Embracing Aging grants

York County Community Foundation

Program/Project Information

Program/Project Title*
*Character Limit: 100

Program/Project Description*
Short description of the program for use on Foundation’s website and publicity materials (25 words or less)
*Character Limit: 250

Program/Project Type*
*Choices
Expand Existing Program
New Program

Program/Project Start Date*
*Character Limit: 10

Program/Project End Date*
*Character Limit: 10

Amount Requested*
Embracing Aging will consider requests up to $6,000
*Character Limit: 20

What Fund Are You Applying For?*
*Choices
Hahn Home Fund for Embracing Aging

What Focus Area Are You Applying For?*
*Choices
helping low-income children, individuals and families achieve lasting financial security.
I. Introduction*
Please list your organization's mission and a brief history as it relates to this grant. Explain who will be involved and what is their experience in this work.

*Character Limit: 1500

Board of Directors List, with Affiliations*
Upload a list of your organization's governing Board of Directors. Be sure to include their affiliations (i.e. place of work, or community volunteer).

*File Size Limit: 2 MB

II. Please Summarize Your Program/Project*
Include key activities and numbers/ information about people served.

*Character Limit: 1500

III. What Will Your Program/Project Achieve?*
Describe how your program/project will impact the lives of the people served. Explain if and how you plan to continue this program after the end of the grant period.

*Character Limit: 1500

IV. How Will You Measure Your Above Achievement?*
Explain how you will know when your program/project has completed its planned goal. Explain how you will measure it.

*Character Limit: 1500

Number Served*
Please list how many people (new and existing) your program intends on serving.

*Character Limit: 100

V. Budget
Please upload a budget detailing your grant program. You may use the YCCF budget template (found here) or use your own. Please be sure your budget includes itemized expenditures and income streams, including other funders for your program.

*File Size Limit: 2 MB

Demographic Data
This data entered in this section is used for York County Community Foundation's internal reporting.

Main Program Area*
Please select the option that best describes your organization.
**Choices**
Arts & Culture
Education
Children & Youth
Environment
Health & Human Needs
Community Development
Other

**Grant Program Area***
Please select the program area that best describes the program or project that you are seeking funding for.

**Choices**
Adult Education
Aging
Animal Related
Caregiver Services
Civil Rights
Disaster Relief
Early Childhood Education
Economic Development
Education K-12
Employment and Jobs
Energy Conservation
Food, Nutrition
Historic Preservation
Housing, Shelter
Human Services
Mental Health
Other
Performing Arts
Public Safety
Recreation
Science and Tech
Visual Arts
Watershed
Youth Development

**In the section below, insert the number of board members who identify as:**
- African American or Black
- Asian or Pacific Islander
- Native American or Alaska Native
- Hispanic
- White
- More than One Race
Use whole numbers in these sections. Do not leave an answer blank, instead insert a zero(0).

**Total Number of Board Members**
*Character Limit: 250*

**African American or Black**
*Character Limit: 250*

**Asian or Pacific Islander**
*Character Limit: 250*

**Native American or Alaska Native**
*Character Limit: 250*

**Hispanic**
*Character Limit: 250*

**White**
*Character Limit: 250*

**More Than One Race**
*Character Limit: 250*

In the section below, insert the number of program staff involved in this grant who identify as:
- African American or Black
- Asian or Pacific Islander
- Native American or Alaska Native
- Hispanic
- White
- More than One Race

Use whole numbers in these sections. Do not leave an answer blank, instead insert a zero(0).

**Total Number of Program Staff Who Are Involved In This Grant**
Include both paid and volunteer
*Character Limit: 250*

**African American or Black**
*Character Limit: 250*
In the section below, insert the number of your organization’s staff members who identify as:

- African American or Black
- Asian or Pacific Islander
- Native American or Alaska Native
- Hispanic
- White
- More than One Race

Use whole numbers in these sections. Do not leave an answer blank, instead insert a zero(0).
White
*Character Limit: 250*

More Than One Race
*Character Limit: 250*

**Does Your Organization Have an Anti-Discrimination Policy?**
If you have one, please include it in the section below. If you do not have one, please explain why.
*Character Limit: 250*

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**Support Documents**

**IRS 501 (c) (3) Exemption Letter**
-Does not apply to government agencies or public school districts.

*File Size Limit: 4 MB*

**PA Dept. of State Bureau of Charitable Org. Certificate**
-Does not apply to government agencies or public school districts.

*File Size Limit: 2 MB*

**Most Recent Audited Financial Statements**
-If you have questions about this document, please contact Roth Preap at rpreap@yccf.org.

*File Size Limit: 3 MB*

**Letters of Collaboration**
-Optional: Please include if your program/project requires collaboration with another organization. The letter should specify the nature of collaboration.

*File Size Limit: 2 MB*

**Additional File Upload**
-Optional: You may use this to upload your annual report or any additional documents relevant to your program.

*File Size Limit: 6 MB*