



Bartko Foundation  
PO Box 17160  
Pittsburgh, PA 15235  
412-371-1142  
412-371-1142 Fax

[www.bartkofoundation.com](http://www.bartkofoundation.com)

## **APPLICATION AND INSTRUCTIONS**

The Bartko Foundation was established to provide assistance to single minority women with children who are striving to achieve self-sufficiency.

Applicants must be a single minority mother (head of household) with at least one dependent child living with her. The applicant MUST fully complete the application, explaining in detail the current actions, steps and activities she is taking to achieve the self-sufficiency project for which she is requesting funds. The applicant MUST attach documentation to the application that verifies the cost of the self-sufficiency project. This document must include the name of the company or organization where the applicant wishes to purchase the service or product along with the address, and telephone number. In addition, the price of the service or product must be clearly listed.

The sponsoring agencies should provide: 1) general information about their agency, 2) the name and telephone number of a contact person, and 3) a cover letter that verifies the applicant as a single minority mother and describes the services they provided to assist the applicant with the self-sufficiency goal as outlined in the application. The cover letter and application must clearly demonstrate the applicant's effort to become self-sufficient. Sponsoring agencies should also make sure that if an applicant has previously received funds from the Foundation, she indicates this in her current application.

If an application is considered incomplete and/or additional information is needed, the sponsoring agency will be contacted to obtain the necessary clarifications or information. Completed grant applications are reviewed, summarized and submitted to the Board of Directors for discussion and determination of funding. Applications may be declined for, but not limited to the following reasons: requests that do not address the self-sufficiency goal listed in the application, requests that cannot be verified by an invoice or estimate on official letterhead, lack of response to a request for additional information, requests for which no other funds or services have been sought or secured, or lack of availability of funds. If an application is approved, a letter of approval along with a service agreement will be mailed to the sponsoring agency for review and signature. Once the signed service agreement has been returned to the Foundation, a check, on behalf of the applicant is issued to vendor(s) identified in the application. The check(s) are then sent to the sponsoring agency for distribution.

For applications that are considered complete, the time frame for processing and final funding determination is approximately four weeks.



Bartko Foundation  
PO Box 17160  
Pittsburgh, PA 15235  
412-371-1142  
412-371-1142 Fax  
[www.bartkofoundation.com](http://www.bartkofoundation.com)

The Bartko Foundation does not make investments in self-sufficiency projects that require the repayment of outstanding debt. This includes but is not limited to: loans, credit cards, fines, rent, mortgage or other bills.

Because the Foundation does not offer direct case management, all interactions regarding the application will occur between the Executive Director of the Bartko Foundation and the contact person from the sponsoring agency.



Bartko Foundation  
PO Box 17160  
Pittsburgh, PA 15235  
412-371-1142  
412-371-1142 Fax  
[www.bartkofoundation.com](http://www.bartkofoundation.com)

## FUNDING REQUEST

### Applicant Information

Mother's Name: \_\_\_\_\_

Address and Zip Code: \_\_\_\_\_  
\_\_\_\_\_

Telephone Number: \_\_\_\_\_ Email: \_\_\_\_\_

Race/Ethnicity: \_\_\_\_\_ Date of Birth: \_\_\_\_\_

### Household Information

Number of children living with you: \_\_\_\_\_

<u>Names of children in household:</u>	<u>Age of child:</u>
_____	_____
_____	_____
_____	_____
_____	_____
_____	_____
_____	_____
_____	_____

Names and relationship of others in the household: \_\_\_\_\_

### Financial Information

Are you currently employed: No \_\_\_\_ Yes \_\_\_\_ if yes:

Name of Employer: \_\_\_\_\_

Address: \_\_\_\_\_

Telephone Number: \_\_\_\_\_ Fax Number: \_\_\_\_\_

Position: \_\_\_\_\_ Dates of Employment: \_\_\_\_\_



Bartko Foundation  
PO Box 17160  
Pittsburgh, PA 15235  
412-371-1142  
412-371-1142 Fax  
[www.bartkofoundation.com](http://www.bartkofoundation.com)

Annual Income: \$ \_\_\_\_\_

\_\_\_\_\_

If you are not employed, please name the source(s) of **all** income and the annual amount:

<u>Income Source</u>	<u>Annual Amount</u>
_____	\$ _____
_____	\$ _____
_____	\$ _____
_____	\$ _____

If you are not employed, what specific steps/ actions are you taking to become employed?

### **Educational/Program Information**

Are you currently enrolled in school? No \_\_\_\_\_ Yes \_\_\_\_\_ if yes:

Name of School: \_\_\_\_\_

Address: \_\_\_\_\_

\_\_\_\_\_

List Degree and Major: \_\_\_\_\_

Anticipated Date of Graduation: \_\_\_\_\_

*(Please attach documentation from your school verifying your participation.)*

Are you currently enrolled in any other program to help you reach your self-sufficiency goal? No \_\_\_\_\_ Yes \_\_\_\_\_ if yes:

Name of Program: \_\_\_\_\_

Agency Name: \_\_\_\_\_

Address: \_\_\_\_\_

\_\_\_\_\_

Anticipated Date of Completion: \_\_\_\_\_

*(Please attach documentation from the agency verifying your participation.)*



Bartko Foundation  
PO Box 17160  
Pittsburgh, PA 15235  
412-371-1142  
412-371-1142 Fax  
[www.bartkofoundation.com](http://www.bartkofoundation.com)

## Sponsoring Agency Information

Agency's Name: \_\_\_\_\_

Address and Zip Code: \_\_\_\_\_

\_\_\_\_\_

Contact Person's Name: \_\_\_\_\_

Telephone Number: \_\_\_\_\_ Fax: \_\_\_\_\_

Email: \_\_\_\_\_

Sponsoring Agency's Web Address: \_\_\_\_\_

Has or will your sponsoring agency contribute any funding to support this self-sufficiency goal? \_\_\_No \_\_\_ Yes If yes, what is the amount? \_\_\_\_\_

Has or will any other organization(s) contribute to this self-sufficiency project? \_\_\_No \_\_\_ Yes, if yes, list the organizations name and amount of contribution:

<u>Organization Name</u>	<u>Amount</u>
_____	\$ _____
_____	\$ _____

### **PLEASE NOTE:**

**You must provide a cover letter from the sponsoring agency supporting the request for financial support. The sponsoring agency must include specific actions/steps they took to assist the applicant with the self-sufficiency project which is described in the application.**

**The sponsoring agency must verify the applicant is a single minority mother with dependent children living in her household and if the applicant previously received funding from the Bartko Foundation.**

**If applicant is applying without the benefit of a sponsoring agency, please attach three letters from individuals unrelated to you who can verify your status as a single minority mother with dependent children.**



## Description of Self-Sufficiency Project

*(Please answer each question. You will need additional pages to fully answer these questions).*

Please **describe the self-sufficiency project** that you would like us to fund? Please be specific and detailed in describing this self-sufficiency project.

**What specific actions/steps have you taken** to achieve this goal before applying to the Bartko Foundation for assistance? Please describe the actions taken and the result of each action.

What is preventing you from reaching this self-sufficiency goal by your own efforts?

**How will Bartko Foundation financial support help** you reach long-term self-sufficiency?

**What are the next steps** on your self-sufficiency journey? Please describe the actions you plan to take to reach your destination.

Please tell us how you heard about the Bartko Foundation. Please list the name of the person or agency.

Is there **anything else you would like to share** about your journey to self-sufficiency?

**How much money are you contributing** toward achieving this goal? \$ \_\_\_\_\_

**How much money are you requesting** to achieve this self-sufficiency goal? \$ \_\_\_\_\_

Have you previously received funding from the Bartko Foundation?

\_\_\_ No \_\_\_ Yes If yes, what was the amount and for what was it used?

Amount: \$ \_\_\_\_\_ Used for: \_\_\_\_\_

## Vendor Information

*(Please provide the name of the organization/institution/store from which you wish to purchase the service or product described in the self-sufficiency goal section of this application. You must attach documentation from this organization of the service or product that verifies the total cost.)*

Name of Vendor: \_\_\_\_\_



Bartko Foundation  
PO Box 17160  
Pittsburgh, PA 15235  
412-371-1142  
412-371-1142 Fax  
[www.bartkofoundation.com](http://www.bartkofoundation.com)

Contact Name: \_\_\_\_\_

Vendor's Address and Zip Code: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Vendor's Telephone: \_\_\_\_\_

By signing below, I attest that the information provided above is true, accurate and representative of the self sufficiency goal(s) I have set for myself.

Applicant's Signature: \_\_\_\_\_ Date: \_\_\_\_\_

*\*\*\*If approved, the check will be made payable to the vendor and mailed to the sponsoring agency along with a signed service agreement. The sponsoring agency will be responsible for distributing the check to the vendor.\*\*\**

**Please return the completed application along with required documentation and attachments to:**

Carl Ellis Perkins  
Bartko Foundation  
P.O. Box 17160  
Pittsburgh, PA 15235  
412-371-1142  
[Director@Bartkofoundation.com](mailto:Director@Bartkofoundation.com)