



## REFERENCE DOCUMENT: FY 2024 VIP Grants Program Online SurveyMonkey Form Questions

### APPLICATION OVERVIEW & INSTRUCTIONS

The Pennsylvania Commission on Crime and Delinquency (PCCD) recently announced the availability of \$45 million in state Violence Intervention and Prevention (VIP) funding for the FY 2024 VIP Grants and Collaborative Community Violence Intervention (CCVI) Strategies Grant solicitations.

**PLEASE READ THE 2024 VIP GRANTS FUNDING ANNOUNCEMENT PRIOR TO INITIATING THIS APPLICATION PROCESS:**

[2024-25 VIP Funding Announcement.pdf \(pa.gov\)](#)

**Initial Request Process:** Eligible applicants seeking FY24 VIP Grants funding must complete an online application form in SurveyMonkey that includes an uploaded copy of the applicant's Proposal Narrative and Budget.

A written version of the SurveyMonkey online form questions along with templates of the required VIP Proposal Narrative and other application resources are available on PCCD's website here:

<https://www.pccd.pa.gov/criminaljustice/GunViolence/Pages/Grants-and-Funding.aspx>

**Please note:** You don't need to complete this form in one sitting, but to continue your request, you must use the same computer/device and web browser where you started. To avoid losing work, it's strongly recommended to draft your responses using this document as a reference before entering them into the SurveyMonkey form. Be sure to click "Next" in each section to save your progress. Once you hit "Submit/Done," you cannot modify your request. You will not receive an automatic confirmation of submission or a copy of your submission from SurveyMonkey.

**Any questions marked with an asterisk (\*) are required.**

Please refer to PCCD's [Gun Violence Grants and Funding webpage](#) for additional information regarding VIP Grants and related funding opportunities. Questions regarding this initial request form can be sent to [RA-CD-VIPGRANTS@pa.gov](mailto:RA-CD-VIPGRANTS@pa.gov) with "VIP Grants FA" in the subject line. Responses to all questions will be posted on PCCD's [Funding Announcement Q&A webpage](#). Due to the competitive nature of the VIP solicitation, PCCD staff are unable to answer questions about specific proposals.

## APPLICANT INFORMATION & BACKGROUND

1. **\*Applicant Information.** Please provide information about your organization/entity using the fields below.
  - a. Name of Organization/Entity: *[text field]*
  - b. Street Address: *[text field]*
  - c. City/Town: *[text field]*
  - d. State ("PA"): *[text field]*
  - e. ZIP Code ("XXXXX"): *[text field]*
  - f. Website: *[text field]*
  - g. Phone Number ("XXX-XXX-XXXX"): *[text field]*
  
2. **\*Contact Information.** PCCD will use this contact information to reach out to applicants for additional information and to provide updates regarding the status of your funding request. Please make sure all information provided is typed accurately:
  - a. Primary Contact Person's Name: *[text field]*
  - b. Primary Contact Person's Email Address: *[text field]*
  - c. Primary Contact Person's Preferred Phone Number: *[text field]*
  - d. Primary Contact Role/Title: *[text field]*
  - e. Secondary Contact Person's Name: *[text field]*
  - f. Secondary Contact Person's Email Address: *[text field]*
  - g. Secondary Contact Person's Preferred Phone Number: *[text field]*
  - h. Secondary Contact Role/Title: *[text field]*
  
3. **\*Eligible Applicant Type.** Please select the eligible applicant category that best represents your organization. *\*\*Note: Applicants who are community-based nonprofit organizations will be asked to provide documentation of their 501(c)(3) status in a separate section.*
  - Community-based nonprofit organization with 501(c)(3) status
  - Institution of higher education
  - Municipality
  - County
  - District attorney's office
  
4. **Verification of 501(c)(3) Status – Community-based Nonprofit Organizations ONLY:** If you selected 'Community-based nonprofit organization with 501(c)(3) status' as your applicant type above, please upload or provide links to documentation confirming 501(c)(3) status using the appropriate fields below. Links should be to your organization's nonprofit notation in GuideStar.org (Candid), IRS Tax Exempt Organization Search, or another similar nonprofit data source engine to confirm said status.
  - a. Attachment Upload 1 – 501(c)(3) status: *[file upload field, up to 16MB limit]*
  
5. You can also provide a link to your nonprofit organization's notation in GuideStar (Candid), the IRS' Charity Search, or another similar nonprofit search engine.
  - a. Documentation Link 1 – 501(c)(3) status: *[text field]*
  
6. **\*Geographic Location (County).** What county would proposed grant-funded program activities primarily take place in? *[dropdown menu with PA counties listed]*

7. **\*Geographic Area(s).** Where will grant-funded programming primary occur? Please be as specific as possible, including the city, neighborhood, and/or street address for each location.  
*(Note: If you have more than 5 proposed programming locations, please utilize the "Attachments" fields at the end of the SurveyMonkey form to upload a summary of additional geographic areas that would be served/reached through your proposed project.)*

- a. Location 1: *[text field]*
- b. Location 2: *[text field]*
- c. Location 3: *[text field]*
- d. Location 4: *[text field]*
- e. Location 5: *[text field]*

8. **\*Eligible Activity Category.** Please **select one (1)** eligible VIP grant activity category from Section 1306-B(j)(22) of the PA Public School Code below that is **most relevant** to your proposed project:

- (i) Increasing access to quality trauma-informed support services and behavioral health care by linking the community with local trauma support and behavioral health systems.
- (ii) Providing health services and intervention strategies by coordinating the services provided by eligible applicants and coordinated care organizations, public health entities, nonprofit youth service providers and community-based organizations.
- (iii) Providing mentoring and other intervention models to children and their families who have experienced trauma or are at risk of experiencing trauma, including those who are low-income, homeless, in foster care, involved in the criminal justice system, unemployed, experiencing a mental illness or substance abuse disorder or not enrolled in or at risk of dropping out of an educational institution.
- (iv) Fostering and promoting communication between the school entity, community and law enforcement.
- (v) Any OTHER program or model designed to reduce community violence and approved by the committee.

9. Has your organization received training and technical assistance or utilized resources available through the [PA Peace Alliance](#) / WestEd?

- Yes
- No
- Unsure

If 'Yes,' what please describe how your organization has interacted with WestEd or used resources available through the PA Peace Alliance.

*[text field]*

10. **\*Prior/Potential Funding for Similar Project Activities.** Has your organization and/or proposed subrecipients previously received funding from, or recently made application to, PCCD or other local, state, or federal grant sources for similar project activities (e.g., community violence intervention, gun violence/group violence reduction, etc.)? *Please note that applicants receiving a prior award are still eligible to apply; however, a prior award may be taken into consideration during the review process and the applicant must clearly justify the need for additional resources within their funding request and Proposal Narrative. Per state law, VIP Grant funds must be used to supplement, not supplant/replace, existing funding.*

- Yes
- No
- Unsure

If “Yes” is selected above, applicants will be prompted to identify any and all funding source(s) using a multiple choice/checklist question:

**11. PCCD funding:**

- Byrne Justice Assistance Grant (JAG)
- Byrne State Crisis Intervention Program (SCIP)
- Community Violence Prevention/Reduction Grant
- Gun Violence Investigation and Prosecution (GVIP) Grant
- Gun Violence Reduction Grant
- Local Law Enforcement Support Grant
- Project Safe Neighborhood Grant
- Violence and Delinquency Prevention Programs (VDPP)
- Violence Intervention and Prevention (VIP)
- VOCA Grant
- Other PCCD funds (please specify): *[text field]*

**12. Other funding sources.** Please describe any other local, state, or federal funds your organization/subrecipients have previously received for similar activities, if applicable. *[text field]*

**13. Additional information.** For any grant(s) identified above, please describe the amount of funding, purpose of funds, and when funds were received to will/may be received. For PCCD grants, please provide the specific Grant ID numbers for each awarded project. *[text field]*

## VIP GRANTS APPLICATION TRACK

- 14. \*VIP Grants Application ‘Track’.** Eligible applicants can submit a funding request under one of two VIP Grants application tracks. Please select which track you are applying for funding under:
- **Track 1:** VIP Expansion/Enhancement Grants for Established Programs
  - **Track 2:** VIP Start-Up Grants

**\*\*NOTE: Applicants may not submit more than one funding request for VIP (e.g., you can’t submit an application under Track 1 and Track 2). Community-based organizations that have not previously received funding from PCCD or another publicly-funded grant program are strongly encouraged to consider applying for funds under VIP Track 2 (Start-Up Grants). Community-based organizations without 501(c)(3) status may use a fiscal sponsor to apply for funds under VIP Track 2. Depending on which ‘track’ is selected, applicants will be prompted to complete different sections of the SurveyMonkey online request form through skip logic features. All applicants must also upload a copy of their completed VIP Proposal Narrative & Budget Template using the designated fields at the end of this online survey form.**

## TRACK 1: VIP EXPANSION/ENHANCEMENT PROJECTS

Track 1 VIP applicants may request funding to support expansion, enhancement, and/or continuation of existing (for a minimum of two years) programs and initiatives aligned with VIP Grants eligible activities.

### Section 1: Project Overview

15. \*What is the name of the program you wish to expand/enhance?

[text field]

16. \***Executive Summary.** Using the following script/template, please provide a short, high-level summary of your project, the need for funding, and how funds requested from PCCD align with VIP Grant Program goals. *Note: This section is limited to 2,000 characters or less. PCCD will utilize language provided by applicants in this section for public-facing grant project summaries if funding is recommended.*

**“The [applicant organization name] is requesting \$[insert total funding request amount here] to [provide 1-2 sentences of what you are seeking to implement with grant funding]. Funds will support [provide a brief summary of what funds will be used for and specific types of expenses grant funding will support]. By funding this project, [describe the anticipated impact or outcomes that will result from your proposed project].”**

[text field]

17. \***Type of Project.** Please select the option that best reflects your project proposal:

- CONTINUATION: This funding would support a program or project that our organization already provides and is seeking to continue with no changes to how it currently operates.
- ENHANCEMENT: This funding would support a program or project that our organization already provides and is seeking to add a component as part of this funding that we were previously unable to offer.
- EXPANSION: This funding would support a program or project that our organization already provides and is seeking to expand into a different geographic area and/or reach a new target population.
- REACTIVATE: This funding would help reinstate an effective initiative our organization used to offer but was cut and/or pared back due to funding reductions.

18. \***Current Program Reach.** How many individuals does your program currently serve on a monthly basis?

- Less than 50
- 50-100
- 101-200
- 201+

19. \***Current/Prior VIP Grant Funding.** Have you previously received VIP Grant funding to support this program?

- Yes
- No

If 'Yes', please briefly explain how proposed activities would differ from (or build upon/expand) previously funded projects and/or explain why funding is needed to continue services/programming.

[text field]

**20. \*Project's Geographic Reach.** What type of geographic location would your project support?

- Statewide Program
- Regional Program (i.e., multiple counties, multiple cities across a region, etc.)
- County-wide Program
- Municipality/City Program (i.e., activities taking place across an entire city)
- Neighborhood Program (i.e., programming will take place in a few select neighborhoods or blocks)

**21. \*Model/Approach Type(s).** Please select the model / approach type(s) that most closely align with your project's design and focus. You can **select up to three (3)** from the list below.

- Street outreach and violence interruption using credible messengers to prevent immediate or retaliatory violence (e.g., [Cure Violence](#))
- Group-based violence intervention (e.g., [GVI](#))
- Outreach to individuals at high risk of violence involvement, offering case management for education, employment, mental health, etc. (e.g., [Chicago CRED](#), [Safe and Successful Youth Initiative](#), [Rapid Employment and Development Initiative/READI](#), etc.).
- [Hospital-based and hospital-linked violence intervention programs \(HVIPs\)](#).
- Expanding safe routes/transportation in high-violence neighborhoods (e.g., [Safe Passages](#), [Safe Routes/Corridors](#)).
- Strengthening pre-release and reentry programs, interventions, services, and supports for youth and adults arrested and/or charged with firearm-related offenses.
- Trauma-informed care for individuals who have experienced/witnessed gun violence (e.g., Cognitive Behavioral Therapy/CBT).
- Programs supporting youth with elevated risk of violence, including justice-involved youth (e.g., Juvenile Engagement Officers, diversion and reentry/aftercare programs, youth advocacy/case management, etc.).
- Identifying and addressing drivers of youth gun involvement and gun violence.
- Preventing domestic violence and intimate partner violence involving firearms (e.g., [Lethality Assessment Program/LAP](#), domestic violence fatality/near fatality reviews, [Act 79 of 2018](#) implementation, etc.).
- Establishing or enhancing local interagency bodies for gun violence prevention (e.g., [Violence Reduction Councils \(VRCs\)](#))
- OTHER violence intervention and/or response strategies that demonstrate promise in meeting the goals of this program.

**22. Proposed Project Partners/Subrecipients.** Please use the fields below to identify any proposed subrecipient organizations who would receive funding under your proposed VIP Grant project to support grant-related activities. *(Note: You will also be asked to provide information about these subrecipients' proposed budgets in your Proposal Narrative & Budget Tables. If you have more than 5 proposed subrecipients, please utilize the "Attachments" fields at the end of the SurveyMonkey form to upload a summary of additional entities who would receive grant funding through your proposed project.)*

1. Subrecipient Organization 1: [text field]

2. Subrecipient Organization 2: *[text field]*
3. Subrecipient Organization 3: *[text field]*
4. Subrecipient Organization 4: *[text field]*
5. Subrecipient Organization 5: *[text field]*

**23. \*Program Evaluation.** How do you currently measure the impact of your program?

- a. Surveys/interviews with participants
- b. Tracking changes in community violence statistics
- c. Internal reporting mechanisms/tools
- d. Partnership with an external evaluation/research partner
- e. We do not currently measure impact
- f. Other (please specify): *[text field]*

**24. Performance Indicators.** Please provide a list of performance indicators you will utilize to measure the success of your project. (Optional).

- a. Performance Indicator 1: *[text field]*
- b. Performance Indicator 2: *[text field]*
- c. Performance Indicator 3: *[text field]*
- d. Performance Indicator 4: *[text field]*
- e. Performance Indicator 5: *[text field]*

### **Section 2 – Track 1 VIP Expansion/Enhancement Project Budget Summary**

This section asks applicants to provide information about their organization’s annual operating expenditures to determine the maximum award amount they can receive for a VIP Grant Track 1 project. The maximum amount an applicant can request is up to \$950,000 total for the entire duration of the proposed grant project. **Note:** Applicants should provide more detailed Budget information and narrative/justification within their completed VIP Proposal Narrative & Budget document.

**25. \*Applicant Organization’s Annual Actual Operating Expenditures.** Please provide the total amount of expenditures (NOT INCOME OR REVENUE) for your organization/agency in the most recent state fiscal year (July 1, 2023 – June 30, 2024). *[Text field – numeric values (\$) only]*

**26. \*Total Amount of VIP Grant Funding Requested.** *(Note: Organizations can only request up to 50% of their total annual operating expenditures or \$950,000, whichever is less. Please ensure this amount meets this criteria, and that the number entered matches the total amount requested in your VIP Proposal Narrative and Budget template.)* *[Text field – numeric values (\$) only]*

**27. Applicant Organization Operating Expenditures Documentation.** Please upload documentation confirming your organization’s actual operating expenditures. Examples of acceptable documentation include Statement of Activity or a Profit and Loss Statement, Form 990, or an audited financial statement. If documentation is not available, please use the comment field below to provide an explanation.

*[file upload field, up to 16MB limit]*

28. Comment Field:

*[text field]*

### **Section 3 – Affirmation of Applicant Readiness (VIP Track 1)**

Interested Track 1 VIP applicants who are community-based nonprofit organizations are strongly encouraged to review and complete a “PCCD Grants Readiness Self-Assessment Checklist.” This document provides an overview of the minimum requirements nonprofit organizations must have in place in order to directly apply for and receive grant funding from PCCD, as well as recommended (but not required) practices for grantees.

Entities that cannot meet these requirements are encouraged to apply under ‘Track 2’ (VIP Start-Up Grants) OR consider fiscal sponsors and/or partnerships with an eligible applicant who can include the organization as a subrecipient in their proposed budget.

29. I affirm that my organization can manage grant-funded projects, as evidenced by criteria outlined in PCCD’s Applicant Readiness Checklist.

- Yes
- No

30. OPTIONAL ATTACHMENTS: Applicants who are **community-based organizations** can upload a completed copy of their Applicant Readiness Checklist, if desired.

*[file upload field, up to 16MB limit]*

## **TRACK 2: VIP START-UP PROJECTS**

This funding track is designed to provide shorter-range “start-up” funding paired with intensive, required technical assistance and coaching supports provided by WestEd and LISC (VIP TTA Providers) and other partners. Smaller, more grassroots organizations or newer programs that have been in place for less than two years are encouraged to apply under this new VIP funding track. Track 2 applicants can request funding to support a combination of programmatic and operation-focused activities, including, but not limited to, the following:

- Activities designed to increase the organization’s capacity to employ CVI strategies.
- Implementation costs to begin a new violence intervention/response strategy or support costs associated with a program that has existed for less than two years.
- Support professional development and training for staff and volunteers.
- Other eligible expenses to support grant-related activities.

### **Section 1: Applicant & Project Overview**

31. \*What year was your organization established? *[text field]*

32. \*What year did your organization receive 501(c)(3) status? *[text field]*

33. \*Does your organization have an active board providing oversight of the organization?

- Yes
- No



**34. \*Organization Staff.** How many staff does your organization/program currently have?

- a. Full-time staff: *[text field]*
- b. Part-time staff: *[text field]*
- c. Volunteer staff: *[text field]*

**35. \*Executive Summary.** Using the following script/template, please provide a short, high-level summary of your project, the need for funding, and how funds requested from PCCD align with VIP Grant Program goals. *Note: This section is limited to 2,000 characters or less. PCCD will utilize language provided by applicants in this section for public-facing grant project summaries if funding is recommended.*

**“The [applicant organization name] is requesting \$[insert total funding request amount here] to [provide 1-2 sentences of what you are seeking to implement with grant funding]. Funds will support [provide a brief summary of what funds will be used for and specific types of expenses grant funding will support]. By funding this project, [describe the anticipated impact or outcomes that will result from your proposed project].”**

*[text field]*

**36. \*Type of Project.** Please select the option that best reflects your project proposal:

- NEW: This funding would support a program or project that our organization does not currently offer and would be a brand-new initiative.
- EXISTING PROGRAM: This funding would support continuation, expansion and/or enhancement of a program or project that our organization already provides that has been in place for two or less years.

**37. \*Target Population.** What is the primary target population of your violence prevention program?

- Youth (under 18)
- Adults (18-35)
- Families
- Neighborhoods/Communities
- Other (please specify): *[text field]*

**38. \*What specific type of violence intervention/prevention does your program focus on?**  
Please select all that apply.

- Gun violence
- Gang/group violence
- Domestic violence/intimate partner violence
- Conflict resolution
- Other (please specify): *[text field]*

## **Section 2 – Capacity Building & Technical Assistance (VIP Track 2)**

**39. \*Capacity Building & Technical Assistance Needs.** Please rank the biggest capacity building challenges your organization currently faces, from the most significant at the top to least significant at the bottom.

- Program design and development
- Fundraising and grant writing
- Monitoring and evaluation (including data collection/reporting)
- Staff training, retention, and development
- Community outreach and engagement
- Partnership building
- Other (please specify): *[text field]*

**40. \*Has your organization/staff previously received technical assistance for your program?**

- Yes
- No

If 'Yes,' what type of technical assistance did you receive?  
*[text field]*

**41. \*What type(s) of technical assistance would be most helpful to your organization/program moving forward?** *(Note: Approved VIP Track 2 applicants will be required to participate in technical assistance and coaching supports provided by VIP Technical Assistance providers. These will include a combination of virtual and in-person engagement designed to improve organizational health and sustainability and enhance readiness/capacity to effectively administer grant funds.)*

- Strategic planning
- Data collection and reporting
- Communication and media outreach
- Financial management (including grants management)
- Other (please specify): *[text field]*

**Section 3 – Track 2 Project Budget Summary**

This section asks applicants to provide information about their organization's annual operating expenditures to determine the maximum award amount they can receive for a VIP Grant Track 1 project. The maximum amount an applicant can request is up to \$100,000 total for the entire duration of the proposed grant project (18 months). **Note:** *Applicants should provide more detailed Budget information and narrative/justification within their completed VIP Proposal Narrative & Budget document.*

**42. \*Applicant Organization's Annual Actual Operating Expenditures.** Please provide the total amount of actual expenditures (NOT INCOME OR REVENUE) for your organization/agency in the most recent state fiscal year (July 1, 2023 – June 30, 2024). *[Text field – numeric values (\$) only]*

**43. \*Total Amount of VIP Grant Funding Requested.** *(Note: Organizations can only request up to 50% of their total annual operating expenditures or \$100,000, whichever is less. Please ensure this amount meets this criteria, and that the number entered matches the total amount requested in your VIP Proposal Narrative and Budget template.) [Text field – numeric values (\$) only]*

**44. Applicant Organization Operating Expenditures Documentation.** Please upload documentation confirming your organization's actual operating expenditures. Examples of acceptable documentation include Statement of Activity or a Profit and Loss

Statement, Form 990, or an audited financial statement. If documentation is not available, please use the comment field below to provide an explanation.

*[file upload field, up to 16MB limit]*

45. Comment Field:

*[text field]*

#### **Section 4 – Affirmation of Organizational Commitment (VIP Track 2)**

46. \*Is your organization willing to participate in mandatory technical assistance/coaching sessions as part of the grant requirements?

- Yes
- No

#### **\*PROPOSAL NARRATIVE & BUDGET UPLOAD (REQUIRED FOR ALL VIP APPLICANTS)**

Applicants should use the designated field to upload a copy of their Proposal Narrative and Budget Table(s)/Narrative(s) as a **single document (PDF, DOC/DOCX file)**. Note: This must use the budget template for the proposed project and subrecipients provided by PCCD, not the organization’s budget. Proposal Narrative & Budget document should comply with formatting requirements outlined in the VIP funding announcement.

47. Please upload a copy of your completed VIP Proposal Narrative and Budget(s).

*[file upload field, up to 16MB limit]*

#### **LETTERS OF SUPPORT**

Applicants must provide letters of support (LOS) or other mechanisms demonstrating commitment of all named partners/subrecipients to the proposed VIP project using the fields below. Applicants can also use this section to provide additional letters of support from other individuals/groups that can vouch for the organization and its work.

48. LOS/Reference – Attachment 1: *[file upload field, up to 16MB limit]*

49. LOS/Reference – Attachment 2: *[file upload field, up to 16MB limit]*

50. LOS/Reference – Attachment 3: *[file upload field, up to 16MB limit]*

51. LOS/Reference – Attachment 4: *[file upload field, up to 16MB limit]*

52. LOS/Reference – Attachment 5: *[file upload field, up to 16MB limit]*

#### **ADDITIONAL ATTACHMENTS (OPTIONAL)**

Applicants may submit additional attachments and supplemental materials (e.g., a short 2-3 minute video, photos, brochures, annual reports, etc.) within their SurveyMonkey form.

53. (Optional) Video URL Link (YouTube, Vimeo, etc.): *[text field]*

54. (Optional) Attachment 1: *[file upload field, up to 16MB limit]*

55. (Optional) Attachment 2: *[file upload field, up to 16MB limit]*

56. (Optional) Attachment 3: *[file upload field, up to 16MB limit]*

57. (Optional) Attachment 4: *[file upload field, up to 16MB limit]*

#### **\*AFFIRMATIONS & SUBMITTAL**

1. \*Thank you for participating in the initial request for VIP Grant funding. Please read through and check the following boxes to confirm you understand the following, and sign the final attestation below:

- Once you click the “Submit/Done” button, your initial request form will be submitted to PCCD and you will not be able to make any other edits to your request. SurveyMonkey will not provide you with an acknowledgment that your initial request was received, but please be assured that PCCD has received your request. Please do not contact PCCD staff to request a copy of your initial request.
- In the event you accidentally submit an incomplete request, or if you want to add more information to a request, you are able to resubmit a request in SurveyMonkey at any time during the open request period. If an organization submits multiple duplicate surveys/forms, PCCD will use the last submitted request in the review process and will not consider earlier submittals.
- If you are selected to move forward in the award process, you will receive an email from PCCD staff outlining the next steps in submitting a formal application in PCCD’s Egrants system sometime between December 2024 or January 2025 (TBD).

2. **\*Final Acknowledgment.** By signing below, I acknowledge that, should this initial request be accepted for an award by the School Safety and Security Committee, my organization is responsible for working with PCCD staff to meet all further programmatic and fiscal requirements related to the award. If approved for the next phase of the application process, I acknowledge that I will be required to complete a final application via PCCD’s Egrants system. If ultimately awarded funding, I understand that my organization will be required to comply with all reporting, data collection and evaluation requirements as prescribed by PCCD; and may be required to participate in webinars, calls and/or virtual meetings as part of the application process and/or award (if applicable). *Note: By submitting this final acknowledgment, you agree that your initial request will be submitted to PCCD for consideration and acknowledge that the submission will be considered a record according to the provisions of the Pennsylvania Right-to-Know Law.*

**Signed** *[name of person filling out/submitting application]* *[text field]*

**Date** *[text field]*

**Please note, by clicking “Done” your initial request will be complete. SurveyMonkey will not generate a confirmation of your submission. Thank you.**