitor or evaluate the activities related to this grant request.

- Examples include government agencies, certifying entities, professional associations, and/or funders that regularly review your activities based upon set criteria.

- Insert N/A if not applicable.

Character Limit: 500

Request Amount and Budget

Grant Request Amount*

- Do not include dollar sign. For example, if amount is $50,000 input 50,000.

Character Limit: 20

Total Program Budget Amount*

- Do not include dollar sign. For example, if amount is $50,000 input 50,000.

Character Limit: 20

Use of Funds Detail

Use the fields below to input the total amount you are requesting for each expense type.

- Enter "0" for any expense that is not applicable for your project.

- A list of allowable expenses is included below as a guide. You may use Other Cost when necessary and then explain in the Budget Narrative.

- Keep in mind that the further away any request is from direct provision of food, clothing, or shelter, the less likely funding for cost(s) will be granted.

- We may later request cost estimates for equipment or facilities projects during the application review process.

Allowable Expenses

- Food - perishable and non-perishable food, baby food and formula, prepared meals, kitchen supplies or

- equipment deemed essential for food or meal program, grocery gift cards and vouchers;

- Clothing - direct purchase of clothing for children or adults, clothing gift cards or vouchers;

- Shelter - home furniture for clients, housing and utility payments for clients, materials for client home repairs,

- furniture and appliances deemed essential for the provision of emergency shelter or transitional housing); and

- Facilities Improvements - facilities renovations or repairs costs that directly impact clients' ability to access and benefit from a food distribution program (e.g. pantry) or housing services (e.g. emergency shelter, transitional housing, residential program).
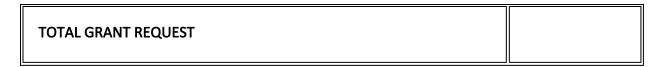
Unallowed Uses of Funds

- Salaries

- Computers and Software

- Vehicles

Request Budget Table

EXPENSE CATEGORY	AMOUNT
Clothes: Direct Purchases	
Clothes: Gift Cards	
Food: Groceries / Uncooked Foods	
Food: Prepared, Catered, or Prepackaged Meals	
Food: Kitchen Appliances or Supplies	
Home Furniture or Appliances for Clients	
Home Repairs for Clients	
Housing Payments Assistance for Clients	
Utilities Payments Assistance for Clients	
Facility Equipment or Furniture	
Facility Repairs or Renovations	
Other Costs (explain in budget narrative)	

TOTAL GRANT REQUEST	

Budget Narrative*

- Please clarify the expenses included in the summary request budget, as needed.
- Describe each major expense, quantity, and any other info that would help us understand the need.
- If you input a dollar amount for Other Costs, explain.

Example:

- Food: Kitchen Appliances or Supplies ($5,000) - includes (1) Convection Oven ($3,000), (2) Containers ($950), (3) Various Utensils, Plates, etc. ($1,050)
- Other ($2,500) - includes (1) Personal Care Items ($1,500), (2) Baby Supplies ($2,000)

Character Limit: 1500

Other Project Funding*

- List other sources that may fund this project. List funding source, amount, and status (pending or received/committed) for each.
- For pending grant requests, include funder's name, amount requested, and expected decision date.
- If only pursuing funding from W. W. Smith, please state that.

Character Limit: 1000

For Facilities Project Requests Only

- Describe your controlling interest in the facility (fully owned or term lease) and if the project is likely to be
- completed within a year.
- If your organization does not own the building, please list the owner.
- Note: For major projects, the Trust may later request vendor estimates during the grant review process.

Character Limit: 500

Prior W. W. Smith Funding

Most Recent W. W. Smith Grant Summary (If applicable)*
Provide a summary of your most recent W. W. Smith Basic Needs grant. Include the following:

- Notice of Award Date

- Award Amount

- Use of Funds

- The number of seniors, children, or families with children served with the funds and how they benefited.

If you have not received a W. W. Smith grant in the past, please state that below.

If you are a current grantee submitting this application prior to the end of your grant period, use this section as your interim progress update, based upon use of funds to-date. If awarded a follow-on grant, your full final report will be requested closer to the start date of your new award.

Character Limit: 2000

Payee Information

Mailing Address*

If awarded, you will be mailed a check. Please type your mailing address below, including contact person for payments and the name of your organization as it should appear on the check.

Note: If you are applying under a fiscal sponsor, please indicate that and provide the sponsor's Organization Name, Tax ID, Mailing Address, and Contact Person (Name, Phone, Email Address).

Character Limit: 2000

Attachments

Financial Statements*

Please upload your most recent annual financial statement (audited if available)
If your organization is audited or reviewed, upload your most recent audit or review. If not, upload the board-approved financial statements from your most recently completed fiscal year.

File Size Limit: 5 MB

Organization Budget for Current Fiscal Year*

Upload the organization's annual budget, including both expenses and income, for the current fiscal year.

File Size Limit: 5 MB

Program Budget

If your request is for just one program out of many offered by your organization, upload your program-specific budget, if applicable.

File Size Limit: 5 MB

IRS 990

Upload your IRS 990 for the most fiscal year.

File Size Limit: 5 MB

Internal Questions

Program Area 1
Choices
Basic Needs
Fellowship
Health
Indigent Care
Maritime
Medical Research
Outside of Funding Area
Scholarship
Special Grant

Program Area 2
Choices
Aids
Cancer
Chair
COVID
Diabetes
Endowed Fellowship
Endowed Scholarship Fund
Gazela
Heart
Maritime Education
Medical School
Prize
Professorship
Sea Education
Undergraduate

Request Summary

Summarize request in 1-2 sentences for the purposes of the distribution binder / board review.

Character Limit: 500

Amount Recommended

Insert amount recommended by the application reviewer.

Character Limit: 20

Site Visit

Insert the date of the site visit, the type (virtual or at client site), and the Trust member(s) in attendance.

Example: July 4, 2023 at program site with Debbie McKenna, Louise Havens, and Brian Jones in attendance.

Character Limit: 500

Oomph Score

Insert Oomph Score for the request.

Character Limit: 1

Application Score

This is the score generated from the application evaluation scoring rubric.

Character Limit: 1