I. CHESTER COUNTY COMMUNITY FOUNDATION
GRANT PROPOSAL SUMMARY SHEET

One page only. This page will be shared electronically with Grant Committee Members & Fund Advisors.
Note: If Philanthropy Network of Greater Philadelphia’s Common Grant Application is used, the Community Foundation’s Summary Sheet MUST accompany application.
To obtain an electronic version of this application, visit www.chescocf.org

Date 9/13/19

Contact Information
Organization Name: ARCH (Area Residents Helping & Caring
Address: P.O. Box 149, Paoli PA 19301
Phone:
Website: www.archcares.org
Year Incorporated: 1981
FEIN: 23-2200738

Executive Director Name: Kim Zahlaway
Executive Director E-mail: kzmzahlaway@gmail.com
Board of Directors Co-Chair Name: Kim Zahlaway
Kristin Becket
Primary Contact Name: Kim Zahlaway
Primary Contact E-mail: kzmzahlaway@gmail.com

Has your nonprofit ever applied to the Community Foundation?
Yes__ No_x__ Not Sure__

Has your nonprofit ever received funding from the Community Foundation?
Yes__ No_x__ Not Sure__

____Donor Advised Fund(s) ____Fund for Chester County ____Don’t know/Not sure

Field/s of Interest:
___ Arts, Culture & Humanities ___ Environment/Animal Welfare
___ Education ___ Human Services
___ Religion

Organization Information:
Geographic Area Served (If not all of Chester County, specify primary Chester County regions served):
Tredyffrin & Easttown Townships

Describe Population Served and Annual Number of People Served:
Parents of school-aged children in both townships, approximately 2500 families

Mission: To serve as a resource to families to help their children form a positive self-image, make healthy choices and resist the use of alcohol, tobacco and other drugs.

Proposal Summary: We seek help in funding the following programs in 2019-2020, Minding Your Mind (November 2019), Resiliency Skills/Elementary (April, 2020), Vaping Info Presentation (Fall, 2019) and Youth Mental Health First Aid training

If Capacity Building Proposal, the focus is:
___Mission, Vision & Strategy ___Governance & Leadership ___Strategic Relationships
___Fundraising & Development ___ Technology Other: ______________________________

Annual Budget $5,000 (avg)  100 __% of budget for program expenses  100 % total
0___ # of Full-Time Equivalent Paid Staff
6___ # of Board Volunteers
10___ # of Active Non-Board Volunteers

Top 3-5 funding sources: Parent Donations, Bi-Annual Community Fundraiser

Grant Amount Requested from the Community Foundation: $1,000