



Welcome to the GELNETT TRUST

**GELNETT TRUST**  
1 North High Street, P.O. Box 34  
Selinsgrove, Pennsylvania 17870-1604  
570 – 374 – 2311

The sole purpose of the Gelnett Trust is to promote the health, education and welfare of the citizens of the Borough of Selinsgrove through distributions for nonprofit purposes. Thanks to the bequest of Francis "Rudy" Gelnett, the residents of the Borough of Selinsgrove will benefit for generations to come.

The Pennsylvania Borough Code provides certain areas to which Borough Council is authorized to make appropriations using municipal funds. All must have a public purpose.

**Funding May Be Provided for:**

1. Program development, capital projects and special projects/programs.
2. Equipment that brings new capabilities to an organization.
3. Resources to benefit the residents of Selinsgrove Borough.

**Funding May "Not" Be Provided for:**

1. Proposals for annual campaigns, general endowment funds, and organizational operating budgets.
2. Requests from individuals for any purpose including loans, scholarships, or emergency needs.
3. Mass mailings.
4. Promotion of religious or political activities.
5. Replacing fundraising efforts or Grant opportunities.

## Eligibility

The Selinsgrove Borough reserves the right to initiate projects and to fund organizations that are of particular interest to the Borough.

The Pennsylvania Borough Code **prohibits** donations of municipal funds to: the Salvation Army, Boy's Club, Girl's Club, Scouts, Cancer/Heart etc. Associations, Schools, service clubs such as Rotary Club/Lions Club, Church, Scholarships, Loans, Private Enterprises, Memorial gifts to employees' relatives, Memorial gifts to Officials' relatives.

## How to Apply

Visits by applicants to the Borough Office are discouraged. On occasion the Selinsgrove Borough Council may initiate a visit to an organization applying for funds.

Please **check off the items on the list below** and **return this three-page application form** with all items attached. If any item is omitted or copies of everything are not received, consideration will be delayed. All questions must be answered.

\_\_\_\_\_ Application Form

\_\_\_\_\_ Cover Letter

\_\_\_\_\_ IRS Tax Determination Letter

Grants over \$5,000 Financials:

Grants of \$5,000 or less:

\_\_\_\_\_ Current Year Budget

\_\_\_\_\_ Line Item Budget for Program/Project

\_\_\_\_\_ Line Item Budget for Program/Project

\_\_\_\_\_ Audit and/or Tax Form 990 (most recent)

\_\_\_\_\_ Profit & Loss Statement

## Size of Donations

Typical grants range from \$1,000.00 to \$25,000.00, but smaller and larger grants are given. Rarely are grants given to pay all costs of a project. Broad-based community support through contributions from local citizenry and volunteerism is viewed favorably. The applicant should state if multiple-year payments of the grant will be acceptable. Payments will be made as a reimbursement of an expenditure with supporting documentation including a copy of the check or a direct payment to a vendor with appropriate documentation as required by Selinsgrove Borough Finance Committee.

**GELNETT TRUST  
APPLICATION FORM**

**ABOUT THE ORGANIZATION:**

Name of Organization: \_\_\_\_\_

Mission Statement: \_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

TAX ID #: \_\_\_\_\_  
(Must be number of organization listed above.)

Chief Administrative Officer/Executive Director/Board Chair:

\_\_\_\_\_  
(Name and Title)

\_\_\_\_\_  
(Telephone, Fax, Email)

Contact for Project/Program in Application:  
\_\_\_\_\_

Total expenditures for the last three years:

20\_\_ \$ \_\_\_\_\_

20\_\_ \$ \_\_\_\_\_

20\_\_ \$ \_\_\_\_\_

Date of most recent audit or financial review: \_\_\_\_\_

How many employees:

- Full Time \_\_\_\_\_
- Part Time \_\_\_\_\_
- PHEAA Eligible \_\_\_\_\_
- Peace/Ameri Corp \_\_\_\_\_

How many volunteers: \_\_\_\_\_

Does the organization have any legal or lease hold agreements with the Borough of Selinsgrove? \_\_Yes \_\_No  
If yes, briefly describe.

\_\_\_\_\_

\_\_\_\_\_  
(Signature of Chief Administrative Officer/Executive Director/Board Chair)

**ABOUT THE PROGRAM/PROJECT:**

Program/Project Title: \_\_\_\_\_

**DESCRIPTION OF PROGRAM/PROJECT:**

\_\_\_\_\_  
\_\_\_\_\_

Program Budget/Project Cost:

\_\_\_\_\_

(Provide: Line Item Budget, Estimate or Quote, if applicable.)

Amount Requested from the Gelnett Trust: \_\_\_\_\_

- If a Capital Project, will this be multi-year with subsequent Gelnett Trust Applications? \_\_\_\_\_
- Will program/project receive matching funds? If yes, type and amount anticipated.

\_\_\_\_\_  
\_\_\_\_\_

- Anticipated Donations/Fundraising/Gifts In-Kind:

\_\_\_\_\_  
\_\_\_\_\_

Purpose of the Program/Project:

\_\_\_\_\_  
\_\_\_\_\_

Beginning Date: \_\_\_\_\_ Ending Date: \_\_\_\_\_

(The Borough of Selinsgrove manages the Gelnett Trust by the calendar year.)

Has this organization received prior funding from the Gelnett Trust? Yes \_\_\_ No \_\_\_

20\_ Amount \_\_\_\_\_  
20\_ Amount \_\_\_\_\_  
20\_ Amount \_\_\_\_\_

How are the Borough residents served? If the program/project extends beyond the Borough of Selinsgrove, provide a breakdown of these areas.

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Identify population served by the project:

Adult Kids (6-17) \_\_\_\_\_

Young Adults (18-25) \_\_\_\_\_

Children (Birth -5) \_\_\_\_\_

Senior Citizens \_\_\_\_\_

Families with children \_\_\_\_\_

All Ages: \_\_\_\_\_

**PROGRAM / PROJECT SUMMARY**

Please summarize the need for the program/project and how the program/project seeks to meet the need.

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

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\_\_\_\_\_

\_\_\_\_\_

Describe how success will be measured.

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_  
Signature of Program/Project Officer

\_\_\_\_\_  
Date